

## PRE ACCIDENT STATEMENT

Provide the details of the accident to speed up the claims process.  
This form must be completed by the Policyholder and/or the Authorised Driver.  
The information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate the policy and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.  
This report may be referred to the Police for investigation.  
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.  
Copies of this report will, for a fee, be made available upon application by interested parties.  
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 Submission	30/01/2021 10:05 (SGT)
Date of Accident	30/01/2021 01:20 (SGT)
Exact Location of Accident	Tampines Street 31, Singapore
Additional Location Information	TAMPINES AVENUE 2 JUNCTION
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC1348E
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#### 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) +65-92702230
Alternative Phone No	(Office) +65-65508768

#### VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	Ae ioniq
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

#### INSURANCE COMPANY

Name of Insurance Company	Axa
Type of Coverage	ThirdPartyFireTheft
Fleet Policy	Yes
Policy Number	VFX/P2419138
Cover Note Number	-

#### DRIVER

Name of Driver	TAN BENG CHYE
NRIC No	SXXXX278C
Date Of Birth	18/04/1954
Occupation	Outdoor

29/01/1975  
46 YEARS  
Male  
(Phone) +65-92702230  
-  
fleetsafety@cdgtaxi.com.sg  
BLK 328 HOUGANG AVENUE 5 #08-210  
-  
1953  
No  
Hirer  
No  
-  
-

Policyholder?  
Is the Driver with the Insured  
in Other Vehicles?  
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? No  
Was any injured conveyed to hospital by ambulance? -  
Was any other material 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

#### 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 30/1/2021 AT ABOUT 0120HRS, I WAS DRIVING MY VEHICLE A SHC1348E ALONG TAMPINES STREET 31. I STOP MY VEHICLE A AT THE TRAFFIC JUNCTION OF TAMPINES AVENUE 2. VEHICLE B SKD5573D THEN REAR-ENDED MY STATIONARY VEHICLE A. WE WERE ON THE MIDDLE OF A 3 LANE ROAD. NO ONE WAS INJURED.

#### ATTACHMENT(S)

Are accident photos available for attachment? Yes  
Was there any video captured by Car Camera? No  
Was there any audio recorded? No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SKD5573D  
Vehicle Manufacturer Volkswagen  
Vehicle Model -  
Vehicle Variant -  
Vehicle Colour -  
Vehicle Category Private car  
Name of Driver VONG CHERNG JYE  
NRIC No SXXXX104C  
Contact Number (Phone) +65-82238398  
Address BLK 495B TAMPINES STREET 43 #11-396

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## SKETCH PLAN

### IMPORTANT NOTICE

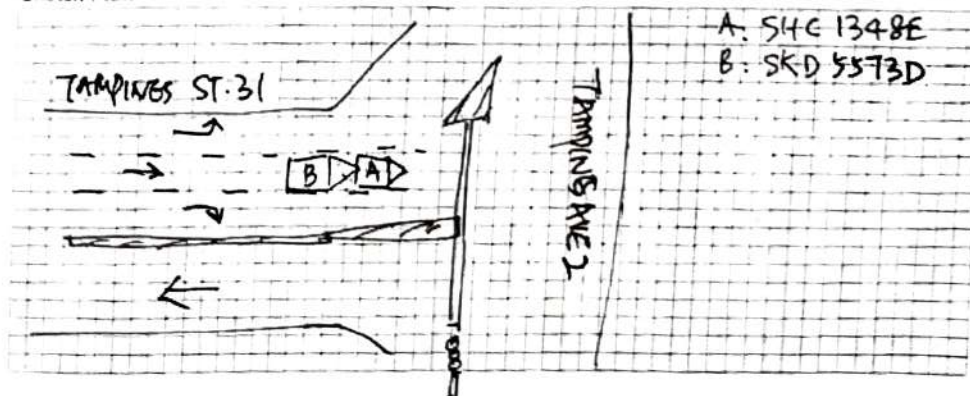
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts 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. 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.
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.
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' 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' 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 law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



CS Scanned with CamScanner



Circumstances of the Accident

30.01.2021 AT ABOUT 0120 HRS I WAS DRIVING MY  
VEH A SHC 1348 E ALONG TAMPINES ST 31. I STOP MY  
VEH A AT THE TRAFFIC JUNCTION OF TAMPINES AVE 2.  
VEH B SKD STED THEN REAR-ENDED MY STATIONARY  
VEH A. WE WERE ON THE MIDDLE OF A 3 LANE ROAD.  
NO ONE WAS INJURED.

Declaration

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

30.01.2021  
0300 HRS

Witnessed by Reporting Centre  
Personnel

Kyngi Yang

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