# **©** SINGAPORE ACCIDENT STATEMENT

# IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process

Country/State of Loss

- 2. This Form must be <u>completed by the Policyholder and/or the Authorised Driver</u>
  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

29/06/2021 11:38 (SGT) Date of Submission Date of Accident 27/06/2021 15:40 (SGT) Exact Location of Accident Devonshire Rd. Singapore Additional Location Information

# **DETAILS OF OWN VEHICLE**

Singapore

SH9442G Vehicle Registration Number

### INSURED/POLICYHOLDER

Is company? Yes COMFORT TRANSPORTATION PTE LT Name Of Registered Owner Company Reg No ..... 1XXXXXX821R Email Address fleetsafety@cdgtaxi.com.sg (Phone) +65-98809216 Mobile Phone No ..... Alternative Phone No ..... (Office) +65-65508768

### VEHICLE PARTICULARS

Toyota Manufacturer ..... ..... Prius Variant ..... Exact purpose for which vehicle was being used at time of Private hire accident Are you claiming under your own insurance policy for repair to No - Claiming third party your vehicle? Vehicle Category ..... Taxi Transmission ..... Auto 1798 

#### **INSURANCE COMPANY**

AXA Insurance Pte Ltd Name of Insurance Company Type of Coverage ThirdPartyFireTheft Fleet Policy Yes Policy Number VFX/P2419138 Cover Note Number

# DRIVER

Name of Driver CHUA PENG HUI NRIC No SXXXX628C

₃ Qf Birth →	26/11/1959
cupation	Outdoor
ate Of Driving Pass	18/01/1984
priving experience	37 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98809216
Alt. Phone Number	(Fibrie) 103-30003210
Email Address	fleetsafety@cdgtaxi.com.sg
Address	APT BLK 9 EUNOS CRESCENT
Address complement	#05-2703
Postcode	SINGAPORE 1440
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	
	<b>.</b> ■
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	
Charle 1997	THE STREET STREE
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 vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	1
las the driver been approached by unknown person(s) oliciting/offering accident claims assistance?	No
DETAILS OF POLICE ACTION	And the second of the second o
as the accident reported to the police?	No
as notice of intended Prosecution given?	No
	•
yes, against whom?	

# DETAILS OF OTHER VEHICLE PROPERTY 1

Yes

No

FILE NOT SUITABLE

Vehicle Registration Number	FBQ5062A
Vehicle Manufacturer	Yamaha
Vehicle Model	
Vehicle Variant	•
Vehicle Colour	-
Vehicle Category	Motorcycle
Name of Driver	WOO GUO WEN

Was there any video captured by Car Camera?

Reasons for not uploading a video of the accident

Was there any audio recorded?

SNO	SXXXX717B
itact Number	-
dress	¥ *
ddress complement	-
ostcode	-
Insurance Company Name	-
Nature Of Damage	
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	- "

# SKETCH PLAN

# **IMPORTANT NOTICE**

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- 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 the claims;
- (ii) investigating the accident and/or my claims;
- (iii) carrying out and/or dealing w ith 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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

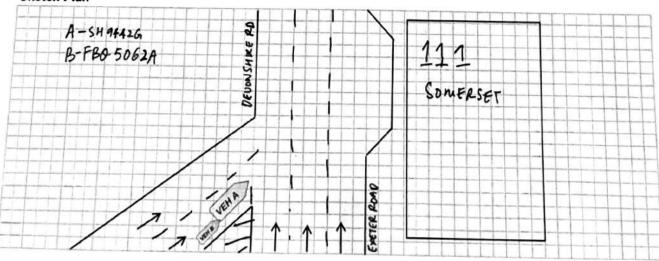
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Policyholder's Signature / Date & Time

Driver's Signature (If driver is not the policyholder) / Date & Time 28/6/11 0140

Witnessed by Reporting Centre Personnel LHI INCL

#### Sketch Plan



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Describe Circumstances of the Accident

ON 270621 AT AROUND 1540HRS, I WAS DRIVING MY VEHICLE A SH9442G ALONG DEVONSHIRE ROAD HEADING TOWARDS 111 SOMERSET. I STOPPED MY VEHICLE ON THE GIVE WAY LINE TO LET VEHICLES FROM THE MAIN ROAD TO DRIVE PAST WHEN SUDDENLY VEHICLE B FBQ5062A REAR ENDED MY VEHICLE. THERE WAS DAMAGES TO THE REAR RIGHT BUMPER OF MY VEHICLE. THERE WAS NO INJURIES.

# Declaration

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

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Policyholder's Signature / Date & Time

Driver's Signature (If driver is not the policyholder) / Date & Time % 16 12 0946

Witnessed by Reporting Centre Personnel L4 Apput