

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	18/11/2024 15:19 (SGT)
Reported by	Actual Driver
Date of Accident	17/11/2024 03:20 (SGT)
Exact Location of Accident	6 Napier Rd, Singapore 258499
Additional Location Information	BUS STOP
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA7884U
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) +65-92473688
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 accident	Private hire
Are you claiming under your own insurance policy for repair to your vehicle?	Yes
Vehicle Category	Taxi
Transmission	Auto
CC	1580
Vehicle Fuel	Petrol-Electric
First Registration Date	-
Chassis no	KMH8B811VRU053347
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	CHEONG CHUN KIONG @SIN CHUN KIONG
NRIC No	SXXXX667C
Date Of Birth	22/02/1960
Occupation	Outdoor
Driving Pass Date	19/11/1980
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	44 YEARS
Gender	Male
Mobile Number	(Phone) +65-92473688
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLK 198 PASIR RIS STREET 12 #09-116
Address complement	-
Postcode	510198
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	RELIEF DRIVER
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	Fire, explosion or lightning
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	1
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	Yes
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	1
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?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

ON 17/11/2024 AT ABOUT 0320HRS I WAS DRIVING VEHICLE (A) BEARING REGISTRATION NUMBER SHA7884U ENROUTE FROM . WHILE STATIONARY AT A TRAFFIC LIGHT ALONG HOLLAND RD, I STARTED TO NOTICE SMOKE COMING FROM THE INTERIOR DASHBOARD, SPECIFICALLY AT THE DRIVER'S SIDE AT THE BONNET RELEASE LEVER. I THEN DROVE TO THE NEAREST BUS STOP, WHICH IS AT 6 NAPIER ROAD AND STOPPED. I THEN TRIED TO PUT OUT THE FLAMES WITH MY RIGHT HAND. HOWEVER THE VEHICLE WAS TOO HOT AND I BURNT MY RIGHT HAND. SHORLTY AFTER THE CAR STARTED TO HORN CONTINUOUSLY AND I EXITED THE VEHICLE, AND TRIED TO OPEN THE REAR TAILGATE TO RETRIEVE THE FIRE EXTINGUISHER. HOWEVER THE VEHICLE WAS LOCKED. I THEN CALLED 995 AND COMFORT CALL CENTRE. PRIOR TO THIS THE VEHICLE HAD NOT SHOWN ANY ISSUES (NO STRANGE SOUND OR SMELLS OR ANY PERFORMANCE ISSUES). I HAVE SUSTAINED 2ND CLASS BURNS ON MY RIGHT HAND AND WAS CONVEYED TO SINGAPORE GENERAL HOSPITAL AND GOT 15 DAYS MC.

ATTACHMENT(S)

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

Yes
Yes
FILE IS NOT SUITABLE

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FIRE
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	NA / Unknown
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)	-

INJURED PERSONS DETAILS

INJURED 1


Name of injured person	CHEONG CHUN KIONG @SIN CHUN KIONG
Gender	Male
Phone No	(Phone) +92473688
Address	BLK 198 PASIR RIS STREET 12 #09-116
Address Complement	-
Post Code	510198
Approximate Age Years Old	64
Injuries Sustained	2ND CLASS BURNS ON RIGHT HAND
Injured person in which vehicle?	SHA7884U
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	Yes

SKETCH PLAN

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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 be 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 be 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.

HIRER MR TAN SOO CHIEW
SIGN ON BEHALF AS DAX
HAND BURN



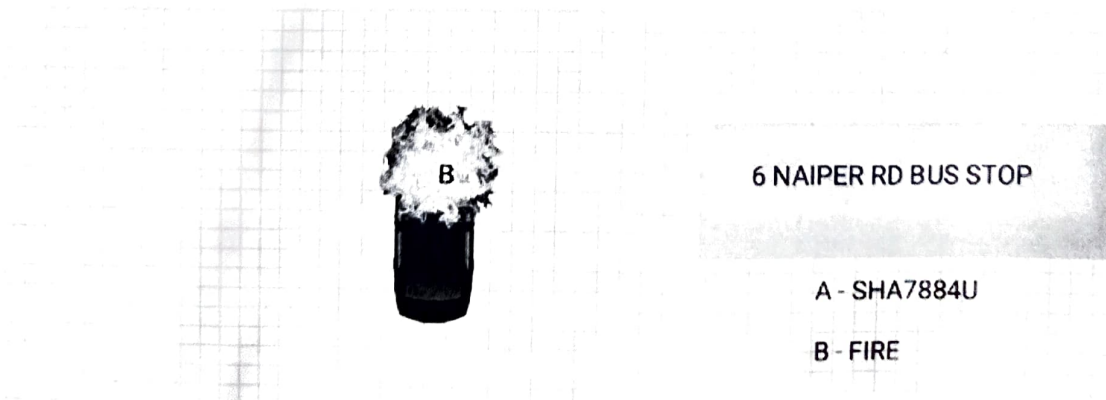

Policyholder's Signature / Date & Time

Sketch Plan

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

18/11/2024 1500HRS

Witnessed by Reporting Centre Personnel



Describe Circumstances of the Accident

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Declaration

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
18/11/2024 1500HRS

Witnessed by Reporting Centre Personnel