

SINGAPORE ACCIDENT STATEMENT

UPORTANT NOTICE

PIPORTAIN

Please report correctly the details of the accident to speed up the claims process, please report correctly the details of the Policyholder and/or the Authorised Driver This Form must be completed by the Policyholder and/or the Authorised Driver 2. This Form must be completed by the Folicyholder and/or the Folicyholder and/or the Folicyholder and/or the Folicyholder and/or the Folicyholder and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate 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

olicy 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.

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 Any false reporting may be referred to the Police for investigation.
 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.
 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

13/04/2021 16:27 (SGT) Date of Submission 13/04/2021 12:25 (SGT) 483 Tampines Street 43, Singapore 520483 Date of Accident **Exact Location of Accident** Additional Location Information Singapore Country/State of Loss

DETAILS OF OWN VEHICLE

SHD4870M Vehicle Registration Number

INSURED/POLICYHOLDER

COMFORT TRANSPORTATION PTE LTD/ Is company? Name Of Registered Owner 1XXXXX821R Company Reg No fleetsafety@cdgtaxi.com.sg Email Address (Phone) +65-97859203 Mobile Phone No (Office) +65-65508768 Alternative Phone No

VEHICLE PARTICULARS

Hyundai Manufacturer lonig Model Variant Exact purpose for which vehicle was being used at time of Private hire accident Are you claiming under your own insurance policy for repair to No - Claiming third party your vehicle? Taxi Vehicle Category Auto Transmission 1685 CC

INSURANCE COMPANY

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

Name of Driver TAN SENG HUAT NRIC No SXXXX279G

Number
Nu

24/10/1958 Outdoor 28/04/1979 42 YEARS Male (Phone) +65-97859203

fleetsafety@cdgtaxi.com.sg BLK 405 CHOA CHU KANG AVENUE 3 #09-263

680405 No Hirer No

-

Dry

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident Weather Conditions Road Surface Collision - Major/Minor Rd Clear

OTHER INFORMATION

Was any foreign vehicle involved in the accident?

No
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?

DETAILS OF POLICE ACTION

Was the accident reported to the police?

Was notice of intended Prosecution given?

No
If yes, against whom?

CIRCUMSTANCES OF ACCIDENT

ON 13/4/2021 @ 1225HRS, I WAS DRIVING MY VEHICLE SHD4870M ALONG BLOCK 483 TAMPINES ST 43. WHILE MAKE A REVERSE 3 POINT AND GOING OUT FROM LOT, I STOPPED MY VEHICLE BECAUSE THERE WAS A LORRY WAS GOING STRAIGHT. WHILE MY VEHICLE WAS STATIONARY, VEHICLE B SJJ8240A WAS REVERSING AND HIT ONTO MY VEHICLE. NOBODY WAS INJURED.

ATTACHMENT(S)

Are accident photos available for attachment?
Was there any video captured by Car Camera?
Reasons for not uploading a video of the accident
Was there any audio recorded?

Yes Yes

FILE IS NOT SUITABLE

No

DETAILS OF OTHER VEHICLE PROPERTY M

Vehicle Registration Number

Vehicle Manufacturer

Vehicle Model

Vehicle Variant

Vehicle Colour

Vehicle Category

Name of Driver

SJJ8240A

Honda

Vehicle Model

Vehicle Variant

Vehicle Category

Private car

ISKANDAR



mplement

of pamage
of property damaged in accident
of passenger (Including Driver)

(Phone) +65-93367766

SKETCH PLAN

IMPORTANT NOTICE

- Pease report <u>correctly</u> the details of the accident to speed up the claims process.
- 2. This Formmust 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
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance
- 6 The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association
- of Singapore (GA) 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
- 8. Consent under the Personal Data Protection Act (PDPA)
- (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 of 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 (all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) involved in this collectively referred to as the "Insurers") the Insurers law yersilaw firms, the Monetary Authority of Singapore and any relevant
- (i) processing, handling and/or dealing with my claims, including the settlement of the claims, and any necessary investigations relating to the clams.
- (ii) investigating the accident and/or my claims;
- (ii) 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/trail
- (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the insurers' law yers/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,

Policyholder's Signature / Date & Time	Divers Signature (# d	triver is not the policyholder) / Date 2 U L I P (324)	Witnessed by Reporting Centre Personnel LeCury
Sketch Plan			
		Block 463	
		Tampinesst	43
	A		
Larr			
Lore	J		
Fore	J 67		
Fore	D63		
ED Para	CO D		

CSI Shanned with CamScanner

pescribe Circumstances of the Accident
Oh 13/4/2001 @ 127/hr, of way
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vinual office with a lovey were going stright.
while my veloci we shamed pulicle 13-575-574
ser reporting and hit and my viliale. Nichtedy may
njued.
eclaration
le declare the foregoing particulars are true in every respect.

Diver's Signature (If driver is not the policyholder) / Date
4 Time 1314 22 - 1325 #

(CS) Scanned with CamScannel

Policyholder's Sgnature / Date & Time