



## 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	29/03/2021 17:45 (SGT)
Date of Accident	29/03/2021 10:49 (SGT)
Exact Location of Accident	Marymount Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA3917K
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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) +65-98890233
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
Transmission	Auto
CC	1580

#### INSURANCE COMPANY

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

#### DRIVER

Name of Driver	LEE KOK HIONG ( LI GUOSONG )
NRIC No	SXXXX904C



Date Of Birth	08/03/1975
Occupation	Outdoor
Date Of Driving Pass	08/03/1995
Driving experience	26 YEARS
Gender	Male
Mobile Number	(Phone) +65-98890233
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLK 272A SENGKANG CENTRAL #14-311
Address complement	-
Postcode	541272
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 material 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

#### PASSENGER 1

Name	UNKNOWN
Gender	Female

#### 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 29/03/2021 AT ABOUT 1049HRS, I WAS DRIVING MY VEHICLE SHA3917K ALONG MARYMOUNT RD. WHILE TRAVELLING ON SECOND LANE, I SLOWLY STOPPED MY VEHICLE DUE TO TRAFFIC. WHILE MY VEHICLE WAS STATIONERY FOR FEW SECONDS, VEHICLE B - SGL1208R COLLIDED ONTO MY REAR BUMPER. THERE WAS ANOTHER VEHICLE C - SGH8888C WAS ALSO INVOLVED IN THIS ACCIDENT. TOTAL 3 VEHICLES INCLUDING MY VEHICLE.

#### 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
Was there any audio recorded?	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SGL1208R
Vehicle Manufacturer	Mazda

Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	LEONG CHI HWA
Contact Number	(Phone) +65-91681010
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	SGH8888C
Vehicle Manufacturer	Chevrolet
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	GOH CHEW THYE
Contact Number	(Phone) +65-93835781
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

#### INJURED PERSONS DETAILS

##### INJURED 1

Name of injured person	LEE KOK HIONG ( LI GUOSONG )
Address	BLK 272A SENGKANG CENTRAL #14-311
Address Complement	-
Post Code	541272
Approximate Age Years Old	46
Injuries Sustained	BACK PAIN AND RIGHT LEG NUMB
Injured person in which vehicle?	SHA3917K
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

## 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 based 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



## Describe Circumstances of the Accident

On 29/3/2021, at about 1044 hrs. I  
 was driving my vehicle SJA 3917K along Marymount Rd.  
 while travelling on second line, I slowly stopped  
 my vehicle due to traffic. While my vehicle was  
 stationary for few seconds, vehicle B - SJA 1208R was  
 collided onto my rear bumper. There was another vehicle  
 C - SJA 8858C was also involved in this accident. Total  
 3 vehicles including my vehicle.

## 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

Witnessed by Reporting Centre  
 Personnel