

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 04/03/2021 17:01 (SGT)
 Date of Accident 04/03/2021 13:40 (SGT)
 Exact Location of Accident Serangoon Rd & St George's Rd, Singapore
 Additional Location Information -
 Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHA1979U

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) +65-65508768
 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 YAP NENG JIN
 NRIC No S1267854A
 Date Of Birth 15/12/1957
 Occupation Outdoor

Date Of Driving Pass	27/08/2008
Driving experience	12 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-87100444
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLK 527D PASIR RIS STREET 51
Address complement	#09-689
Postcode	514527
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Other
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	Side Swipe
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)	5
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	-
Gender	Female

PASSENGER 2

Name	-
Gender	Female

PASSENGER 3

Name	-
Gender	Female

PASSENGER 4

Name	-
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

PLS REFER TO ATTACHED

ATTACHMENT(S)

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

Was there any audio recorded? No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLF6705L
Vehicle Manufacturer	Honda
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	AGI
Nature Of Damage	MODERATE
Details of property damaged in accident	RIGHT REAR
No. Of Passenger (Including Driver)	-

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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)
 - (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.
- (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, investigation, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

COMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 199303821R

Policyholder's Signature
Date & Time:

Driver's Signature
(if driver is not the policyholder)
Date & Time: 04.03.2021
1535

Reporting Centre Personnel's Signature
Name: Larry Ng
NRIC/Fin No.:

SKETCH PLAN

A-SHA 1979 W
B-SLF 6705 L

ST
63022225
PD

4

3

2

1

A

B



SEKANGOW RD

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

→ start attached

DECLARATION

I/We declare the foregoing particulars are true in every respect.

COMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 139303021R

Policyholder's Signature
Date & Time:

Driver's Signature
(if driver is not the policyholder)
Date & Time: 04.03.2021
1530h

Reporting Centre Personnel's Signature
Name:
NRIC/Fin No.: 101119

Describe Circumstances of the Accident.

On 04.03.2021, at about 1340hrs, I stopped my Comfort taxi, SHA1979U, behind some vehicles

on lane 3 at the junction of Serangoon Rd and St George's Rd due to red lights.

When the lights turned green, the front vehicles started moving and I moved too.

While reaching the yellow box, a private car, B, came from my left, lane 4, cut into my lane

and I was not able to brake in time and collided into B right rear side. My taxi left front side damaged.

I have a video recording of the accident.

After the accident, B did not stop and I sounded the horn. B then stopped some distance away,

4 pax (2 female adults and 2 children) in my taxi and no injury at the time of accident.

Declaration

I/We declare the foregoing particulars are true in every respect.

COMFORT TRANSPORTATION PTE LTD
CC REG. NO. 199303321R

Policyholder's Signature/Date &
Time

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

04.03.2021
1530hrs

Larry Ng

Witnessed by Reporting
Centre Personnel





























