

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	03/08/2024 16:28 (SGT)
Reported by	Actual Driver
Date of Accident	03/08/2024 13:15 (SGT)
Exact Location of Accident	River Valley Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA3956Y
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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) +65-98736491
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
Vehicle Fuel	-
First Registration Date	-
Chassis no	-
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	YIP WENG FEI
NRIC No	S1554215B
Date Of Birth	17/11/1962
Occupation	Outdoor
Driving Pass Date	06/06/1987
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	37 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98736491
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLK 505 SERANGOON NORTH AVENUE 4 #10-462
Address complement	-
Postcode	550505
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
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	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 THE 03/08/24 AT ABOUT 1315HRS I WAS DRIVING WITH VEHICLE A BEARING REGISTRATION NO (SHA3956Y) ALONG RIVER VALLEY RD ENROUTE FROM KRAMAT RD TOWARDS VIVO CITY TO SEND PASSENGER. WHILE DRIVING ALONG RIVER VALLEY RD , VEHICLE A HAD COLLIDED ONTO VEHICLE B (SNB7979D) HEAD TO REAR BUMPER. AS I ALIGHTED FROM VEHICLE A AND DISCOVERED THAT VEHICLE B HAD COLLIDED ONTO VEHICLE C (SNJ9826G) HEAD TO REAR BUMPER. VEHICLE A HAD DAMAGE ON FRONT PORTION. DRIVER OF VEHICLE C SUSTAIN NECK PAIN.

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	SNB7979D
Vehicle Manufacturer	Volkswagen
Vehicle Model	GOLF GTI 2.0 DSG
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	HO
Contact Number	(Phone) +65-92730050
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	SNJ9826G
Vehicle Manufacturer	Honda
Vehicle Model	FREED HYBRID 1.5G AUTO
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private hire
Name of Driver	HERMEE BIN MOHD YUSSOFF
NRIC No	S7828159F
Contact Number	(Phone) +65-90174304
Address	BLK 633 JURONG WEST STREET 65 #02-306
Address complement	-
Postcode	640633
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	HERMEE BIN MOHD YUSSOFF
Gender	Male
Phone No	(Phone) +65-90174304
Address	633 JURONG WEST STREET 65 #02-306
Address Complement	-
Post Code	640633
Approximate Age Years Old	-
Injuries Sustained	NECK PAIN
Injured person in which vehicle?	SNJ9826G
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

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.

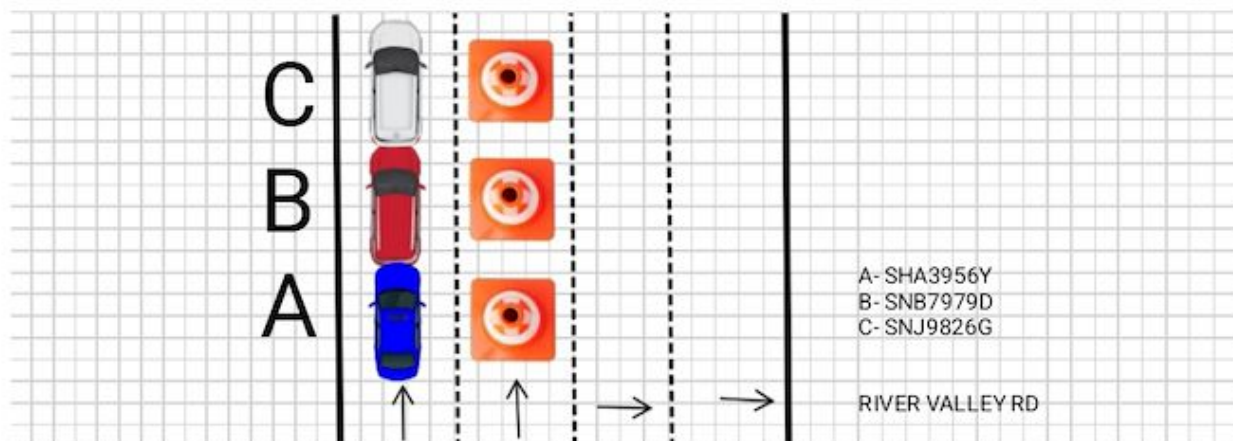
Policyholder's Signature / Date & Time

Sketch Plan

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

030824- 1530HRS

Witnessed by Reporting Centre Personnel



Describe Circumstances of the Accident

ON THE 03/08/24 AT ABOUT 1315HRS I WAS DRIVING WITH VEHICLE A BEARING REGISTRATION NO (SHA3956Y) ALONG RIVER VALLEY RD ENROUTE FROM KRAMAT RD TOWARDS VIVO CITY TO SEND PASSENGER. WHILE DRIVING ALONG RIVER VALLEY RD, VEHICLE A HAD COLLIDED ONTO VEHICLE B (SNB7979D) HEAD TO REAR BUMPER. AS I ALIGHTED FROM VEHICLE A AND DISCOVERED THAT VEHICLE B HAD COLLIDED ONTO VEHICLE C (SNJ9826G) HEAD TO REAR BUMPER. VEHICLE A HAD DAMAGE ON FRONT PORTION. DRIVER OF VEHICLE C SUSTAIN NECK PAIN.

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

030824- 1530HRS



Witnessed by Reporting Centre Personnel















