

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	04/10/2021 19:28 (SGT)
Date of Accident	03/10/2021 18:55 (SGT)
Exact Location of Accident	Tampines North Drive 2, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC8688C
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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) +65-81861869
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 MUI HONG
NRIC No	SXXXX460D

Date Of Birth	02/11/1959
Occupation	Outdoor
Date Of Driving Pass	02/10/1979
Driving experience	42 YEARS
Gender	Male
Mobile Number	(Phone) +65-81861869
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLK 211 PASIR RIS STREET 21 #02-252
Address complement	-
Postcode	510211
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)	4
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	PASSENGER
Gender	Male

PASSENGER 2

Name	PASSENGER
Gender	Female

PASSENGER 3

Name	PASSENGER CHILD
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 03/10/2021 AT ABOUT 1855HRS I WAS DRIVING MY VEHICLE A (SHC8688C) ALONG TAMPINES NORTH DRIVE 2 TURNING LEFT ONTO TAMPINES LINK. I STOPPED MY VEHICLE A AT THE GIVE WAY LINES. VEHICLE B (SJN1453C) THEN REAR ENDED MY STATIONARY VEHICLE A. CHECK WITH PASSENGERS THEY ARE NOT INJURED AT THAT POINT OF TIME. NO PARTICULARS EXCHANGED

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
Was there any audio recorded?

FILE IS NOT SUITABLE
No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJN1453C
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
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)	-

SKETCH PLAN

SKETCH PLAN

IMPORTANT NOTICE

1. Please report promptly the details of the accident to speed up the claim process.
2. This form must be submitted to the Police and the Insurance Company.
3. Information provided must be truthful and accurate as possible. Any willful misrepresentation or withholding of material facts may show insurance companies to reject the policy validity.
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. The report will be forwarded to the members of the Risk Records Management Centre established by the General Insurance Association of Singapore (GIAS) for archiving and for copies of this report will for a fee be made available upon application by relevant parties.
7. By the submission of this report to the Insurer, you hereby consent to the archiving of this report at the centre with all copies of the report being made available whenever:
8. Consistent under the Personal Data Protection Act (PDPA):
 - (a) An insurer, in complying with the General Insurance Association of Singapore (GIAS) may be permitted to collect, use, disclose and/or process the personal data (personal information set out in this form) and any other personal information provided by you or processed by the insurer (collectively the "Personal Information") and disclosure and/or transfer such personal information to all insurers as to have issued policies/insured in the accident, and insurance to be taken issued services; however in this accident and be subsequently referred to as the "Insurers", the Insurers, are authorised from the Monetary Authority of Singapore and any relevant government agency/authority (such as the police, for the purpose of:
 - (i) processing, handling and/or dealing with any claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or its causes;
 - (iii) carrying out and/or dealing with the instructions or responding to any enquiries by the;
 - (iv) administering the claims (including the making of correspondence, settlements, payments, reports or notices to the, which could involve disclosure of certain personal data about members about delivery of the same as well as on the external cover of non-accidental packages); and/or
 - (v) complying with any applicable law in administering, processing, handling and/or dealing with the claims.
 - (b) to carry out the "for process";
 - (c) all requested as to have issued policies/insured in this accident and the insurance description form, may be permitted to collect, use, disclose and/or process the personal information for one or more of the above purposes; and
 - (d) the personal information may also be disclosed by any of the insurers and/or data to a third party where such disclosure is required (including their description form), which may be used outside of Singapore, for one or more of the above purposes.

Insurer's Signature (Date & Time)	Driver's Signature (Date & Time)	Witnessed by Reporting Centre Insurer

Sketch Plan

A - 31C 8688C
B - 31N 1455C

Describe Circumstances of the Accident

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Declaration

I/We declare the foregoing particulars are true to every respect

Witness's Signature / Date

Driver's Signature of driver at all the parties involved / Date
A. 04.14.2021 1955HRS

Witnessed by Reporting Officer
Signature: 4-1-5