

To : N412

## 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	24/09/2021 16:04 (SGT)
Date of Accident	23/09/2021 22:10 (SGT)
Exact Location of Accident	Woodlands Ave 2, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC3092D
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) +65-93893883
Alternative Phone No	(Office) +65-65508768

### VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Prius
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	1798

### 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 HAI CHUAH
NRIC No	SXXXX746B

Date Of Birth 29/10/1954  
Occupation Outdoor  
Date Of Driving Pass 08/07/1977  
Driving experience 44 YEARS AND 2 MONTHS  
Gender Male  
Mobile Number (Phone) +65-93893883  
Alt. Phone Number -  
Email Address fleetsafety@cdgtaxi.com.sg  
Address BLK 468B ADMIRALTY DRIVE #12-25  
Address complement -  
Postcode 752468  
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 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? Yes  
Was any injured conveyed to hospital by ambulance? No  
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 PASSENGER  
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 THE 23/09/21 AT AROUND 2210HRS, I WAS DRIVING MY VEHICLE A (SHC3092D) ALONG WOODLANDS AVE 2. AS I WAS APPROACHING THE TRAFFIC LIGHT I SLOWED DOWN AND EVENTUALLY CAME TO A STOP AS THE TRAFFIC LIGHT WAS RED. I ALREADY STOP FOR AWHILE WHEN SUDDENLY VEHICLE B (GBJ8572L) REAR ENDED INTO VEHICLE A. THERE IS DAMAGE ON THE REAR OF VEHICLE A. I FEEL PAIN ON MY NECK AND MY UPPER BACK. MY PASSENGER SUFFERED 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 GBJ8572L  
Vehicle Manufacturer -

Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	CHUA HAI CHUAH
Gender	Male
Phone No	(Phone) +65-93893883
Address	BLK 468B ADMIRALTY DRIVE #12-25
Address Complement	-
Post Code	752468
Approximate Age Years Old	-
Injuries Sustained	INJURIES ON NECK AND UPPER BACK
Injured person in which vehicle?	SHC3092D
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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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.
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 firms/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 firms/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 firms/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

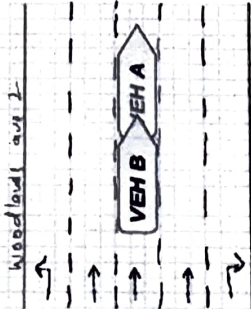
Policyholder's Signature / Date & Time

Driver's Signature (if driver is not the policyholder) / Date & Time 24/9/21 12.35

Witnessed by Reporting Centre Personnel Sam

Sketch Plan

Pl: SHL 2092D  
B: 6828572L



Describe Circumstances of the Accident

ON THE 23/09/21 AT AROUND 2210HRS, I WAS DRIVING MY VEHICLE A SHC3092D ALONG WOODLANDS AVE 2. AS I WAS APPROACHING THE TRAFFIC LIGHT I SLOWED DOWN AND EVENTUALLY CAME TO A STOP AS THE TRAFFIC LIGHT WAS RED. I ALREADY STOP FOR AWHILE WHEN SUDDENLY VEHICLE B GBJ8572L REAR ENDED INTO VECHICLE A. THERE IS DAMAGE ON THE REAR OF VECHICLE A. I FEEL PAIN ON MY NECK AND MY UPPER BACK. MY PASSENGER SUFFERED NO INJURIES.

Declaration

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 24/9/21 2.45

Witnessed by Reporting Centre Personnel Sayat