

## 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	15/05/2021 01:00 (SGT)
Date of Accident	14/05/2021 10:45 (SGT)
Exact Location of Accident	Stirling Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD4800R
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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) +65-91897231
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	ONG KAH KWEE
NRIC No	SXXXX592F

Date Of Birth	01/06/1973
Occupation	Outdoor
Date Of Driving Pass	27/11/1993
Driving experience	27 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91897231
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLK 313 ANG MO KIO AVENUE 3 #02-2298
Address complement	-
Postcode	560313
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	Clear
Road Surface	Dry

#### 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?	Yes
Was any injured conveyed to hospital by ambulance?	No
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

ON 14.05.2021 AT ABOUT 1045 HRS. I WAS DRIVING MY VEHICLE A SHD4800R ALONG STIRLING ROAD. INTENDING TO TURN RIGHT INTO CAR PARK OF BLOCK 169. I STOP MY VEHICLE A TO CHECK ON TRAFFIC. WHEN VEHICLE B SLN573Y CAME FROM BEHIND ON COLLIDED ONTO MY STATIONARY VEHICLE A LEFT REAR WITH HIS VEHICLE B RIGHT FRONT. AFTER THE IMPACT, I FEEL STRAIN ON MY NECK AND SHOULDER AND NUMBNESS ON MY HAND ESPECIALLY ON MY LEFT HAND. WILL BE CONSULTING A DOCTOR.

#### 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	SLN573Y
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car

Name of Driver	ONG SWEE LEONG JEFFREY
NRIC No	SXXXX608Z
Contact Number	(Phone) +65-97648491
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	ONG KAH KWEE
Address	BLK 313 ANG MO KIO AVENUE 3 #02-2298
Address Complement	-
Post Code	560313
Approximate Age Years Old	-
Injuries Sustained	STRAIN, NECK AND SHOULDER LEFT HAND
Injured person in which vehicle?	SHD4800R
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

**SKETCH PLAN****IMPORTANT NOTICE**

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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")

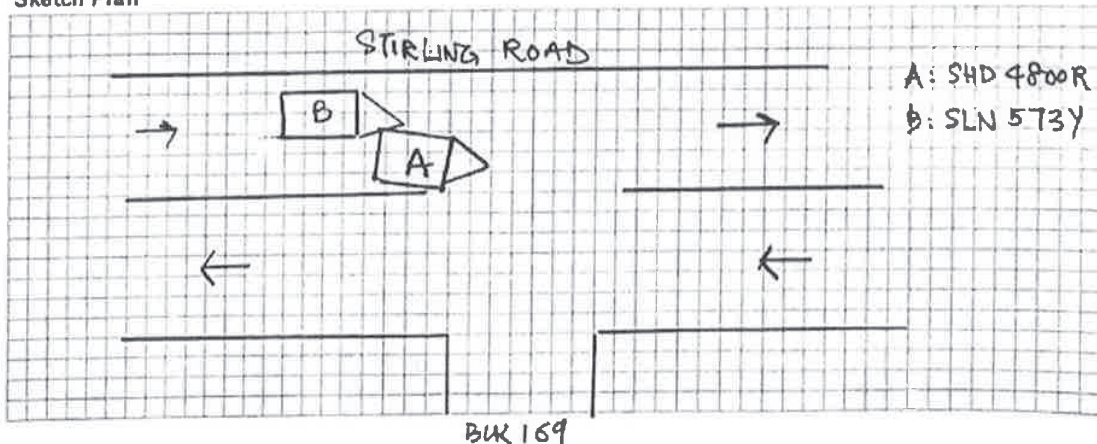
(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

(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

**Sketch Plan**

## Describe Circumstances of the Accident

ON 14.05.2021 AT ABOUT 1045HRS I WAS DRIVING  
 MY VEH A SHD 4800R ALONG STIRLING ROAD, INTENDING  
 TO TURN RIGHT INTO CARPARK OF BLOCK 169. I STOP MY  
 VEH A TO CHECK ON TRAFFIC. WHEN VEH B SLN 573Y  
 CAME FROM BEHIND AND COLLIDED ONTO MY STATIONARY VEH A  
 LEFT REAR WITH HIS VEH B RIGHT FRONT.  
 AFTER THE IMPACT, I FEEL STRAIN ON MY NECK AND SHOULDER  
 AND NUMBNESS ON MY HAND ESPECIALLY ON MY LEFT HAND.  
 WILL BE CONSULTING A DOCTOR.

## 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 14.05.2021 1020HRS

Witnessed by Reporting Centre  
 Personnel