

# 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 25/04/2021 07:32 (SGT)  
Date of Accident 24/04/2021 10:40 (SGT)  
Exact Location of Accident Bedok, Singapore  
Additional Location Information TOWARDS BARTLEY FLYOVER  
Country/State of Loss Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number SHA3991U

### 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) +65-83396646  
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 - Reporting only claiming TP  
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 WAI KWOK HONG  
NRIC No SXXXX647E

Occupation	Outdoor
Date Of Driving Pass	13/11/1992
Driving experience	28 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-83396646
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	APT BLK 456 ANG MO KIO AVENUE 10#09-1574
Address complement	-
Postcode	560456
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	Collision - Head to Rear
Weather Conditions	Raining
Road Surface	Wet

#### 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)	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

I WAS STATIONARY AT THE SLIP ROAD TO ENSURE NO ONCOMING VEHICLE AT THE MAJOR ROAD. SUDDENLY VEHICLE B HEAD TO REAR COLLISION ONTO MY TAXI. NO PASSENGER BUT I NEED TO SEEK MEDICAL CHECKUP. VIDEO FOOTAGE CAPTURED.

#### 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	SGN1273R
Vehicle Manufacturer	Nissan
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	UNKNOWN

Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

## SKETCH PLAN

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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) 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.

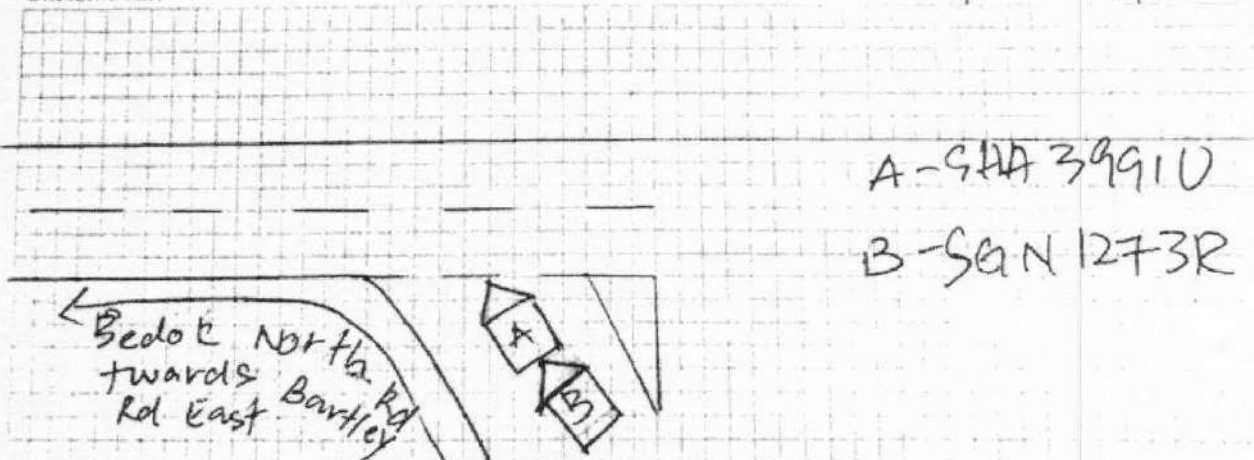
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

12:20pm 24/4/21

## Sketch Plan



Describe Circumstances of the Accident

I was stationary at the slip road to ensure no oncoming vehicles at the major road. Suddenly vehicle B head to rear collision onto my taxi. No passenger but I need to seek medical checkup. Video footage captured.

*[Signature]*

Declaration

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

*[Signature]*  
12:26pm 24/4/21