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.

 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 the research of this report will for a fee the made available upon application by interested parties. 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

Hyundai

Vehicle Registration Number	SHC16537

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

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 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? Nο If No. Relationship of the Driver with the Insured **RELIEF DRIVER** Does Driver Own Other Vehicles? 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 Was anybody injured in the Accident? Yes 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 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

Yes

FILE IS NOT SUITABLE

Was there any video captured by Car Camera?

Reasons for not uploading a video of the accident

Was there any audio recorded?

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

SKETCH PLAN

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- 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)

I understand, acknowledge, agree and consent that:

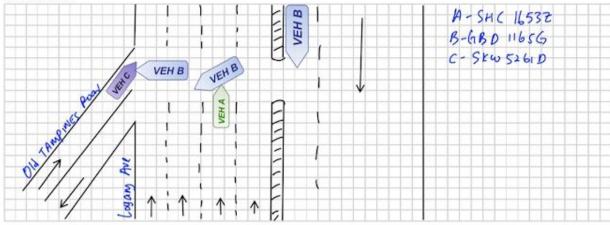
- (a) My insurer, my w orkshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively 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.

Policyholder's Signature / Date & Time

Driver's Signature (If driver is not the policyholder) / Date & Time 13 / 7124 1415

Witnessed by Reporting Centre Personnel LHI INCL

Sketch Plan



6/9

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 131719 1415

Witnessed by Reporting Centre Personnel LANKUL



