SJ0421410002 / JP Knights Pte Ltd ENTRY DATE & TIME: 01/04/2021 09:26 (SGT) SUBMITTED BY: Ashikin VERSION: 1 (01/04/2021 09:26 (SGT))

# **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 witholding 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	01/04/2021 09:26 (SGT)
Date of Accident	30/03/2021 16:14 (SGT)
Exact Location of Accident	Syed Alwi Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

# **DETAILS OF OWN VEHICLE**

Hyundai

Vehicle Registration Number	SH6645H
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#### 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) +65-88114867
Alternative Phone No	(Office) +65-65508768

# VEHICLE PARTICULARS

Manufacturer

riyanaar
140
-
Private hire
No - Reporting only
Taxi
Auto
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	TAN YEE MING (CHEN YIMING)
NRIC No	S8537026Z

Date Of Birth 07/11/1985 Occupation Outdoor Date Of Driving Pass 24/04/2008 Driving experience 12 YEARS AND 11 MONTHS Gender Mobile Number (Phone) +65-88114867 Alt. Phone Number Email Address fleetsafety@cdgtaxi.com.sg Address BLK 711 JURONG WEST STREET 71 #08-11 Address complement Postcode 640711 Is the driver the policyholder? Nο If No. Relationship of the Driver with the Insured Hirer Does Driver Own Other Vehicles? Nο 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 Collision - Opening Door of 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 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) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No PASSENGER 1 Name **UNKNOWN** Gender Male PASSENGER 2 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 30/3/2021 16:14 I WAS PARKED MY TAXI VEHICLE A (SH6645H) ALONG SYED ALWI RD. WITH ME ONBOARD HAVE ONE FEMALE AND MALE PASSENGER. MALE PASSENGER OPEN THE REAR RIGHT DOOR OF MY TAXI SUDDENLY VEHICLE B (GBH7053K) DASHED ONTO THE DOOR AND CAUSED VERY BAD DAMAGE. NOBODY INJURED FOR THE SAID INCIDENT. ATTACHMENT(S) Are accident photos available for attachment? Yes

# **DETAILS OF OTHER VEHICLE PROPERTY 1**

No

FILE IS NOT SUITABLE

Was there any audio recorded?

Was there any video captured by Car Camera?

Reasons for not uploading a video of the accident

Vehicle Registration Number	GBH7053K
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	HALIL BIN AB BAKAR
NRIC No	S7322608B
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	_
5 ( 5 - /	

#### SKETCH PLAN

## IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
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- 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.
- 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 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 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
  - 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:
  - 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 purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders

Policyholder's Signature Date & Time

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

Reporting Centra ersannel's Signature

NAME DA + 18 31/3/7

SKETCH PLAN	<del></del>		A -SH 6645H
AIWI Ref		1 1 1 3 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	B-GBH 7053K
DESCRIBE CIRCUMSTANCE	ES OF THE ACCIDENT	- She	Ton.
	021 16:14 /	was par	ted along
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Gard In	cident.	Tou	
DECLARATION			
I/V/e declare the foregoing partie	culars are true in every respect		1
	Tan.		
Policyholder's Signature	Driver's Signature		ng Centre Perannel's Signature
Date & Time	(If driver is not the policyhold Date & Time	der) Name NRIC/FI	14:55 31/3/21









































