

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 13/03/2021 10:29 (SGT)
 Date of Accident 12/03/2021 17:45 (SGT)
 Exact Location of Accident 636 Senja Rd, Singapore 670636
 Additional Location Information MSCP
 Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHC3540C

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) +65-90608072
 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

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 CHUA KIM LEE
 NRIC No S1241417Z
 Date Of Birth 08/03/1957
 Occupation Outdoor

Date Of Driving Pass	04/04/1975
Driving experience	45 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90608072
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLK 636B SENJA RD #11-321
Address complement	-
Postcode	672636
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	Collided into Parked Vehicle
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	4
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 12/3/21 AT ABOUT 1745HRS, I WAS DRIVING VEHICLE A (SHC3540C) AT ENTRANCE ON 636 (MSCP). ONCE I REACHED BARRIER, SUDDENLY MY VEHICLE ESCALATE BY ITSELF. I TRIED TO CONTACT MY VEHICLE BUT ITS WENT ALL THE WAY UP (SLOPE) TO DECK 2A AND HIT AGAINST WALL (LEFT) FOLLOW BY ON OF THE MOTORCYCLE (PARKING LOT) BECAUSE OF THE IMPACT FROM MOTORCYCLE B(FBN2656Y) FALL ONTO MOTORCYCLE C (JPV4670) AND MOTORCYCLE D (FBM6777K). EXCHANGED PARTICULARS ONLY WITH MOTORCYCLE C (JPV4670) BUT THE OTHER TWO RIDER NOT THERE. MY VEHICLE TOWED TO TP COMPOUND. NO INJURY.

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	FBN2656Y
Vehicle Manufacturer	Yamaha
Vehicle Model	R15
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
Name of Driver	-
Contact Number	-

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	JPV4670
Vehicle Manufacturer	Yamaha
Vehicle Model	Fz150
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
Name of Driver	SUNDRESWARAN
Passport No/FIN	G6920996W
Contact Number	(Phone) +65-90858797
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 3

Vehicle Registration Number	FBM6777K
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
Name of Driver	-
Contact Number	-
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 4

Vehicle Registration Number	-
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Government
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	DECK 2A WALL
No. Of Passenger (Including Driver)	-

SKETCH PLAN

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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' 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.

<p>Policyholder's Signature / Date & Time</p> <p><i>[Signature]</i></p>	<p>Driver's Signature (If driver is not the policyholder) / Date & Time</p> <p><i>[Signature]</i> 12/3/21 / 1930 hrs</p>	<p>Witnessed by Reporting Centre Personnel</p> <p><i>[Signature]</i> Bang</p>
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Sketch Plan

Initial position

Car A

Carpark Barrier

Carpark Ramp up

Carpark Ramp down

Final Rest position

Dec 1A

Dec 1B

Motorcycle Lanes

A S 4c 3540 C
B FB N 2656 Y
C 3P V 4670
D FB M 6777 K

Describe Circumstances of the Accident

ON 12/3/21 AT ABOUT 1745HRS, I WAS DRIVING VEHICLE
 A (SHE 3540C) AT ENTRANCE OF 636 (WSCP). ONCE I REACHED
 BARRIER, SUDDENLY MY VEHICLE ESCALATE BY ~~ITSELF~~ ITSELF. I TRIED
 TO CONTROL MY VEHICLE BUT ITS WENT ALL THE WAY UP (SCOPE) TO
 DECK 2A AND HIT AGAINST WALL (LEFT) FOLLOW BY ^{ONE OF THE} MOTORCYCLE (PARKING LOT)
 BECAUSE OF THE IMPACT FROM MOTORCYCLE B (FBN 26564) FALL ONTO
 MOTORCYCLE E (JPU 4670) AND MOTORCYCLE D (FBN 6777E). EXCHANGE
 PARTICULAR ^{ONLY} WITH MOTORCYCLE C (JPU 4670) BUT OTHER TWO MOTOR
 NOT THERE. MY VEHICLE TOWED TO TP COMPANY D. NO INJURY.

Declaration

We declare the foregoing particulars are true in every respect.

Policy holder's Signature / Date &
 Time

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

Witnessed by Reporting Centre
 Personnel

12/3/21 / 1930HRS

BRUNY











































