

# 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 .....	08/07/2024 23:28 (SGT)
Reported by .....	Actual Driver
Date of Accident .....	07/07/2024 23:08 (SGT)
Exact Location of Accident .....	Commonwealth Ave, Singapore
Additional Location Information .....	-
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SNE4096E
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### INSURED/POLICYHOLDER

Is company? .....	Yes
Name Of Registered Owner .....	COMFORTDELGRO RENT A CAR PTE LTD
Company Reg No .....	1XXXXX775H
Email Address .....	fleetsafety@cdgtaxi.com.sg
Mobile Phone No .....	(Phone) +65-91286995
Alternative Phone No .....	(Office) +65-68820888

### VEHICLE PARTICULARS

Manufacturer .....	Toyota
Model .....	Noah
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? .....	No - Claiming third party
Vehicle Category .....	Private hire
Transmission .....	Auto
CC .....	1797

### INSURANCE COMPANY

Name of Insurance Company .....	India International Insurance Pte Ltd
Policy Number / Cover Note Number .....	D20MFL0000326_03

### DRIVER

Name of Driver .....	LAWRANCE CHEE KENG POH
NRIC No .....	SXXXX632Z
Date Of Birth .....	05/04/1954
Occupation .....	Outdoor

Driving Pass Date .....	07/08/1982
Driving experience .....	41 YEARS AND 11 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-91286995
Alt. Phone Number .....	-
Email Address .....	fleetsafety@cdgtaxi.com.sg
Address .....	BLK 54 NEW UPPER CHANGI ROAD #12-1466
Address complement .....	-
Postcode .....	461054
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 - Head to Rear
Weather Conditions .....	Clear
Road 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? .....	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

I AM THE HIRER AND DRIVER OF CDG PHV NOAH BEARING RGISTRATIO NUMBER SNE4096E DARK PURPLE IN COLOUR.

ON 07/07/2024 AT ABOUT 2308 HRS AFTER MY VEHICLE HAS STOPPED AND WHILST I WAS WAITING ON LANE 4 AT THE TRAFFIC JUNCTION OF COMMONWEALTH AVENUE WEST WITH CLEMENTI ROAD TOWARDS THE DIRECTION OF CITY, I FELT AN IMPACT ON MY REAR HIT Y A VEHICLE. I EMERGED FROM MY CAR AND REALISED A YELLOW CITYCAB HAS HIT THE REAR OF MY VEHICLE AND HAD STOPPED BUMPER TO BUMPER .

THE TAXI DRIVER, A MALE CHINESE ALSO EMERGED AND ASKED ME TO SETTLE PRIVATELY BUT AS HE WAS RUDE AND ARROGANT TOWARDS ME LATER AND EVEN USED EXPLETIVES, I TOLD HIM TO SETTLE WITH THE COMPANY. I HAD TOLD HIM THE NOAH ALSO BELONGS TO CDG.. NO INJURIES BUT THE SAID TAXI WAS CONVEYING 2 ELDERLY PASSENGERS.

#### ATTACHMENT(S)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SHC81E
Vehicle Manufacturer .....	Hyundai
Vehicle Model .....	Ae ioniq
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Taxi
Name of Driver .....	ROYSTON TAY HSIAD LEE
NRIC No .....	SXXXX617G
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 .....	PASSENGER
Gender .....	-
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	INJURIES
Injured person in which vehicle? .....	SHC81E
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	Yes

### INJURED 2

Name of injured person .....	PASSENGER
Gender .....	-
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	INJURIES
Injured person in which vehicle? .....	SHC81E
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	Yes

**SKETCH PLAN****IMPORTANT NOTICE**

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7. 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)**  
I understand, 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.

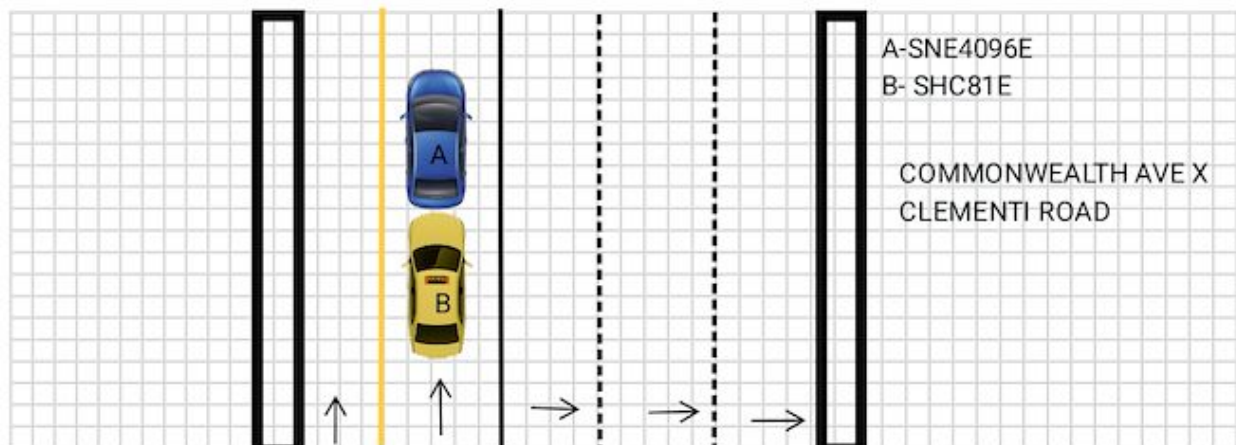
Policyholder's Signature / Date & Time

Sketch Plan

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

Witnessed by Reporting Centre Personnel

08/07/2024 -- 14:00HRS



## Describe Circumstances of the Accident

I AM THE HIRER AND DRIVER OF CDG PHV NOAH BEARING REGISTRATION NUMBER SNE4096E DARK PURPLE IN COLOUR.

ON 07/07/2024 AT ABOUT 2308 HRS AFTER MY VEHICLE HAS STOPPED AND WHILST I WAS WAITING ON LANE 4 AT THE TRAFFIC JUNCTION OF COMMONWEALTH AVENUE WEST WITH CLEMENTI ROAD TOWARDS THE DIRECTION OF CITY, I FELT AN IMPACT ON MY REAR HIT BY A VEHICLE. I EMERGED FROM MY CAR AND REALISED A YELLOW CITYCAB HAS HIT THE REAR OF MY VEHICLE AND HAD STOPPED BUMPER TO BUMPER.

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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

08/07/2024 -- 14:00HRS

Witnessed by Reporting Centre Personnel











