

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 10/07/2021 13:44 (SGT)
Date of Accident 09/07/2021 16:10 (SGT)
Exact Location of Accident PIE, Singapore
Additional Location Information TOWARDS CHANGI
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SH8269Y

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner COMFORT TRANSPORTATION PTE LTD
Company Reg No 199303821R
Email Address fleetsafety@cdgtaxi.com.sg
Mobile Phone No (Phone) +65-96443611
Alternative Phone No (Office) +65-65507868

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 - Reporting only
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 SHIM BEE CHIN
NRIC No S1335966J

Date Of Birth	26/03/1958
Occupation	Outdoor
Date Of Driving Pass	30/10/1980
Driving experience	40 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96443611
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLK 804 YISHUN RING ROAD #12-4317
Address complement	-
Postcode	760804
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	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	UNKNOWN
Gender	Male

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 09/07/21 AT ABOUT 1610HRS I WAS DRIVING VEHICLE A SH8269Y ALONG PIE TOWARDS CHANGI WITH ONE MALE PASSENGER.I WAS AT EXTREME RIGHT LANE,SUDDENLY VEHICLE B SJU525Z EMERGENCY BRAKE AND I UNABLE TO STOP ON TIME EVEN THOUGH I APPLIED BRAKE.MY VEHICLE FRONT HIT ONTO VEHICLE B SJU525Z REAR FOLLOWED BY VEHICLE B ONTO VEHICLE C SML9123C REAR.EXCHANGED CONTACT NUMBER ONLY.NO INJURIES.

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	SJU525Z
Vehicle Manufacturer	-

Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	(Phone) +65-97703335
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SML9123C
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	(Phone) +65-91140680
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

Describe Circumstances of the Accident

ON 09/07/21 AT ABOUT 1610HRS I WAS DRIVING VEHICLE A SH8269Y ALONG PIE TOWARDS CHANGI WITH ONE MALE PASSENGER. I WAS AT EXTREME RIGHT LANE, SUDDENLY VEHICLE B SJU525Z EMERGENCY BRAKE AND I UNABLE TO STOP ON TIME EVENTHOUGH I APPLIED BRAKE. MY VEHICLE FRONT HIT ONTO VEHICLE B SJU525Z REAR FOLLOWED BY VEHICLE B ONTO VEHICLE C SML9123C REAR. EXCHANGED CONTACT NUMBER ONLY. 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

Witnessed by Reporting Centre Personnel





































