SA2H24C60002 / Aspectus Consultancy Pte Ltd ENTRY DATE & TIME: 06/12/2024 09:36 (SGT) SUBMITTED BY: Flash Reporting VERSION: 1 (06/12/2024 09:36 (SGT))

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 06/12/2024 09:36 (SGT) Reported by **Actual Driver** Date of Accident 04/12/2024 20:55 (SGT) Exact Location of Accident Serangoon Rd, Singapore Additional Location Information BEFORE CUFF ROAD Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Hyundai

Vehicle Registration Number SHC3669R

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) +65-91993716 Alternative Phone No (Office) +65-65508768

VEHICLE PARTICULARS

Manufacturer

Model Ae ioniq Variant HEV FL 1.6 DCT 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 1580 Vehicle Fuel Petrol-Electric First Regisration Date

Chassis no KMHC851CVLU187694

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	LEE ENG SENG
NRIC No	S1150355A
Date Of Birth	04/07/1956
Occupation	Outdoor
Driving Pass Date	27/12/1999
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	25 YEARS
Gender	Male
Mobile Number	(Phone) +65-91993716
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLK 101 POTONG PASIR AVENUE 1 #07-316
Address complement	-
Postcode	350101
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	
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident	Collinian Change/gross laws
Weather Conditions	Collision - Change/cross lane
Road Surface	Clear
Noau 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)	3
Has the driver been approached by unknown person(s)	ŭ
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	
	LINIGATOWAL
Name	UNKNOWN
Gender	Male
PASSENGER 2	
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 041224 AT ABOUT 2055HRS, VEHICLE A SHC3669R WAS ALONG SERANGOON ROAD. BEFORE CUFF ROAD, VEHICLE A WAS FILTERING RIGHT TO DROP OFF PASSENGERS. VEHICLE B SNJ1236L WHICH WAS STATIONARY ON THE RIGHT LANE, FILTER OUT. VEHICLE B LEFT FRONT SIDE SWIPE VEHICLE A RIGHT REAR. PASSENGERS ARE NOT INJURED AND THEY ALIGHTED. SCENE PHOTOS AND HANDPHONE TAKEN.

Are accident photos available for attachment?

Was there any video captured by Car Camera?

No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SNJ1236L Vehicle Manufacturer Mercedes Vehicle Model **GLB 180 PROGRESSIVE** Vehicle Variant Vehicle Colour Vehicle Category Private car Name of Driver Contact Number (Phone) +65-98396033 Address Address complement Postcode Insurance Company Name Nature Of Damage LEFT FRONT Details of property damaged in accident No. Of Passenger (Including Driver)

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.

жуті

Policyholder's Signature / Date &

Driver's Signature (if driver is not the policyholder) / Date & Time 05.12.2024. 1700HRS Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

ON 041224 AT ABOUT 2055HRS, VEHICLE A SHC3669R WAS ALONG SERANGOON ROAD. BEFORE CUFF ROAD, VEHICLE A WAS FILTERING RIGHT TO DROP OFF PASSENGERS. VEHICLE B SNJ1236L WHICH WAS STATIONARY ON THE RIGHT LANE, FILTER OUT. VEHICLE B LEFT FRONT SIDE SWIPE VEHICLE A RIGHT REAR. PASSENGERS ARE NOT INJURED AND THEY ALIGHTED. SCENE PHOTOS AND HANDPHONE TAKEN.

Declaration

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

Policyholder's Signature / Date & Time

Driver's Signature (If driver is not the policyholder) / Date & Time 05.12.2024. 1700HRS

Witnessed by Reporting Centre

Personnel

















