

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	27/07/2024 10:28 (SGT)
Reported by	Actual Driver
Date of Accident	26/07/2024 16:40 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	RIGHT AFTER ADAM ROAD FLYOVER
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SH7744Z
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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) +65-84117072
Alternative Phone No	(Office) +65-65508768

VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	I40
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 - Reporting only
Vehicle Category	Taxi
Transmission	Auto
CC	1685

INSURANCE COMPANY

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

DRIVER

Name of Driver	HABIBULLAH SHAH BIN MOHAMED IBRAHIM
NRIC No	S8947235J
Date Of Birth	12/12/1989
Occupation	Outdoor

Driving Pass Date	13/05/2019
Driving experience	5 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-84117072
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	APT BLK 343 UBI AVENUE 1 #01-1117
Address complement	-
Postcode	400343
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	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
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

Name	UNKNOWN
Gender	Female

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 26/07/2024 AT ABOUT 1640HRS I WAS DRIVING VEHICLE (A) BEARING REGISTRATION NUMBER SH7744Z ENROUTE FROM AFTER PICKING UP MY PASSENGER AT BUGIS TO DROP OFF AT MARSILING FOR WORK PURPOSES. WHILE DRIVING ALONG LANE 1 OFF PIE (TUAS) RIGHT AFTER ADAM ROAD FLYOVER VEHICLE (C) BEARING REGISTRATION NUMBER SFJ3399G INFRONT OF ME SUDDENLY JAM BRAKED AND I REACTD BY JAM BRAKING TOO AND REALISED I CANNOT STOP IN TIME AND SWERVED OUT TO LANE 2 BUT THE FRONT RIGHT OF MY VEHICLE STILL HIT ONTO THE REAR LEFT OF VEHICLE (C). SHORTLY AFTER IN LANE 2, THE FRONT OF VEHICLE (B) BEARING REGISTRATION NUMBER GBE309K HIT ONTO THE REAR OF MY VEHICLE. NOBODY WAS INJURED.

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	GBE309K
Vehicle Manufacturer	Toyota
Vehicle Model	TOYOTA DYNA 150 MANUAL
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	RAMAOORTHY VELAYUDHAM
NRIC No	G7068388T
Contact Number	(Phone) +65-89457213
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 2

Vehicle Registration Number	SFJ3399G
Vehicle Manufacturer	Mercedes
Vehicle Model	E 250 SEDAN (R17)
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	CHING SEOW CHYE
NRIC No	S1263723C
Contact Number	(Phone) +65-94510404
Address	6 GEYLANG EAST AVENUE 2 # 10-08
Address complement	-
Postcode	389756
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN**IMPORTANT NOTICE**

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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/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.

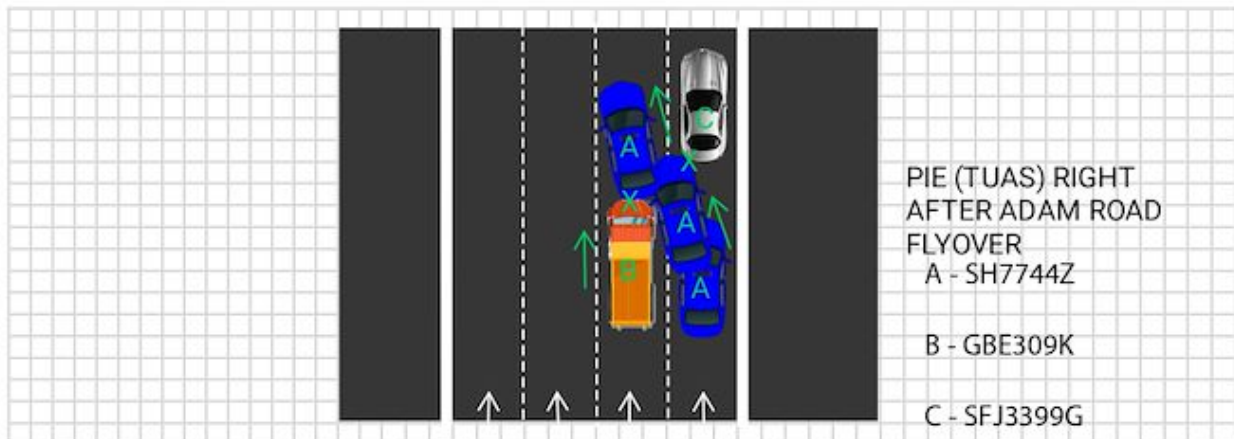
Policyholder's Signature / Date & Time

Sketch Plan

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

26/07/2024 1910HRS

Witnessed by Reporting Centre Personnel



Describe Circumstances of the Accident

ON 26/07/2024 AT ABOUT 1640HRS I WAS DRIVING VEHICLE (A) BEARING REGISTRATION NUMBER SH7744Z ENROUTE FROM AFTER PICKING UP MY PASSENGER AT BUGIS TO DROP OFF AT MARSILING FOR WORK PURPOSES. WHILE DRIVING ALONG LANE 1 OFF PIE (TUAS) RIGHT AFTER ADAM ROAD FLYOVER VEHICLE (C) BEARING REGISTRATION NUMBER SFJ3399G INFRONT OF ME SUDDENLY JAM BRAKED AND I REACTD BY JAM BRAKING TOO AND REALISED I CANNOT STOP IN TIME AND SWERVED OUT TO LANE 2 BUT THE FRONT RIGHT OF MY VEHICLE STILL HIT ONTO THE REAR LEFT OF VEHICLE (C). SHORTLY AFTER IN LANE 2 , THE FRONT OF VEHICLE (B) BEARING REGISTRATION NUMBER GBE309K HIT ONTO THE REAR OF MY VEHICLE. NOBODY WAS INJURED.

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

26/07/2024 1910HRS

Witnessed by Reporting Centre Personnel





























