SJ04214S0004 / JP Knights Pte Ltd ENTRY DATE & TIME: 28/04/2021 10:32 (SGT) SUBMITTED BY: Ashikin VERSION: 1 (28/04/2021 10:32 (SGT))

# **©** SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process
- 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 Date of Accident **Exact Location of Accident** Additional Location Information Country/State of Loss

28/04/2021 10:32 (SGT) 27/04/2021 15:50 (SGT) Loyang Ave, Singapore

Singapore

## **DETAILS OF OWN VEHICLE**

Vehicle Registration Number

SHA2021B

#### INSURED/POLICYHOLDER

Is company? Name Of Registered Owner

Company Reg No **Email Address** Mobile Phone No

Alternative Phone No

Yes

COMFORT TRANSPORTATION PTE LTD

1XXXXX821R

fleetsafety@cdgtaxi.com.sg (Phone) +65-92970488 (Office) +65-65508768

#### VEHICLE PARTICULARS

Manufacturer

Model Variant

Exact purpose for which vehicle was being used at time of accident

Are you claiming under your own insurance policy for repair to your vehicle?

Vehicle Category

Transmission

CC

Toyota Prius

Private hire

No - Claiming third party

**AXA Insurance Pte Ltd** 

ThirdPartyFireTheft

Taxi

Auto

1798

#### **INSURANCE COMPANY**

Name of Insurance Company Type of Coverage Fleet Policy **Policy Number** Cover Note Number

Yes VFX/P2419138

DRIVER

Name of Driver NRIC No

ABDULLAH BIN MOHAMED SHARIFF SXXXX760D

Date Of Birth 11/03/1962 Occupation Outdoor **Date Of Driving Pass** 05/02/1982 Driving experience 39 YEARS AND 2 MONTHS Gender

Mobile Number Alt. Phone Number

**Email Address** Address Address complement

Postcode Is the driver the policyholder? 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

Collision - Change/cross lane Type of Accident Clear Weather Conditions

OTHER INFORMATION

Road Surface

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) No soliciting/offering accident claims assistance?

**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

MY TAXI WAS MOVING AND VEHICLE B CUT INTO MY LANE FROM LEFT SIDE. COLLIDED ONTO MY TAXI AND MY TAXI BADLY DAMAGED FOR THE LEFT WING MIRROR AND LEFT PORTION. NO INJURY. VIDEO CAPTURED.

(Phone) +65-92970488

510228

No

Wet

fleetsafety@cdgtaxi.com.sg

BLK 228 PASIR RIS STREET 21 #02-08

VEH A ( OWN ) - SHA2021B VEH B (TP) - YP7373Y

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 YP7373Y

Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour

Vehicle Category Commercial vehicle Name of Driver NRIC No Contact Number Address Address complement 470608 Postcode Insurance Company Name Nature Of Damage Details of property damaged in accident No. Of Passenger (Including Driver)

TAN TECK LEE SXXXX588A (Phone) +65-97706161 BLK 608 BEDOK RESERVOIR ROAD #09-694

## SKETCH PLAN

## **IMPORTANT NOTICE**

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- 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.
- 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' law yers/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' 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.

Driver's Signature (If driver is not the policyholder) / Date Witnessed by Reporting Pošcyholder's Signature / Date & Personnel Time Sketch Plan A-SUA2021B B-YP7373X

Describe Circumstances of the Accident	
My fass was nowing and vehicle B	
Cut into my lane from left side. Collided	
	real
for the 100 and a	tion
No in income last mirror and left pas	
1 gold Captures.	
•	
Veh A (our) - SHA2021B \$6161N	
Uch A (our) - SHA 2021B 46/6/N	
van B (11) - 4P 73734 ///	
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## Declaration

I'Me 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 Od Hoshin

16:2443 2-1/4/21