

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 Authorised 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 Submission	01/02/2021 11:23 (SGT)
Date of Accident	30/01/2021 13:10 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	KPE (KALLANG) ENTRANCE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC8815C
-----------------------------	----------

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) +65-90920924
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 - 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	P JONSON
NRIC No	SXXXX768A
Date Of Birth	05/04/1957
Occupation	Outdoor

29/01/1976
45 YEARS
Male
(Phone) +65-90920924
-
fleetsafety@cdgtaxi.com.sg
BLK 639 HOUGANG AVENUE 8 #01-133
-
530639
No
Hirer
No

complement

driver the policyholder?
Relationship of the Driver with the Insured
Does Driver Own Other Vehicles?
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
Weather Conditions
Road Surface
Collision - Head to Rear
Clear
Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?
Number of vehicles involved in the accident
Was anybody injured in the Accident?
Was any injured conveyed to hospital by ambulance?
Was any other material or property damaged?
Number of Passengers (Including Driver)
Has the driver been approached by unknown person(s)
soliciting/offering accident claims assistance?

No
2
Yes
No
Yes
2
No

PASSENGER 1

Name
Gender
UNKNOWN
Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?
Was notice of intended Prosecution given?
If yes, against whom?

No
No
-

CIRCUMSTANCES OF ACCIDENT

ON 30/1/2021, AT ABOUT 1310HRS. I WAS DRIVING MY VEHICLE SHC8815C ALONG KALLANG FLYOVER (PIE - KPE) TOWARDS TUNNEL. WHILE DRIVING APPROACHING TUNNEL ENTRANCE AT ABOUT 25 KMPH, SUDDENLY VEHICLE SLL6227T WAS COLLIDED ONTO MY REAR BUMPER. I AM NOT SURE WHERE WAS THE VEHICLE CAME FROM. THE IMPACT WAS SO HARD AND I SUSTAINED BACK PAIN DUE TO THIS ACCIDENT. MY PASSENGER CLAIMED CHEST PAIN AND HE REFUSED TO EXCHANGE PARTICULARS.

ATTACHMENT(S)

Are accident photos available for attachment?
Was there any video captured by Car Camera?
Was there any audio recorded?

Yes
No
No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number
Vehicle Manufacturer
Vehicle Model
Vehicle Variant
Vehicle Colour
SLL6227T
Toyota
Harrier
-
-

Private car
LIM LION HUAT
SXXXX287H

ment
Company Name
Damage
of property damaged in accident
Of Passenger (Including Driver)

-
-
-
-
-
-
1

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	P JONSON
Address	BLK 639 HOUGANG AVENUE 8 #01-133
Address Complement	-
Post Code	530639
Approximate Age Years Old	64
Injuries Sustained	BACK PAIN
Injured person in which vehicle?	SHC8815C
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	No

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 insured is a condition of continuation of policy, subject to 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 to 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 request to any interested parties.
7. By the lodgment 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 if/when required.
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 to store and transfer such Personal Information to all insurer(s) which have insured vehicle(s) involved in this accident (insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firm, 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 recovery of the claim by, as well as on the external cover of envelopes/folders/packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims for one or more of the "Purposes";
 - (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firm, 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;
 - (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims;
 - (e) the information so collected under (d) above may be shared, disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purpose(s) stated; or
 - (ii) for complying with requirements under any regulation, laws or court orders;

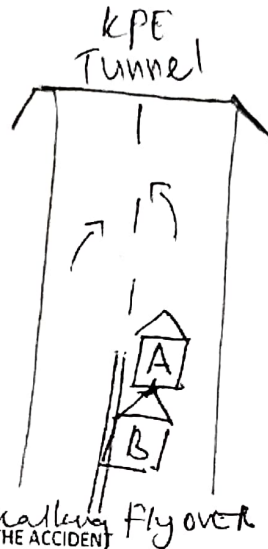
Policyholder's Signature
Date & Time

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

Reporting Centre Personnel's Signature
Name
NRIC Fin No

30/1/21-1440H

SKETCH PLAN



A-SHC 8815C
B-SLL 6227T

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 30/1/2021, at about 1310hrs, I was driving my vehicle SHC 8815C along Kallang Flyover (PIE → KPE) towards tunnel. While driving approaching tunnel entrance at about 25kmph, suddenly vehicle SLL 6227T was collided onto my rear bumper. I am not sure where the vehicle came from. The impact was so hard that I sustained back pain due to this accident. My passenger claimed chest pain and he refused to exchange particulars.

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 30/1/21-1440H

Reporting Centre Personnel's Signature
Name Khaw
NRIC/ID No