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 17/10/2024 09:44 (SGT) Reported by **Actual Driver** Date of Accident 17/10/2024 04:05 (SGT) Exact Location of Accident Jln Besar, Singapore Additional Location Information Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number **SHA7186B**

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner COMFORT TRANSPORTATION PTE LTD Company Reg No 1XXXXX821R Email Address fleetsafety@cdgtaxi.com.sg Mobile Phone No (Phone) +65-97689709 Alternative Phone No (Office) +65-65508768

VEHICLE PARTICULARS

Manufacturer

Toyota Model Prius Variant **5DR HATCHBACK (AUTO)** 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 JTDKB3FU903080833 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 NG WING KONG SXXXX740I Date Of Birth 26/04/1963 Occupation Outdoor Driving Pass Date 03/01/1981 Driving License Pass Class Driving License Validity Valid Driving experience 43 YEARS AND 9 MONTHS Gender Mobile Number (Phone) +65-97689709 Alt. Phone Number Email Address fleetsafety@cdgtaxi.com.sg Address BLK 201 SERANGOON CENTRAL #12-04 Address complement Postcode 550201 Is the driver the policyholder? If No, Relationship of the Driver with the Insured **RELIEF DRIVER** Does Driver Own Other Vehicles? 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 Chain Collision Weather Conditions Clear Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident Was anybody injured in the Accident? Nο Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Yes Number of Passengers (Including Driver) 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 DETAILS OF POLICE ACTION Was the accident reported to the police? Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT ON THE 17 OCT 24 AT ABOUT 0405HRS I WAS DRIVING WITH VEHICLE A BEARING REGISTRATION NO (SHA7186B) ALONG

ON THE 17 OCT 24 AT ABOUT 0405HRS I WAS DRIVING WITH VEHICLE A BEARING REGISTRATION NO (SHA7186B) ALONG JALAN BESAR X KITCHENER RD ENROUTE FROM LAVENDER ST TOWARDS SYED ALWI FOR WORK PURPOSE. WHILE DRIVING ALONG JALAN BESAR X KITCHENER RD, VEHICLE B(SMP5694B) WITHOUT STOP AT TRAFFIC JUNCTION RED LIGHT, AND COLLIDED ONTO VEHICLE A. IMPACT OF THE COLLISION PUSHED VEHICLE A TO COLLIDED ONTO VEHICLE C(SHC7878C). VEHICLE A HAD DAMAGE ON FRONT RIGHT SIDE PORTION AND 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	SMP5694B
Vehicle Manufacturer	Toyota
Vehicle Model	NOAH HYBRID 7-SEATER 1.8X CVT
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private hire
Name of Driver	TAN KENG CHOW
Contact Number	(Phone) +65-96908893
Address	<u>.</u>
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	_

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number Vehicle Manufacturer	SHC7878C Toyota
Vehicle Model	PRIUS TAXI HATCHBACK(AT)(2WD)
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN

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- 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.
- (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.



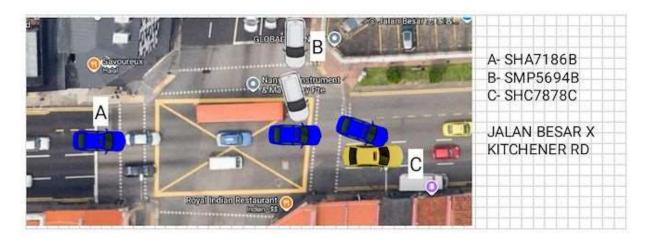
VENO

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

Witnessed by Reporting Centre Personnel

Sketch Plan

171024-0550HRS



Made with Xodo PDF Reader and Editor

Describe Circumstances of the Accident

_	ALTERNATION OF THE SAME AND ALTERNATION OF THE ACCOUNTS
) F	ON THE 17 OCT 24 AT ABOUT 0405HRS I WAS DRIVING WITH VEHICLE A BEARING REGISTRATION NO (SHA7186B) ALONG JALAN BESAR X KITCHENER RD ENROUTE FROM LAVENDER ST TOWARDS SYED ALWI FOR WORK PURPOSE. WHILE DRIVING ALONG JALAN BESAR X KITCHENER RD, VEHICLE B(SMP5694B) WITHOUT STOP AT TRAFFIC JUNCTION RED LIGHT, AND COLLIDED ONTO VEHICLE A. IMPACT OF THE COLLISION PUSHED VEHICLE A TO COLLIDED ONTO VEHICLE C(SHC7878C). VEHICLE A HAD ADDAMAGE ON FRONT RIGHT SIDE PORTION AND LEFT SIDE PORTION. NOBODY WAS NJURED DURING THE ACCIDENT.

Declaration

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

VENO

Policyholder's Signature / Date & Time

Driver's Signature (If driver is not the policyholder) / Date & Time 171024-0550HRS

Witnessed by Reporting Centre Personnel