



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	11/10/2021 12:33 (SGT)
Date of Accident	09/10/2021 20:00 (SGT)
Exact Location of Accident	Bukit Batok West Ave 8, Singapore
Additional Location Information	TURN RIGHT INTO BUKIT BATOK WEST AVENUE 6
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SH6959C
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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) +65-97917188
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	LIM YEW HIONG
NRIC No	SXXXX586F

Date Of Birth	15/12/1971
Occupation	Outdoor
Date Of Driving Pass	20/01/1992
Driving experience	29 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97917188
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	APT BLK 271 BUKIT BATOK EAST AVENUE 4 #07-140
Address complement	-
Postcode	650271
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	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 09/10/21 AT ABOUT 2000HRS I WAS DRIVING VEHICLE A SH6959C ALONG BUKIT BATOK WEST AVENUE 8 AND WANTED TO TURN RIGHT INTO BUKIT BATOK WEST AVENUE 6 WITH ONE FEMALE PASSENGER.I WAS AT RIGHT LANE AND AT STATIONARY POSITION BEFORE PEDESTRIAN CROSSING TO GIVE WAY FOR PEDESTRIAN.SUDDENLY VEHICLE B YP4983G REAR ENDED MY VEHICLE.UNABLE TO EXCHANGE PARTICULAR.MYSELF AND PASSENGER INJURED DUE TO THE IMPACT

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	YP4983G
Vehicle Manufacturer	Mitsubishi

Vehicle Model	Canter
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	UNKNOWN
Contact Number	(Phone) +65-90476253
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	LIM YEW HIONG
Gender	Male
Phone No	(Phone) +65-97917188
Address	APT BLK 271 BUKIT BATOK EAST AVENUE 4 #07-140
Address Complement	-
Post Code	650271
Approximate Age Years Old	50
Injuries Sustained	-
Injured person in which vehicle?	SH6959C
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	PASSENGER
Gender	Female
Phone No	(Phone) +65-94356402
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SH6959C
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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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' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of :

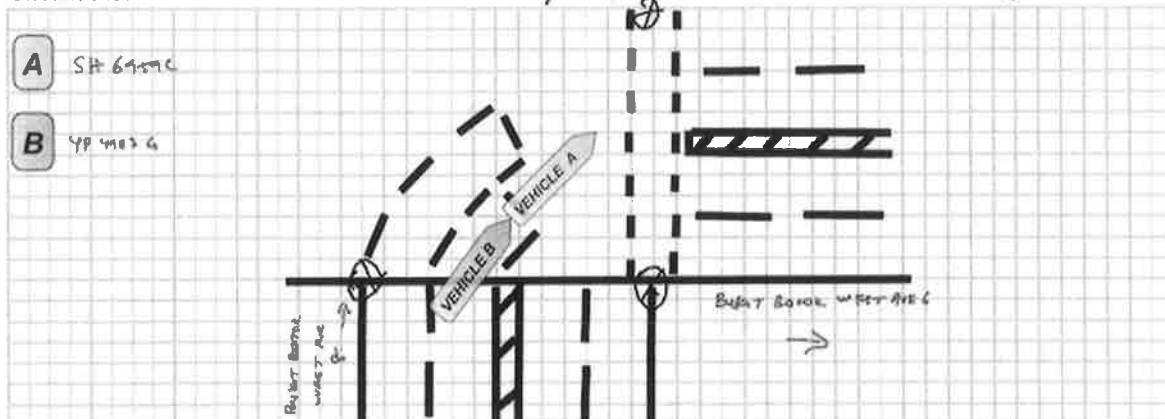
- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (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 lawyers/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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

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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

09/10/21 / 21 30 hrs

Witnessed by Reporting Centre
Personnel

DMG

