

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 14/08/2021 12:39 (SGT)
Date of Accident 13/08/2021 16:50 (SGT)
Exact Location of Accident 14 Scotts Road, #06-00 Far East Plaza, Singapore 228213
Additional Location Information TAXI STAND EXIT A
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHC8152G

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner COMFORT TRANSPORTATION PTE LTD
Company Reg No 1XXXXX821R
Email Address fleetsafety@cdgtaxi.com.sg
Mobile Phone No (Phone) +65-81956435
Alternative Phone No (Office) +65-65508768

VEHICLE PARTICULARS

Manufacturer Hyundai
Model I40
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 1685

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 CHUA TECK HUAT
NRIC No SXXXX443J

Date Of Birth	07/07/1977
Occupation	Outdoor
Date Of Driving Pass	07/07/1998
Driving experience	23 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-81956435
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLK 554 WOODLANDS DRIVE 53 #03-03
Address complement	-
Postcode	730554
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 - Head to Rear
Weather Conditions	Clear
Road Surface	Dry

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?	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	Female

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 13/08/2021 AT AROUND 1650HRS, I WAS DRIVING MY VEHICLE (A) SHC8152G ALONG THE TAXI STAND ON FAR EAST PLAZA. I HAD JUST PICKED UP A CUSTOMER FROM THE TAXI STAND. I WAS DRIVING TOWARDS THE EXIT OF THE TAXI STAND WHEN VEHICLE (B) SKP8382E MADE A LEFT TURN AND HIT A KERB ON THE LEFT. SUDDENLY VEHICLE B ROLLED BACKWARDS AND HIT MY FRONT LEFT BUMPER. THERE WAS DAMAGES TO MY FRONT LEFT BUMPER. THERE WAS 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	SKP8382E
Vehicle Manufacturer	-

Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	(Phone) +65-91262396
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

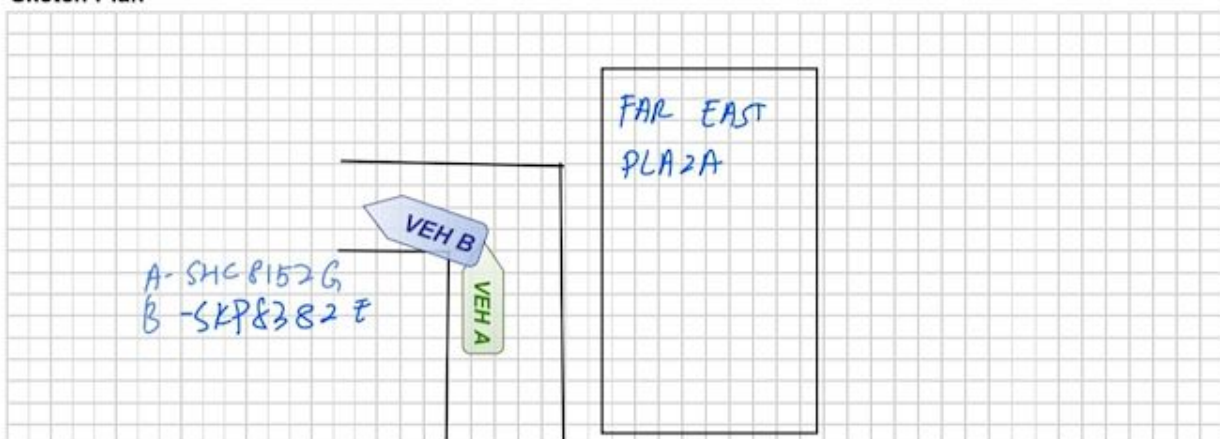
SKETCH PLANIMPORTANT NOTICE

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8. **Consent under the Personal Data Protection Act (PDPA)**
I understand, acknowledge, agree and consent that :
(a) My insurer, my workshop 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) who have insured vehicle(s) involved in this accident (all insurer(s) who 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' law yers/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 **13/8/21 1830**

Witnessed by Reporting Centre Personnel **KHAIRU**

Sketch Plan

Describe Circumstances of the Accident

ON 13/08/21 AT AROUND 1650HRS, I WAS DRIVING MY VEHICLE A SHC8152G ALONG THE TAXI STAND ON FAR EAST PLAZA. I HAD JUST PICKED UP A CUSTOMER FROM THE TAXI STAND. I WAS DRIVING TOWARDS THE EXIT OF THE TAXI STAND WHEN VEHICLE B SKP8382E MADE A LEFT TURN AND HIT A KERB ON THE LEFT. SUDDENLY VEHICLE B ROLLED BACKWARDS AND HIT MY FRONT LEFT BUMPER. THERE WAS DAMAGES TO MY FRONT LEFT BUMPER. THERE WAS 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 13/08/21 1830



Witnessed by Reporting Centre
Personnel KHANIRUL



