

## 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 ..... 25/06/2021 23:34 (SGT)  
Date of Accident ..... 25/06/2021 10:00 (SGT)  
Exact Location of Accident ..... CTE, Singapore  
Additional Location Information ..... TOWARDS CITY  
Country/State of Loss ..... Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SHC1239L

### 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) +65-91598731  
Alternative Phone No ..... (Office) +65-65508768

### VEHICLE PARTICULARS

Manufacturer ..... Toyota  
Model ..... Prius  
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 ..... 1798

### 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 ..... LEE AH CHAI  
NRIC No ..... SXXXX425D

Birth Date .....  
Driving Pass .....  
Experience .....  
Car .....  
Mobile Number .....  
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 .....

21/01/1966  
Outdoor  
12/01/1993  
28 YEARS AND 5 MONTHS  
Male  
(Phone) +65-91598731  
-  
fleetsafety@cdgtaxi.com.sg  
BLOCK 331 ANG MO KIO AVENUE 1  
#03-1837  
560331  
No  
Hirer  
No  
-  
-

#### 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 vehicle or property damaged? ..... Yes  
Number of Passengers (Including Driver) ..... 2  
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? ..... No

#### PASSENGER 1

Name ..... PASSENGER  
Gender ..... Female

#### 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 25/07/21 AT ABOUT 1000HRS I WAS DRIVING VEHICLE A SHC1239L ALONG CTE TOWARDS CITY WITH ONE FEMALE PASSENGER. I WAS AT THIRD LANE FROM EXTREME RIGHT, AS I WAS TRAVELLING WITHIN MY LANE SUDDENLY VEHICLE B SMA6706Z FROM BEHIND HIT ONTO MY VEHICLE RIGHT REAR. EXCHANGED PARTICULAR AND MY BODY PAIN DUE TO THE IMPACT.

#### 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 NOT SUITABLE  
Was there any audio recorded? ..... No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number ..... SMA6706Z  
Vehicle Manufacturer ..... Nissan

Model	Qashqai
Variant	-
Colour	-
Category	Private hire
Name of Driver	TAN MENG WAH SAMSON
IC No	SXXXX313A
Contact Number	(Phone) +65-96326806
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

#### INJURED PERSONS DETAILS

##### INJURED 1

Name of injured person	LEE AH CHAI
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BODY PAIN
Injured person in which vehicle?	SHC1239L
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

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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

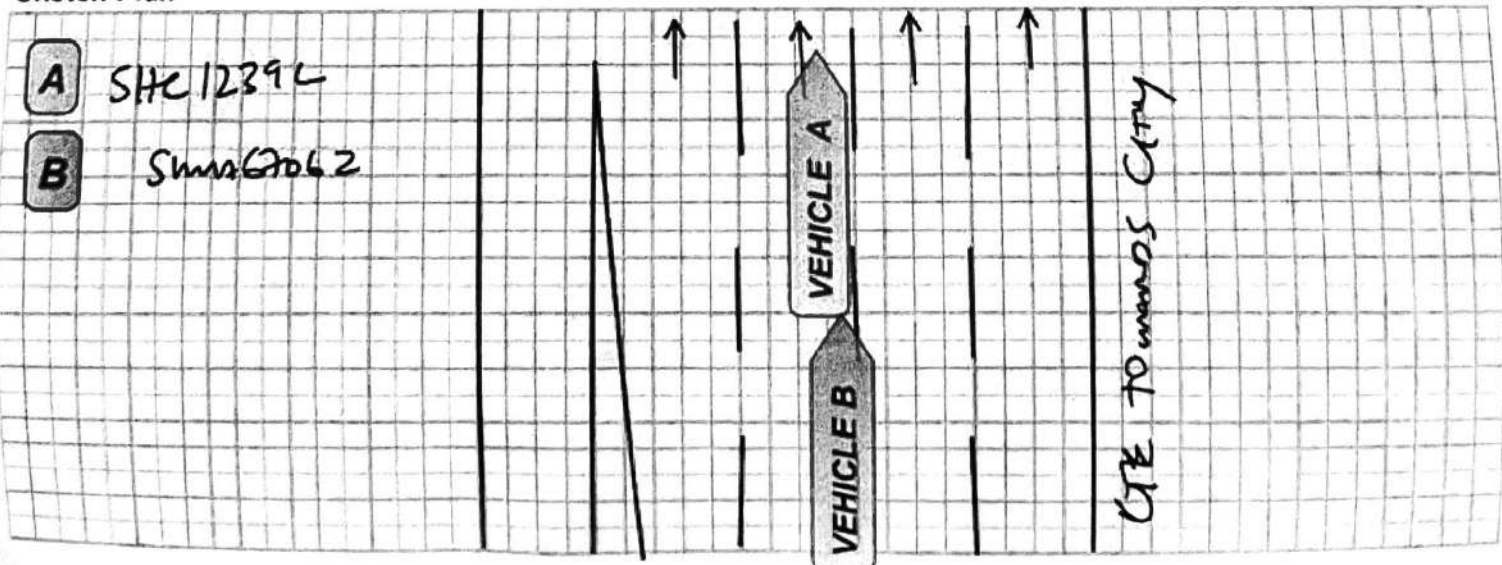
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

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 25/07/21 AT ABOUT 1000HRS I WAS DRIVING VEHICLE A SHC1239L ALONG CTE TOWARDS CITY WITH ONE FEMALE PASSENGER. I WAS AT THIRD LANE FROM EXTREME RIGHT, AS I WAS TRAVELLING WITHIN MY LANE SUDDENLY VEHICLE B SMA6706Z FROM BEHIND HIT ONTO MY VEHICLE RIGHT REAR. EXCHANGED PARTICULAR AND MY BODY PAIN DUE TO THE IMPACT.

**Declaration**

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date &

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

Witnessed by Reporting Centre Personnel

7/9

25/07/21 / 1340 HRS

Balaji