# **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 witholding 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 04/10/2024 10:10 (SGT) Reported by Actual Driver Date of Accident 03/10/2024 14:10 (SGT) Exact Location of Accident Sims PI, Singapore Additional Location Information **TOWARDS SIMS CLOSE** Country/State of Loss Singapore

# **DETAILS OF OWN VEHICLE**

Toyota

Vehicle Registration Number SH7765M

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner COMFORT TRANSPORTATION PTE LTD Company Reg No 1XXXXX821R Fmail Address fleetsafety@cdgtaxi.com.sg Mobile Phone No (Phone) +65-91003488 Alternative Phone No (Office) +65-65508768

# VEHICLE PARTICULARS

Manufacturer

Model Prius HYBRID 1.8 CVT 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 No - Claiming third party your vehicle? Vehicle Category Taxi Transmission Auto CC 1798 Vehicle Fuel Petrol-Electric First Regisration Date

Chassis no JTDKB3FU403561136

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   | TEO AH HUAT  |
|--|--|
| NRIC No  | SXXXX577E  |
| Date Of Birth  | 11/07/1968   |
| Occupation   | Outdoor  |
| Driving Pass Date  | 20/10/1988   |
| Driving License Pass Class   | 3  |
| Driving License Validity   |  |
|  | Valid  |
| Driving experience   | 36 YEARS   |
| Gender   | Male   |
| Mobile Number  | (Phone) +65-91003488   |
| Alt. Phone Number  | -  |
| Email Address  | fleetsafety@cdgtaxi.com.sg   |
| Address  | BLK 53 SIMS PLACE #12-168  |
| Address complement   | -  |
| Postcode   | 380053   |
| 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 - Change/cross lane  |
| Weather Conditions   | Clear  |
| Road Surface   | Dry  |
| rioda Garidos  | ыу   |
| OTHER INFORMATION  |  |
| OTHER INFORMATION  |  |
| OTHER INFORMATION  |  |
| OTHER INFORMATION  Was any foreign vehicle involved in the accident?   | No   |
|  | No<br>2  |
| Was any foreign vehicle involved in the accident?  Number of vehicles involved in the accident   | 2  |
| Was any foreign vehicle involved in the accident?  Number of vehicles involved in the accident  Was anybody injured in the Accident?   |  |
| Was any foreign vehicle involved in the accident?  Number of vehicles involved in the accident  Was anybody injured in the Accident?  Was any injured conveyed to hospital by ambulance?   | 2<br>No<br>-   |
| Was any foreign vehicle involved in the accident?  Number of vehicles involved in the accident  Was anybody injured in the Accident?  Was any injured conveyed to hospital by ambulance?  Was any other vehicle or property damaged?   | 2<br>No<br>-<br>Yes  |
| Was any foreign vehicle involved in the accident? Number of vehicles involved in the accident Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Number of Passengers (Including Driver)   | 2<br>No<br>-   |
| Was any foreign vehicle involved in the accident? Number of vehicles involved in the accident Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Number of Passengers (Including Driver) Has the driver been approached by unknown person(s)   | 2<br>No<br>-<br>Yes<br>1   |
| Was any foreign vehicle involved in the accident? Number of vehicles involved in the accident Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?   | 2<br>No<br>-<br>Yes  |
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| Was any foreign vehicle involved in the accident?  Number of vehicles involved in the accident Was anybody injured in the Accident?  Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged?  Number of Passengers (Including Driver)  Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?  Translator's name  Translator's ID   | 2<br>No<br>-<br>Yes<br>1<br>No<br>-  |
| Was any foreign vehicle involved in the accident? Number of vehicles involved in the accident Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? Translator's name Translator's ID Translator's phone number   | 2<br>No<br>-<br>Yes<br>1<br>No<br>-<br>-   |
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| Was any foreign vehicle involved in the accident? Number of vehicles involved in the accident Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? Translator's name Translator's ID Translator's phone number   | 2<br>No<br>-<br>Yes<br>1<br>No<br>-<br>-   |
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| Was any foreign vehicle involved in the accident?  Number of vehicles involved in the accident Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? Translator's name Translator's ID Translator's phone number Translator's email Original language used in the statement  DETAILS OF POLICE ACTION  Was the accident reported to the police? Was notice of intended Prosecution given?   | 2<br>No<br>-<br>Yes<br>1<br>No<br>-<br>-<br>-  |
| Was any foreign vehicle involved in the accident?  Number of vehicles involved in the accident  Was anybody injured in the Accident?  Was any injured conveyed to hospital by ambulance?  Was any other vehicle or property damaged?  Number of Passengers (Including Driver)  Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?  Translator's name  Translator's phone number  Translator's email  Original language used in the statement  DETAILS OF POLICE ACTION  Was the accident reported to the police?  | 2<br>No<br>-<br>Yes<br>1<br>No<br>-<br>-<br>-<br>-   |
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| Was any foreign vehicle involved in the accident?  Number of vehicles involved in the accident Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? Translator's name Translator's ID Translator's phone number Translator's email Original language used in the statement  DETAILS OF POLICE ACTION  Was the accident reported to the police? Was notice of intended Prosecution given? If yes, against whom?   | 2 No - Yes 1 No SALONG SIMS PLACE IN THE DIRECTION TOWARDS SIMS  |
| Was any foreign vehicle involved in the accident?  Number of vehicles involved in the accident  Was anybody injured in the Accident?  Was any injured conveyed to hospital by ambulance?  Was any other vehicle or property damaged?  Number of Passengers (Including Driver)  Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?  Translator's name  Translator's Phone number  Translator's email  Original language used in the statement  DETAILS OF POLICE ACTION  Was the accident reported to the police?  Was notice of intended Prosecution given?  If yes, against whom?  CIRCUMSTANCES OF ACCIDENT  ON 03.10.2024 AT ABOUT 1410HRS VEHICLE A SH7765M WAS CLOSE. VEHICLE B GBK9634E WHICH STATIONARY ON THE | 2 No - Yes 1 No SALONG SIMS PLACE IN THE DIRECTION TOWARDS SIMS  |
| Was any foreign vehicle involved in the accident?  Number of vehicles involved in the accident  Was anybody injured in the Accident?  Was any injured conveyed to hospital by ambulance?  Was any other vehicle or property damaged?  Number of Passengers (Including Driver)  Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?  Translator's name  Translator's Phone number  Translator's email  Original language used in the statement  DETAILS OF POLICE ACTION  Was the accident reported to the police?  Was notice of intended Prosecution given?  If yes, against whom?  CIRCUMSTANCES OF ACCIDENT  ON 03.10.2024 AT ABOUT 1410HRS VEHICLE A SH7765M WAS CLOSE. VEHICLE B GBK9634E WHICH STATIONARY ON THE | No - Yes 1 No SALONG SIMS PLACE IN THE DIRECTION TOWARDS SIMS LEFT, SWERVED RIGHT WHEN VEH A WAS DRIVING PASS. DORS AND LEFT REAR. NO ONE IS INJURED. SCENE PHOTOS |

# ATTACHMENT(S)

Are accident photos available for attachment? Yes Was there any video captured by Car Camera?

Reasons for not uploading a video of the accident Yes

FILE IS NOT SUITABLE

# **DETAILS OF OTHER VEHICLE PROPERTY 1**

| Vehicle Registration Number             | GBK9634E                       |
|---|--------------------------------|
| Vehicle Manufacturer                    | Fiat                           |
| Vehicle Model                           | FIORINO CARGO 1.3MTA E6 GLAZED |
| Vehicle Variant                         | _                              |
| Vehicle Colour                          | _                              |
| Vehicle Category                        | Commercial vehicle             |
| Name of Driver                          | SELVASEKARAN PRAKASH           |
| Passport No/FIN                         | GXXXX305N                      |
| Contact Number                          | _                              |
| Address                                 | -                              |
| Address complement                      | _                              |
| Postcode                                | -                              |
| Insurance Company Name                  | _                              |
| Nature Of Damage                        | RIGHT FRONT                    |
| Details of property damaged in accident | -                              |
| No. Of Passenger (Including Driver)     | 2                              |

### SKETCH PLAN

# IMPORTANT NOTICE

- 1. Please correctly report the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorized Driver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any willful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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. The 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.
- By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the center and to copies of the report being made available aforesaid.
- 8. Consent under the Personal Data Protection Act (PDPA)

Lunderstand, 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.
- (ii) 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.

Driver's Signature (if driver is not the policyholder) / Date

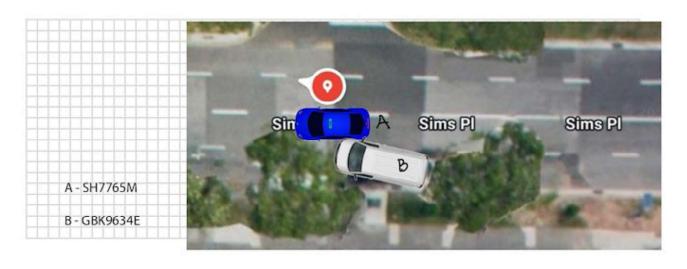
03.10.2024.

(Kymir)

Policyholder's Signature / Date & Time

Sketch Plan

Witnessed by Reporting Centre Personnel



1545HRS

Describe Circumstances of the Accident

# ON 03.10.2024 AT ABOUT 1410HRS VEHICLE A SH7765M WAS ALONG SIMS PLACE IN THE DIRECTION TOWARDS SIMS CLOSE. VEHICLE B GBK9634E WHICH STATIONARY ON THE LEFT, SWERVED RIGHT WHEN VEH A WAS DRIVING PASS. VEHICLE B RIGHT FRONT SIDE SWIPE VEH A BOTH LEFT DOORS AND LEFT REAR. NO ONE IS INJURED. SCENE

PHOTOS TAKEN. PARTICULARS TAKEN. NO HANDPHONE EXCHANGED.

# 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 03.10.2024. 1545HRS



Witnessed by Reporting Centre Personnel