

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Actual Driver
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date of First Submission	01/10/2024 08:14 (SGT)
Reported by	Actual Driver
Date of Accident	29/09/2024 18:30 (SGT)
Exact Location of Accident	252 North Bridge Rd, Singapore 179103
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA1353A
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	COMFORT TRANSPORTATION PTE LTD
Company Reg No	199303821R
Email Address	fleetsafety@cdgtaxi.com.sg
Mobile Phone No	(Phone) +65-97899527
Alternative Phone No	(Office) +65-65508768

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Prius
Variant	5DR HATCHBACK (AUTO)(2WD)
Exact purpose for which vehicle was being used at time of accident	Private hire
Are you claiming under your own insurance policy for repair to your vehicle?	No - Reporting only
Vehicle Category	Taxi
Transmission	Auto
CC	1798
Vehicle Fuel	Petrol-Electric
First Registration Date	-
Chassis no	JTDKKB3FU803097381
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	MS First Capital Insurance Ltd
Policy Number / Cover Note Number	D-24101861MFCT

DRIVER

Name of Driver	SUFFRY BIN AMAN
NRIC No	S7909045Z
Date Of Birth	26/03/1979
Occupation	Outdoor
Driving Pass Date	10/04/2000
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	24 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97899527
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLK 510 BEDOK NORTH STREET 3 #04-71
Address complement	-
Postcode	460510
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Collision - Head to Rear
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

PASSENGER 1

Name	UNKNOWN
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

ON THE 29 SEP 24 AT ABOUT 1830HRS I WAS DRIVING WITH VEHICLE A BEARING REGISTRATION NO (SHA1353A) ALONG RAFFLES CITY SHOPPING CENTRE AFTER PICK UP PASSENGER AT THE SHOPPING CENTER PICK UP POINT. WHILE DRIVING OUT ALONG RAFFLES CITY SHOPPING CENTER, VEHICLE B A HAD COLLIDED ONTO VEHICLE B (SNR516T) HEAD TO REAR BUMPER. VEHICLE A HAD DAMAGE ON FRONT LEFT SIDE PORTION. NOBODY WAS INJURED DURING THE ACCIDENT.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	FILE IS NOT SUITABLE

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SNR516T
Vehicle Manufacturer	Kia
Vehicle Model	NIRO HYBRID 1.6 SX DCT SUNROOF
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private hire
Name of Driver	TAN SENG
Contact Number	(Phone) +65-96358247
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN**IMPORTANT NOTICE**

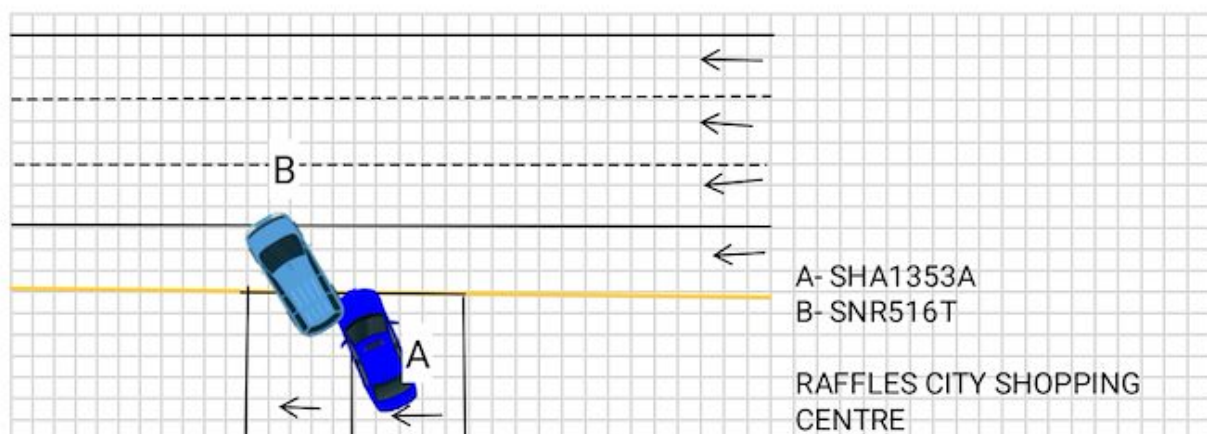
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8. **Consent under the Personal Data Protection Act (PDPA)**
I understand, acknowledge, agree and consent that:
(a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of :
(i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims.
(ii) investigating the accident and/or my claims.
(iii) carrying out and/or dealing with my instructions or responding to any enquiries by me.
(iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
(v) complying with applicable law in administering, processing, handling and/or dealing with my claims.
(Collectively the "Purposes")
(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

 Policyholder's Signature / Date &
Time

Sketch Plan

 Driver's Signature (If driver is not the policyholder) / Date
& Time

300924- 1435HRS


 Witnessed by Reporting Centre
Personnel


Describe Circumstances of the Accident

ON THE 29 SEP 24 AT ABOUT 1830HRS I WAS DRIVING WITH VEHICLE A BEARING REGISTRATION NO (SHA1353A) ALONG RAFFLES CITY SHOPPING CENTRE AFTER PICK UP PASSENGER AT THE SHOPPING CENTER PICK UP POINT. WHILE DRIVING OUT ALONG RAFFLES CITY SHOPPING CENTER, VEHICLE B A HAD COLLIDED ONTO VEHICLE B (SNR516T) HEAD TO REAR BUMPER. VEHICLE A HAD DAMAGE ON FRONT LEFT SIDE PORTION. NOBODY WAS INJURED DURING THE ACCIDENT.

Declaration

I/We declare the foregoing particulars are true in every respect.




Policyholder's Signature / Date & Time

Driver's Signature (If driver is not the policyholder) / Date & Time
300924- 1435HRS

Witnessed by Reporting Centre Personnel



