SJ042165000C / UP Knights Pte Ltd ENTRY DATE & TIME: 05/06/2021 17 44 (SGT) SUBMITTED BY: Ashikin VERSION. 1 (05/06/2021 17:44 (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.
- 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

05/06/2021 17:44 (SGT) 04/06/2021 12:30 (SGT) Lor Chuan, Singapore

Singapore

### **DETAILS OF OWN VEHICLE**

Vehicle Registration Number

SHD3153G

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) +65-83631789 (Office) +65-65508768

VEHICLE PARTICULARS

Manufacturer Model Variant Exact purpose for which vehicle was being used at time of Are you claiming under your own insurance policy for repair to your vehicle? Vehicle Category Transmission

Private hire

Hyundai

140

No - Claiming third party Taxi

Auto 1685

INSURANCE COMPANY

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

AXA Insurance Pte Ltd ThirdPartyFireTheft Yes VFX/P2419138

DRIVER

CC

Name of Driver NRIC No

PANG SIEW MAY SXXXX229C



Date Of Birth Occupation

Date Of Driving Pass

Driving experience

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

Does Driver Own Other Vehicles?

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 Weather Conditions

Road Surface

OTHER INFORMATION

Was any foreign vehicle involved in the accident?

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?

PASSENGER 1

Name

Gender

PASSENGER 2

Name Gender

PASSENGER 3

Name

Gender

Gender

DETAILS OF POLICE ACTION

Was the accident reported to the police? Was notice of intended Prosecution given?

If yes, against whom?

CIRCUMSTANCES OF ACCIDENT

24/11/1973 Outdoor 20/11/2010

10 YEARS AND 7 MONTHS

Female

(Phone) +65-83631789

fleetsafety@cdgtaxi.com.sg

BLK 534 BEDOK NORTH STREET 3 #12-858

460534

No

Hirer

No

-

Collision - Head to Rear

Clear

Dry

Complete Field to Field

No 2

No

-Yes

4

No

NO

UNKNOWN

Female

UNKNOWN

Female

**UNKNOWN BABY** 

Male

No No

NO

ON 040621 AT AROUND 1230HRS, I WAS DRIVING MY VEHICLE A SHD3153G ALONG LOR CHUAN ON THE EXTREME RIGHT LANE AT THE JUNCTION WITH SERANGOON AVE 2. I WAS WAITING IN THE POCKET FOR THE GREEN LIGHT ARROW TO COME ON AS I WANTED TO MAKE A U TURN WHEN SUDDENLY VEHICLE B SMD3646S REAR ENDED MY VEHICLE. THERE WAS DAMAGED TO MY REAR BUMPER. THERE WAS NO INJURIES.

ATTACHMENT(S)

Are accident photos available for attachment? Was there any video captured by Car Camera?

Yes Yes



# DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number Vehicle Manufacturer

Vehicle Model
Vehicle Variant

Vehicle Colour Vehicle Category

Name of Driver NRIC No

Contact Number

Address

Address complement

Postcode

Insurance Company Name

Nature Of Damage

Details of property damaged in accident No. Of Passenger (Including Driver)

SMD3646S

-

-

Private car

MOHAMED SHAH BIN OSMAN

SXXXX523F

(Phone) +65-96414117

-

-

-

-2

## SKETCH PLAN

### **IMPORTANT NOTICE**

- 1. Please report correctly the details of the accident to speed up the claims process.
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- 5. Any false reporting may be referred to the Police for investigation.
- 6. The report will be forw arded 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.
- 8. Consent under the Personal Data Protection Act (PDPA)

l understand, acknowledge, agree and consent that

- (a) My insurer, my w orkshop 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) w ho have insured vehicle(s) involved in this accident (all insurer(s) w ho 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
- (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
- (v) complying with applicable law in administering, processing, hendling 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 law yers/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 drived is not the policyholder) / Date & Time 4   6/2( 13>>	Witnessed by Reporting Centre Personnel Exemplatic
Sketch Plan		
		Strawboon Ave 2
The state of the s		
£	' I The late of th	# (40 2) =2/
3	TIRT-	A- SHD 31536
A		8-5m036965

Describe Circumstances of the Accident

ON 040621 AT AROUND 1230HRS, I WAS DRIVING MY VEHICLE A SHD3153G ALONG LOR CHUAN ON THE EXTREME RIGHT LANE AT THE JUNCTION WITH SERANGOON AVE 2. I WAS WAITING IN THE POCKET FOR THE GREEN LIGHT ARROW TO COME ON AS I WANTED TO MAKE A U TURN WHEN SUDDENLY VEHICLE B SMD3646S REAR ENDED MY VEHICLE. THERE WAS DAMAGED TO MY REAR BUMPER. THERE WAS NO INJURIES.

### **Declaration**

I/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 41114 Byo

Witnessed by Reporting Centre Personnel KMMBW

























