# **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.

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   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 10/10/2024 09:04 (SGT) Reported by **Actual Driver** Date of Accident 09/10/2024 11:55 (SGT) Exact Location of Accident Changi Rd, Singapore Additional Location Information Country/State of Loss Singapore

#### **DETAILS OF OWN VEHICLE**

Vehicle Registration Number SHD4754R

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) +65-96493909 Alternative Phone No (Office) +65-65508768

VEHICLE PARTICULARS

Manufacturer Hyundai Model SX2 KONA 1.6 GDI HEV Variant

Exact purpose for which vehicle was being used at time of Private hire accident Are you claiming under your own insurance policy for repair to

No - Reporting only your vehicle? Vehicle Category Taxi

Transmission Auto CC 1580

Vehicle Fuel Petrol-Electric First Regisration Date

Chassis no KMHHB811VSU087314

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	ABD RAZAK BIN SAMSURI
NRIC No	S1488852G
Date Of Birth	27/09/1961
Occupation	Outdoor
Driving Pass Date	28/03/1991
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	33 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96493909
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLK 617 WOODLANDS AVENUE 4 # 03 - 551
Address complement	-
Postcode	730617
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	
	Hirer
	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	_
Trodu Guriaco	Dry
OTHER INFORMATION	
West and foreign as higher involved in the analysis of	
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	
	LINIZALOMAL
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 09.10.2024 AT ABOUT 1155HRS, VEHICLE A SHD4754R WA	AS ALONG CHANGI ROAD. NEAR ESSO PETROL STATION,

ON 09.10.2024 AT ABOUT 1155HRS, VEHICLE A SHD4754R WAS ALONG CHANGI ROAD. NEAR ESSO PETROL STATION, VEHICLE A SIGNAL RIGHT AND FILTERED RIGHT WHEN VEHICLE B SLF145S CAME FROM BEHIND. VEHICLE B LEFT SIDE SWIPE VEHICLE A RIGHT REAR. PASSENGER IS NOT INJURED AND HE DECIDED TO TAKE ANOTHER TRANSPORT TO HIS DESTINATION AT JOO CHIAT. SCENE PHOTOS AND PARTICULARS TAKEN

ATTACHMENT(S)

Are accident photos available for attachment?

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 **SLF145S** Vehicle Manufacturer Citroen Vehicle Model C5 AIRCROSS 1.2 FEEL Vehicle Variant Vehicle Colour Vehicle Category Private car Name of Driver JOEL KO GUHYAN NRIC No S8925357H Contact Number (Phone) +65-97518910 Address Address complement Postcode Insurance Company Name Nature Of Damage LEFT FRONT Details of property damaged in accident No. Of Passenger (Including Driver) 1

#### SKETCH PLAN

#### IMPORTANT NOTICE

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- 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.



Policyholder's Signature / Date & Time Driver's Signature (If driver is not the policyholder) / Date & Time 09.10.2024. 1430HRS



Witnessed by Reporting Centre Personnel

#### Sketch Plan



## Describe Circumstances of the Accident

ON 09.10.2024 AT ABOUT 1155HRS, VEHICLE A SHD4754R WAS ALONG CHANGI ROAD. NEAR ESSO PETROL STATION, VEHICLE A SIGNAL RIGHT AND FILTERED RIGHT WHEN VEHICLE B SLF145S CAME FROM BEHIND. VEHICLE B LEFT SIDE SWIPE VEHICLE A RIGHT REAR. PASSENGER IS NOT INJURED AND HE DECIDED TO TAKE ANOTHER TRANSPORT TO HIS DESTINATION AT JOO CHIAT. SCENE PHOTOS AND PARTICULARS TAKEN
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#### 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 09.10.2024. 143HRS

(xymi)

Witnessed by Reporting Centre Personnel

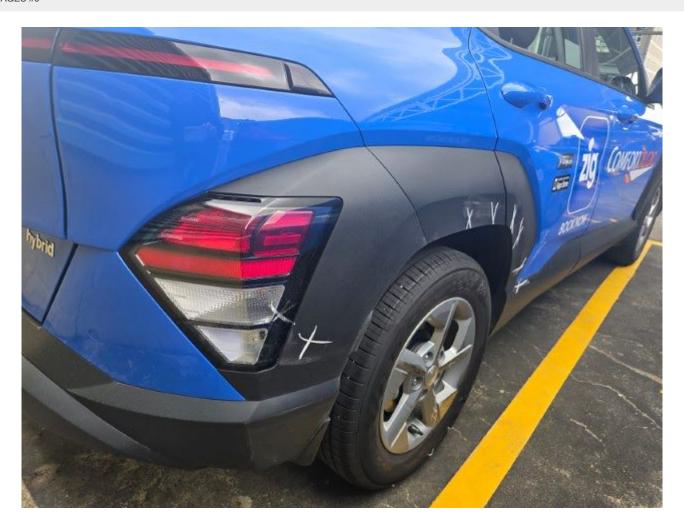


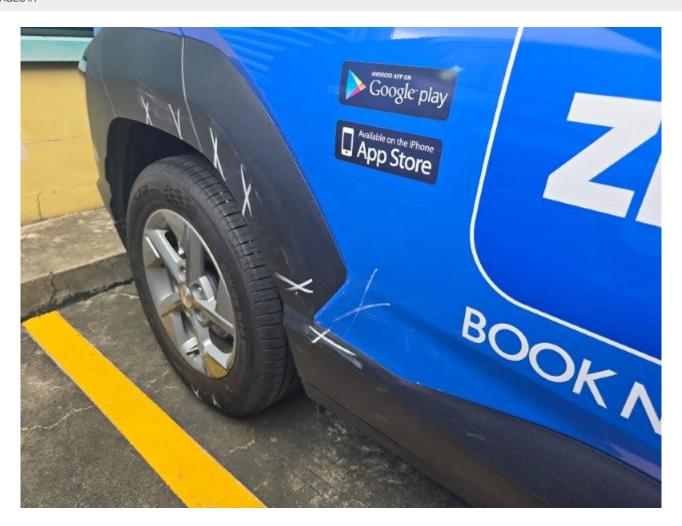


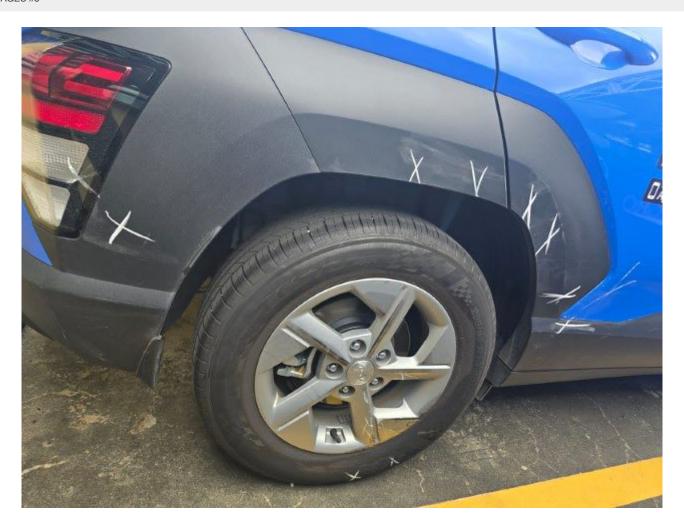


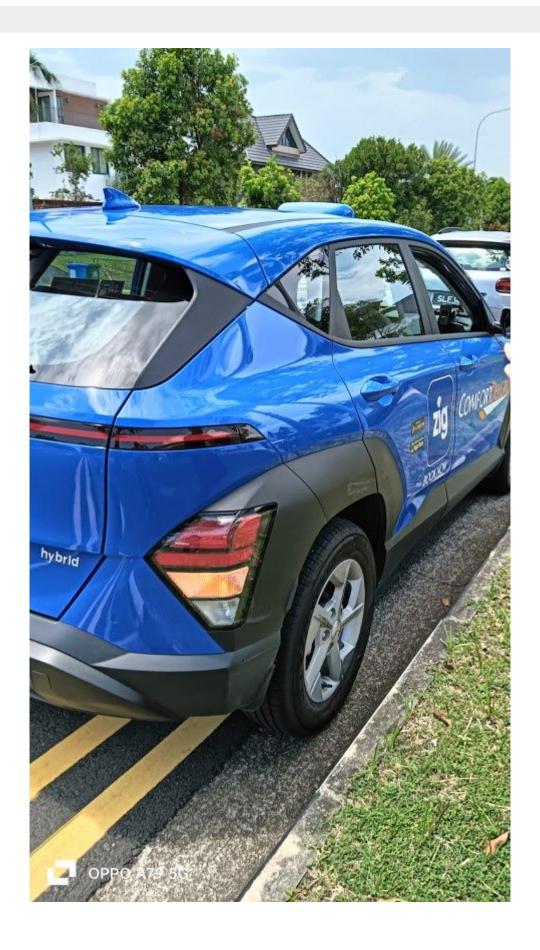










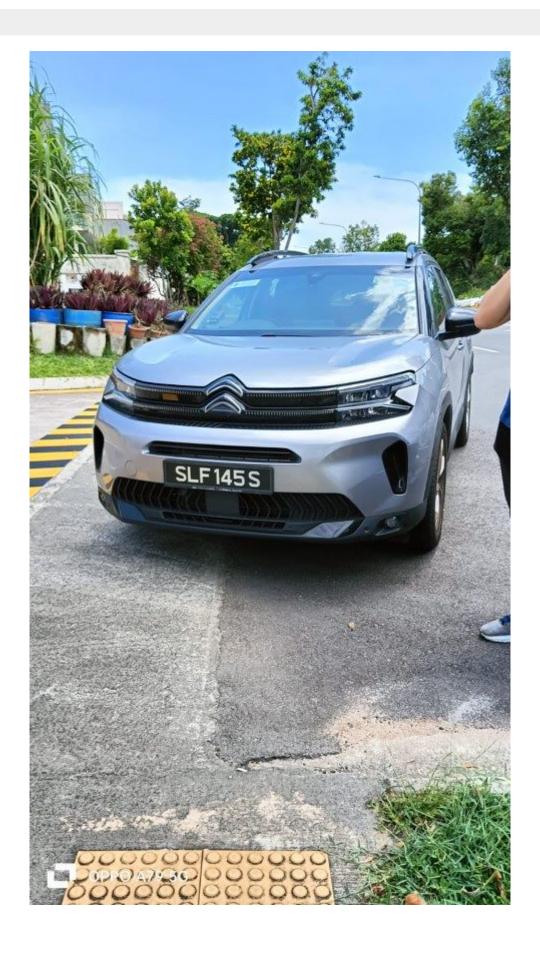


















## OTHER DOCUMENTS

