

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	23/07/2024 17:19 (SGT)
Reported by	Actual Driver
Date of Accident	23/07/2024 06:25 (SGT)
Exact Location of Accident	60 Airport Blvd., Singapore Changi Airport (SIN), Singapore 819643
Additional Location Information	TERMINAL 4 LINK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD6559A
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) +65-97880234
Alternative Phone No	(Office) +65-65508768

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Prius
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	Taxi
Transmission	Auto
CC	1798

INSURANCE COMPANY

Name of Insurance Company	MS First Capital Insurance Ltd
Policy Number / Cover Note Number	D-24101861MFCT

DRIVER

Name of Driver	KOH TENG HOCK
NRIC No	SXXXX803C
Date Of Birth	28/12/1960
Occupation	Outdoor

Driving Pass Date	01/10/1981
Driving experience	42 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97880234
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	APT BLK 23 HAIG ROAD #18-23
Address complement	-
Postcode	430023
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 - Cross Junction
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

ON 23/07/24 AT AROUND 06:25HRS, I WAS DRIVING WITH VEHICLE A BEARING REGISTRATION NUMBER (SHD6559A) ALONG T4 LINK AFTER DROPPING OFF MY PASSENGER AT AIRPORT T4. AS THE TRAFFIC LIGHT TURNED GREEN, I MOVE OFF FROM THE TRAFFIC JUNCTION AND VEHICLE B BEARING REGISTRATION (SHC7382R) APPARENTLY BEAT THE RED LIGHT AND COLLIDED ONTO THE FRONT LEFT OF VEHICLE A. SUBSEQUENTLY, THE IMPACT OF COLLISION CAUSED VEHICLE A TO SWERVED LEFT AND MOUNTED ONTO OBJECT C (KERB). AFTER THAT, VEHICLE A COLLIDED HEAD ON ONTO OBJECT D (ELECTRICAL FUSE BOX). DUE TO THE COLLISION, I WAS CONVEYED TO CHANGI GENERAL HOSPITAL AND SUSTAINED PAIN ON MY NECK REGION AND ON MY RIGHT LEG.

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	SHC7382R
Vehicle Manufacturer	Hyundai

Vehicle Model	Ae ioniq
Vehicle Variant	-
Vehicle Colour	Yellow
Vehicle Category	Taxi
Name of Driver	TAN
Contact Number	(Phone) +65-92394483
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	FRONT AND RIGHT HAND SIDE
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	KERB
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	BOX
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	ELECTRICAL FUSE BOX
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	KOH TENG HOCK
Gender	Male
Phone No	(Phone) +65-97880234
Address	23 HAIG ROAD #18-23
Address Complement	-
Post Code	430023
Approximate Age Years Old	63
Injuries Sustained	NECK AND RIGHT LEG PAIN
Injured person in which vehicle?	SHD6559A
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	Yes

SKETCH PLAN

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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.

[Handwritten Signature]



Policyholder's Signature / Date & Time

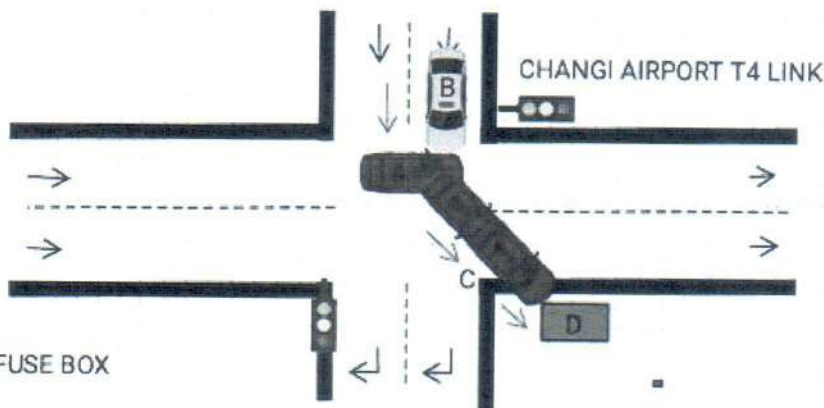
Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Sketch Plan

23-07-24/12:25 HRS

A - SHD6559A
B - SHC7382R
C - KERB
D - ELECTRICAL FUSE BOX



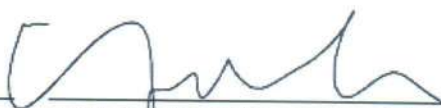
Describe Circumstances of the Accident

ON 23/07/24 AT AROUND 06:25HRS, I WAS DRIVING WITH VEHICLE A BEARING REGISTRATION NUMBER (SHD6559A) ALONG T4 LINK AFTER DROPPING OFF MY PASSENGER AT AIRPORT T4. AS THE TRAFFIC LIGHT TURNED GREEN, I MOVE OFF FROM THE TRAFFIC JUNCTION AND VEHICLE B BEARING REGISTRATION (SHC7382R) APPARENTLY BEAT THE RED LIGHT AND COLLIDED ONTO THE FRONT LEFT OF VEHICLE A. SUBSEQUENTLY, THE IMPACT OF COLLISION CAUSED VEHICLE A TO SWERVED LEFT AND MOUNTED ONTO OBJECT C (KERB). AFTER THAT, VEHICLE A COLLIDED HEAD ON ONTO OBJECT D (ELECTRICAL FUSE BOX). DUE TO THE COLLISION, I WAS CONVEYED TO CHANGI GENERAL HOSPITAL AND SUSTAINED PAIN ON MY NECK REGION AND ON MY RIGHT LEG.

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

23-07-24/12:25 HRS



Witnessed by Reporting Centre Personnel