

# 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 ..... 14/07/2021 19:55 (SGT)  
Date of Accident ..... 13/07/2021 10:50 (SGT)  
Exact Location of Accident ..... Loyang Ave, Singapore  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SHC1653Z

### 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) +65-92292831  
Alternative Phone No ..... (Office) +65-65508768

### 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 - Claiming third party  
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 ..... TAY AI SENG  
NRIC No ..... S1161286E

Date Of Birth .....	19/04/1956
Occupation .....	Outdoor
Date Of Driving Pass .....	24/10/2007
Driving experience .....	13 YEARS AND 9 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-92292831
Alt. Phone Number .....	-
Email Address .....	fleetsafety@cdgtaxi.com.sg
Address .....	BLK 315 BUKIT BATOK STREET 32 #06-107
Address complement .....	-
Postcode .....	650315
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	RELIEF DRIVER
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 .....	Collision - Cross Junction
Weather Conditions .....	Raining
Road Surface .....	Wet

#### 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) .....	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### PASSENGER 1

Name .....	UNKNOWN
Gender .....	Male

#### PASSENGER 2

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 130721 AT AROUND 1050HRS, I WAS DRIVING MY VEH (A) SHC1653Z ALONG LOYA G AVENUE ON THE 2ND LANE. SUDDENLY VEH (B) GBD1165G MADE A RIGHT TURN FROM THE OPPOSITE DIRECTION TOWARDS OLD TAMPINES ROAD. THE TRAFFIC LIGHT TURNED AMBER AND I MADE AN EMERGENCY BRAKE BUT MY VEHICLE SKIDDED DUE TO THE WET ROADS AND HEAVY RAIN. MY VEHICLE SKIDDED FORWARD AND HIT VEHICLE B WHICH RESULTED IN VEHICLE B HITTING VEH (C) SKW5261D WHO WAS WAITING TO EXIT OLD TAMPINES ROAD. THERE WAS DAMAGE TO THE FRONT OF MY CAR AND ONE OF MY PASSANGER WAS INJURED AND CONVEYED TO AN UNKNOWN HOSPITAL.

#### 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 .....	GBD1165G
Vehicle Manufacturer .....	Toyota
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle
Name of Driver .....	CHUA KWEE YEW
NRIC No .....	S1308543I
Contact Number .....	-
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	2

## DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number .....	SKW5261D
Vehicle Manufacturer .....	Volvo
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	RONNIE GOH TECK SOON
NRIC No .....	S1486295A
Contact Number .....	-
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	1

## INJURED PERSONS DETAILS

### INJURED 1

Name of injured person .....	PASSENGER
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	50
Injuries Sustained .....	MOUTH BLEEDING
Injured person in which vehicle? .....	SHC1653Z
Were seat belts worn? .....	No
Was this injured conveyed to hospital by ambulance? .....	No



## Describe Circumstances of the Accident

ON 130721 AT AROUND 1050HRS, I WAS DRIVING MY VEHICLE A SHC1653Z ALONG LOYA G AVENUE ON THE 2ND LANE. SUDDENLY VEHICLE B GBD1165G MADE A RIGHT TURN FROM THE OPPOSITE DIRECTION TOWARDS OLD TAMPINES ROAD. THE TRAFFIC LIGHT TURNED AMBER AND I MADE AN EMERGENCY BRAKE BUT MY VEHICLE SKIDDED DUE TO THE WET ROADS AND HEAVY RAIN. MY VEHICLE SKIDDED FORWARD AND HIT VEHICLE B WHICH RESULTED IN VEHICLE B HITTING VEHICLE C SKW5261D WHO WAS WAITING TO EXIT OLD TAMPINES ROAD. THERE WAS DAMAGE TO THE FRONT OF MY CAR AND ONE OF MY PASSANGER WAS INJURED AND CONVEYED TO AN UNKNOWN HOSPITAL.

## 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 13/7/14 1415

Witnessed by Reporting Centre Personnel KHAIRUL



















































