# **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 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.

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   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 Private hire accident 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 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? Nο If No. Relationship of the Driver with the Insured Hirer Does Driver Own Other Vehicles? Nο 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 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) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? Nο 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? Nο **DETAILS OF OTHER VEHICLE PROPERTY 1** 

SJU525Z

Vehicle Registration Number

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 Vehicle Manufacturer Vehicle Model	SML9123C - -
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

### SKETCH PLAN

## **IMPORTANT NOTICE**

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- 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. The 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.
- 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 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 law yers/law firms), w hich may be sited outside of Singapore, for one or more of the above Purposes.

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

A SH 82699

B SJU 525 Z

C SML 9132C

The policyholder's Signature (If driver is not the policyholder) / Date R Time Personnel R



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

Policyholder's Signature / Date & Time

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

04/07/21

12 8144







































