

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 02/12/2021 16:24 (SGT)
Date of Accident 02/12/2021 11:30 (SGT)
Exact Location of Accident Bukit Timah Rd, Singapore
Additional Location Information BUKIT TIMAH ROAD EXIT
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SFR5087B

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner CARQUOTES SG LLP
Company Reg No
Email Address
Mobile Phone No (Phone)
Alternative Phone No (Home)

VEHICLE PARTICULARS

Manufacturer Hyundai
Model I45
Variant -
Exact purpose for which vehicle was being used at time of accident Private use
Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party
Vehicle Category Commercial vehicle
Transmission Auto
CC 0

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 5122461620
Cover Note Number -

DRIVER

Name of Driver NAZURA HUDA BINTE SAADON
NRIC No

Date Of Birth	[REDACTED]
Occupation	Indoor
Date Of Driving Pass	02/10/2017
Driving experience	4 YEARS AND 2 MONTHS
Gender	Female
Mobile Number	(Phone) [REDACTED]
Alt. Phone Number	-
Email Address	[REDACTED]
Address	[REDACTED]
Address complement	-
Postcode	[REDACTED]
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 - Change/cross lane
Weather Conditions	Raining
Road Surface	Wet

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)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

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

REFER TO ATTACHED

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SH8765G
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
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

IMPORTANT NOTICE

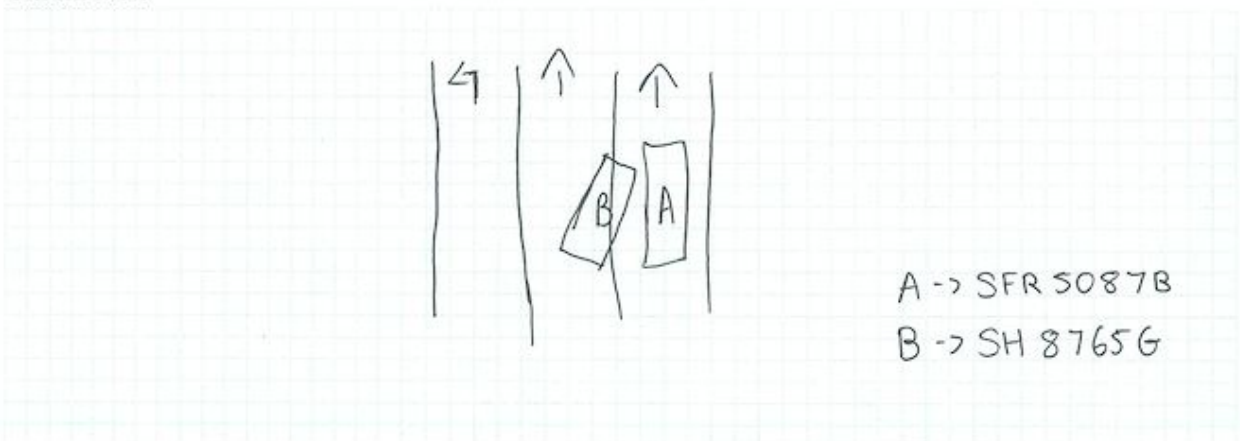
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8. **Consent under the Personal Data Protection Act (PDPA)**
I understand, acknowledge, agree and consent that :
(a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or 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' 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

I was driving on the first lane heading straight to turn towards Newton Circus Road. There was a taxi on my left trying to merge lane ~~into~~ last minute without giving any signal. I couldn't break in time before the car wanting to merge into the lane I was in. The taxi hit the front left side of my car.

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


Witnessed by Reporting Centre Personnel











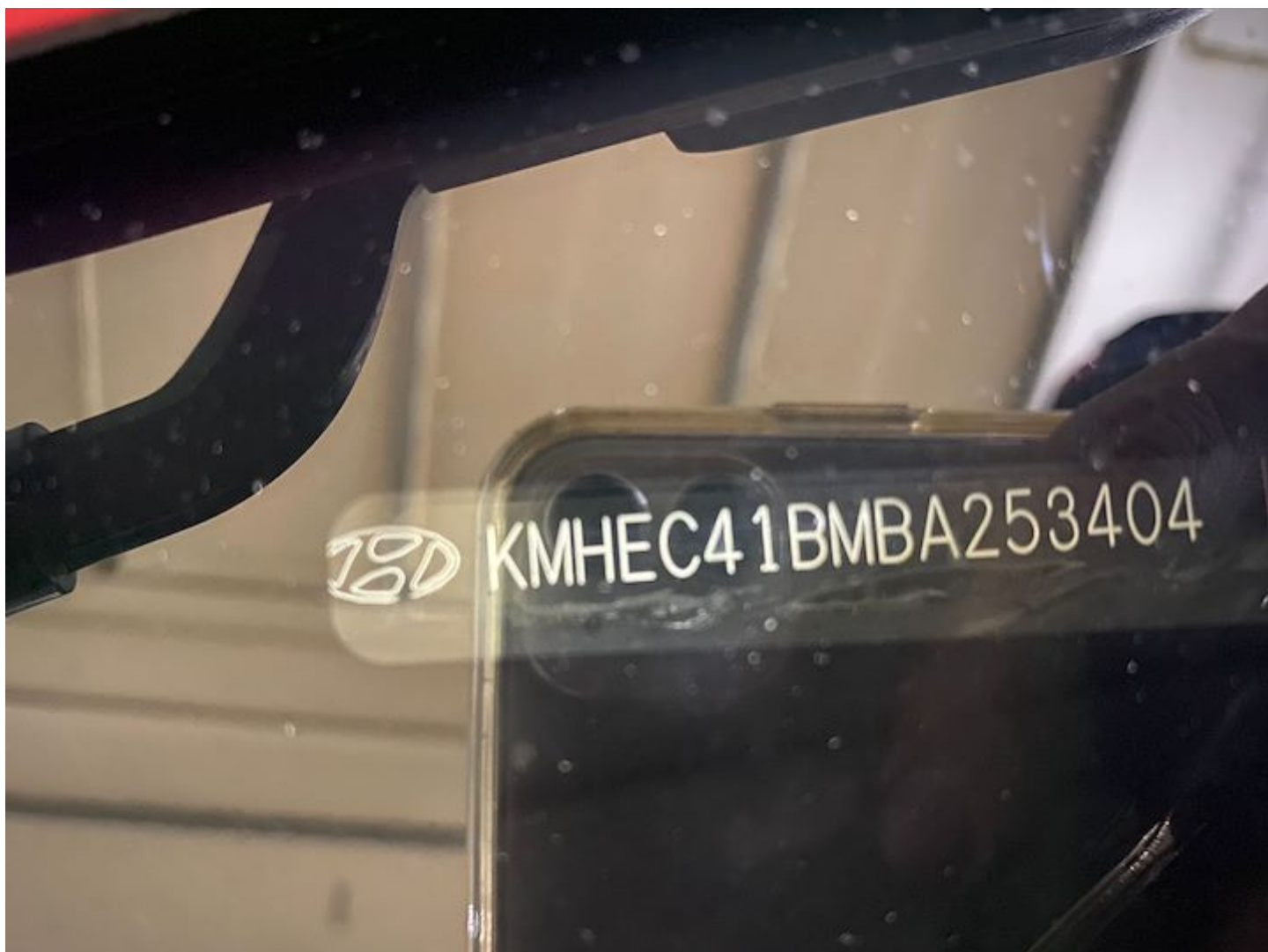




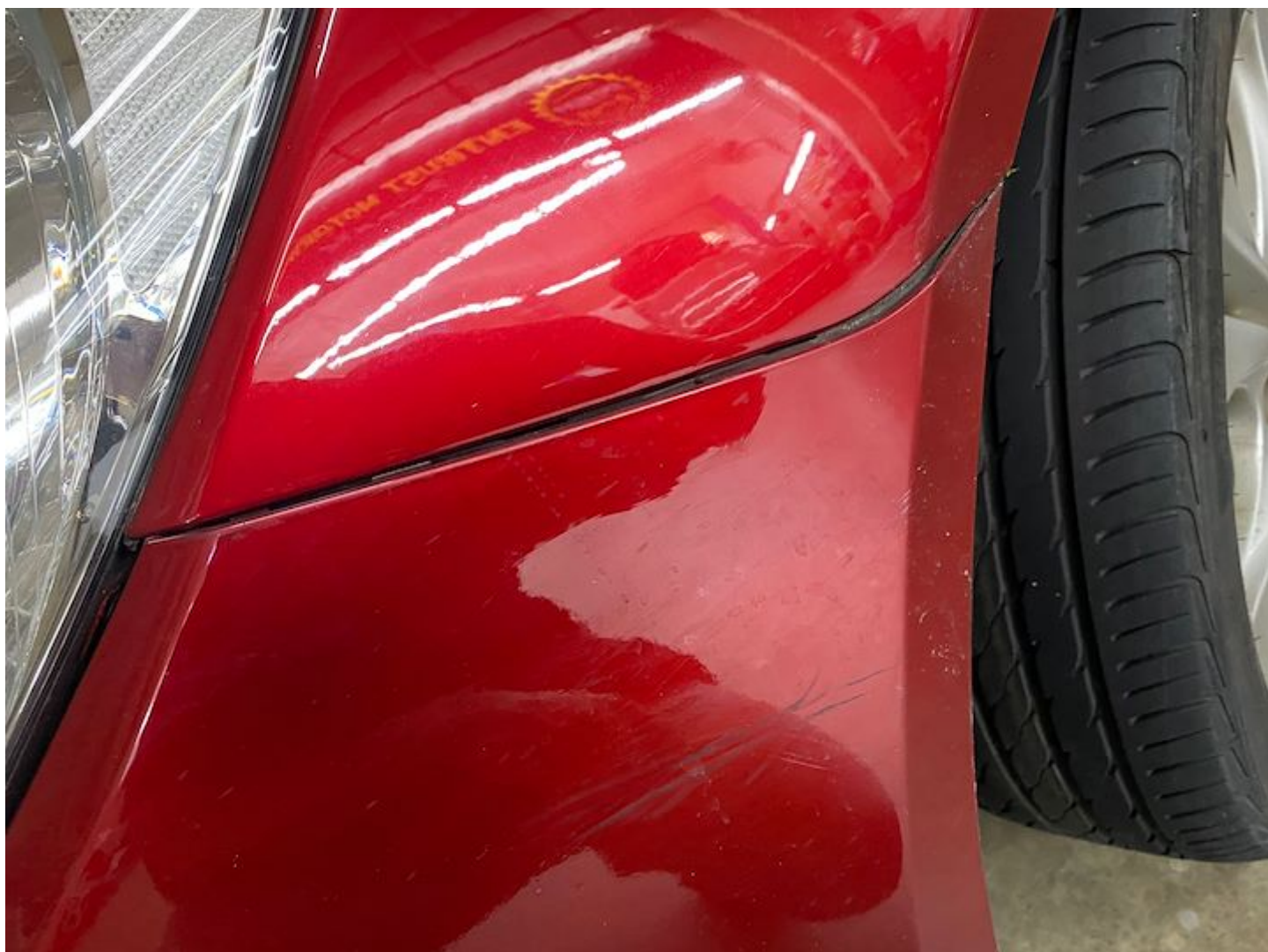


















SINGAPORE POLICE FORCE



T/20211203/2108

1 of 4

Report No. T/20211203/2108

Police Station Of Origin:
Kampong Java N.P.C
21 Kampong Java Road SINGAPORE
228892
Tel No: 1800-2959999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 03/12/2021 18:34	Vide Report No.:	Station Diary No.: 44
Informant's Particulars		
Name of Informant: NAZURA HUDA BINTE SAADON	Address: [REDACTED]	
ID Type / ID No.: NRIC NO / [REDACTED]	Contact No.: Home/Office: [REDACTED] Mobile: [REDACTED]	
Nationality: SINGAPORE CITIZEN	Email: [REDACTED]	
Sex: Female	Age: [REDACTED]	Date of Birth: [REDACTED]
Type of Informant: Driver		
Race: Malay	Language:	Institution / School Name:
Occupation: FINANCIAL CONSULTANT	Driving Licence Information: Class: 3A	Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 02/12/2021 11:35	Type of Location: Straight Road
Location: CAVENAGH ROAD				
Weather: Drizzling		Road Surface: Wet	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SFR5087B	Car				Seriously Damaged	0
SH8765G	Car				Slightly Damaged	2

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



Police Station Of Origin:
Kampong Java N.P.C
21 Kampong Java Road SINGAPORE
228892
Tel No: 1800-2959999

Report No. T/20211203/2108

CONTINUATION OF REPORT

Driver			
Name	NAZURA HUDA BINTE SAADON	ID No.	[REDACTED]
Related Vehicle	SFR5087B (Car)	Contact No.	[REDACTED]
Hospital/Clinic	OXFORD MEDICAL CENTRE	Class of Driving Licence & Expiry Date	Class: 3A Date of Expiry: NIL
Date Treatment	02/12/2021	Date Discharge	02/12/2021
No. of Days granted Medical Leave	03	Degree of Injury	NIL
Driver			
Name	Tan Gim Seng	ID No.	[REDACTED]
Related Vehicle	SH8765G (Car)	Contact No.	[REDACTED]
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On the 02/12/2021 at about 1135hrs, I was driving my vehicle SFR5087B exiting CTE Expressway Exit 6 towards Bukit Timah Rd. While at Exit 6's slip road, I was driving at about 50km/hr on the most right lane (Lane 1). I then noticed that there is a blue colored Comfort Delgro Taxi bearing car plate number SH8765G coming from Cavenagh Rd, cutting across the chevron markings from Lane 3 to Lane 2 without signaling.

As my vehicle is getting closer, the said taxi carried on to lane change into my lane (Lane 1) without signaling as well. Upon seeing the front of the taxi had crossed into my lane, I immediately stepped on my brake. However, due to the taxi abrupt lane change and wet weather condition, my vehicle was not able to stop in time. As such, my vehicle had crashed into the said taxi front right fender area and came to a stop.

I then alighted from my vehicle and make a check on the involved parties and no one required immediate medical attention. We then assessed the vehicles' damages, took photos and exchanged our particulars and contact number.

My vehicle sustained scratches to the front left bumper and a partial bumper dislodged, and vehicle's suspension was damaged which caused my vehicle not being able to drive any further. As such a tow truck was called to have my vehicle towed.

I was suffering from headache, neck pain and shivering as such I went to seek medical treatment at 8pm at Oxford Medical Centre and was given 3 days MC ref MC no. 0000051324.



**SINGAPORE
POLICE FORCE**



T/20211203/2108

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Report No. T/20211203/2108

CONTINUATION OF REPORT

I wish to state that I have in-car camera footages which captured the whole incident which I can provide for investigation purposes.



**SINGAPORE
POLICE FORCE**



T/20211203/2108

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21 Kampong Java Road SINGAPORE
228892
Tel No: 1800-2959999

Report No. T/20211203/2108

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature of Officer Recording The Report
E /
Sgt 2 CHIA WAI YUEN

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
SI MOHAMAD ZULFAZDLI BIN ABDULLAH
Contact No.: 65476204

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
03/12/2021 18:34

Classification Of Case:

CARQUOTES SG LLP

RENTAL INVOICE

Name : ENTRUST MOTORWORKS
Make& Model & Car Plate : SKE5617G-TOYOTA VIOS
Date : 13/12/2021
Rental Period : 3/12/2021-10/12/2021
Rental fees per day : \$80.00
Total rental for 5 days : \$560.00

Authorised Signature





RW AUTOMOTIVE APPRAISERS SERVICES

(Licensed Appraisers & Claims Adjusters)

256 Bishan St. 22 #12-472 Singapore 570256

Tel: +65 6996 9988 Hp: +65 8338 9988 Fax: + 65 6553 3912

Reg. No. 52821270B

Gs/21/5523/DW/jr

INVOICE

Entrust Motorworks

25, Kaki Bukit Road 4

Synergy@KB, #06-55

Singapore 417800

On behalf of CarQuotz Singapore LLP

Invoice No : 210057

Date : 13.12.2021

Being:		
Survey Fees (including 60 photographs and transport charges)		\$ 575.00
S'pore Dollars	: Five Hundred and Seventy-Five only.	<u>\$ 575.00</u>
Our Reference No.	: RW/0057/21TP	
Vehicle No.	: SFR 5087 B	

SURVEYED WITHOUT PREJUDICE



RICHARD WONG
(Licensed Appraiser)



RW AUTOMOTIVE APPRAISERS SERVICES

(Licensed Appraisers & Claims Adjusters)

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CarQuotz Singapore LLP
c/o Entrust Motorworks
25, Kaki Bukit Road 4
Synergy@KB, #06-55
Singapore 417800

Report No : RW/0057/21TP

Date : 13.12.2021

VEHICLE INSPECTION REPORT

REFERENCE

Requested by : Workshop, owner's behalf
Date of Request : 03.12.2021
Date of Accident : 02.12.2021
Date of Inspection : 03.12.2021
Inspected at : Entrust Motorworks
25, Kaki Bukit Road 4, Synergy@KB,
#06-55, Singapore 417800

VEHICLE DETAILS

Vehicle No.	: SFR 5087 B	Make & Model	: Hyundai i45
Year Make	: 2011	Colour	: Red
Engine No.	: G4KDAA624333	Chassis No.	: KMHEC41BMBA253404
Engine Capacity	: 1998 cc	Mileage	: 123,006 km
Air-Con	: Yes	Radio/CD/Cassette	: Yes
Seat Belt	: Yes	Rims	: Sport

GENERAL CONDITION OF VEHICLE

General Condition	: Good	Modification	: Nil
Brakes	: Serviceable	Handbrake	: Serviceable
Steering	: Serviceable		

<u>Tyres</u>	<u>Make</u>	<u>Size</u>	<u>Rim</u>	<u>Tread Balance</u>
Front Right	Neuton	215/55 ZR17	Sport	4 mm
Front Left	Neuton	215/55 ZR17	Sport	4 mm
Rear Right	Neuton	215/55 ZR17	Sport	4 mm
Rear Left	Neuton	215/55 ZR17	Sport	4 mm

ASSESSMENT

	<u>Repairer's Estimate</u>	<u>Recommendation</u>
Spare Parts	: \$ 9,746.56	\$ 9,358.56
Labour Charges	: \$ 2,120.00	\$ 1,690.00
Paint Work	: \$ 1,000.00	\$ 750.00
Towing Charges	: \$ 120.00	\$ 100.00
Total	: <u>\$ 12,986.56</u>	<u>\$ 11,898.56</u>
Recommend lump sum repairs	: \$ 9,520.00	
Reduction	: <u>\$ 3,466.56</u>	
Estimated Period Required for Repair	: <u>7 days</u>	

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ADJUSTMENT ON REPAIR COST & REPLACEMENT OF PARTS

Vehicle No: SFR 5087 B

Report No.: RW/0057/21TP

<u>S/No</u>	<u>QTY</u>	<u>Description</u>	<u>Condition/ Remarks</u>	<u>Repairer's Estimates</u>	<u>My Recommendation</u>
<u>REPLACEMENT OF DAMAGED PARTS</u>					
1)	1	Front bumper	Cracked	\$ 550.00	\$ 550.00
2)	1set	Front bumper clips	Necessary	\$ 30.00	\$ 30.00
3)	1	Front headlamp LH	Cracked	\$ 680.00	\$ 680.00
4)	1	Front fog lamp LH	Cracked	\$ 293.10	\$ 293.10
5)	1	Front cowling LH	Cracked	\$ 119.20	\$ 119.20
6)	1	Front fender LH	Distorted	\$ 539.30	\$ 539.30
7)	1	Front wheel house LH	Repairable	\$ 485.00	\$ -
8)	1	Steering rack and pinion	Distorted	\$ 2,812.70	\$ 2,812.70
9)	1	Front drive shaft LH	Distorted	\$ 290.00	\$ 290.00
10)	1	Front shock absorber LH	Bent	\$ 288.40	\$ 288.40
11)	1	Front knuckle arm LH	Distorted	\$ 394.10	\$ 394.10
12)	1	Front knuckle arm bearing LH	Necessary	\$ 141.40	\$ 141.40
13)	1	Front anti-roll bar LH	Bent	\$ 220.00	\$ 220.00
14)	1	Front steering cross member	Distorted	\$ 2,719.70	\$ 2,719.70
15)	1	Front anti-roll bar link LH	Bent	\$ 91.70	\$ 91.70
16)	1	Front anti-roll bar bush LH	Necessary	\$ 30.20	\$ 30.20
17)	1	Front lower arm LH	Bent	\$ 298.40	\$ 298.40
				<u>\$ 9,983.20</u>	<u>\$ 9,498.20</u>
Less 20%				<u>\$ 1,996.64</u>	<u>\$ 1,899.64</u>
				<u>\$ 7,986.56</u>	<u>\$ 7,598.56</u>
18)	1	Front wheel rim LH	Dented	\$ 580.00	SN \$ 580.00
19)	1	Side skirt LH	Distorted	\$ 800.00	SN \$ 800.00
20)	1	Front wheel tyre LH	Cut	\$ 380.00	SN \$ 380.00
Total (Parts):				\$ 9,746.56	\$ 9,358.56

LABOUR CHARGES

21)	Panel beat front left wheelhouse. Straighten front left chassis. Remove and replace all damaged parts.	\$ 1,000.00	\$ 800.00
22)	Computerise wheel alignment.	\$ 150.00	\$ 120.00
23)	Remove and reinstall front left undercarriage.	\$ 380.00	\$ 300.00
24)	Check lightings and wiring.	\$ 50.00	\$ 30.00
		<u>\$ 11,326.56</u>	<u>\$ 10,608.56</u>



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Page : 2

Vehicle No: SFR 5087 B

Report No.: RW/0057/21TP

Balance brought forward	\$ 11,326.56	\$ 10,608.56
25) Mount vehicle on measuring bench to correct chassis alignment.	\$ 380.00	\$ 320.00
26) Rust proofing treatment on affected area.	\$ 160.00	\$ 120.00
27) Spray painting on affected area.	\$ 1,000.00	\$ 750.00
28) Towing charge.	\$ 120.00	\$ 100.00
Total (Labour):	\$ 3,240.00	\$ 2,540.00
Total:	<u>\$ 12,986.56</u>	<u>\$ 11,898.56</u>

POINT OF IMPACT

At the front portion left side and front undercarriage left side of the vehicle.

RECOMMENDATION

The vehicle was inspected thoroughly based on the repairer's estimate against the actual damages found on the vehicle. My findings and recommendation are listed as per attached.

My adjusted amount for the cost of repair is \$11,898.56.

CONCLUSION

The repairer has agreed to undertake repairs at a lump sum of \$9,520.00 corresponding to labour charges, spray painting, replacement of parts and towing charges.

SURVEYED WITHOUT PREJUDICE

RICHARD WONG
(Licensed Appraiser)



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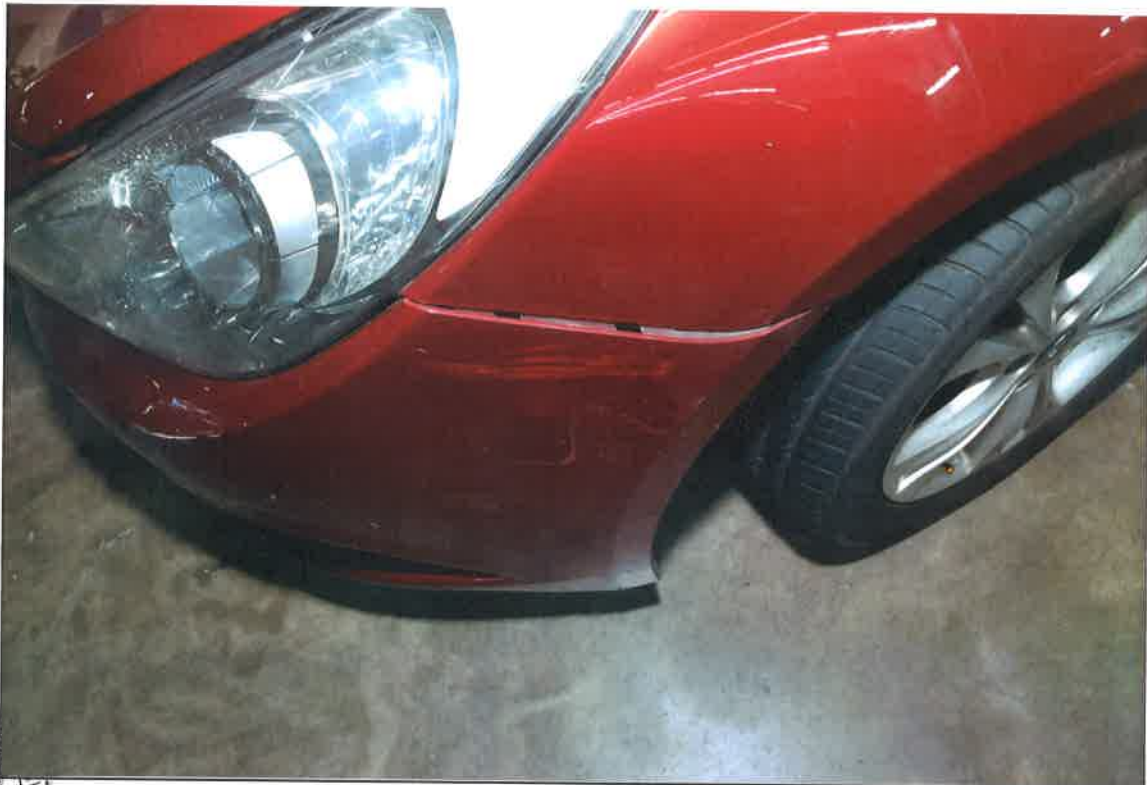
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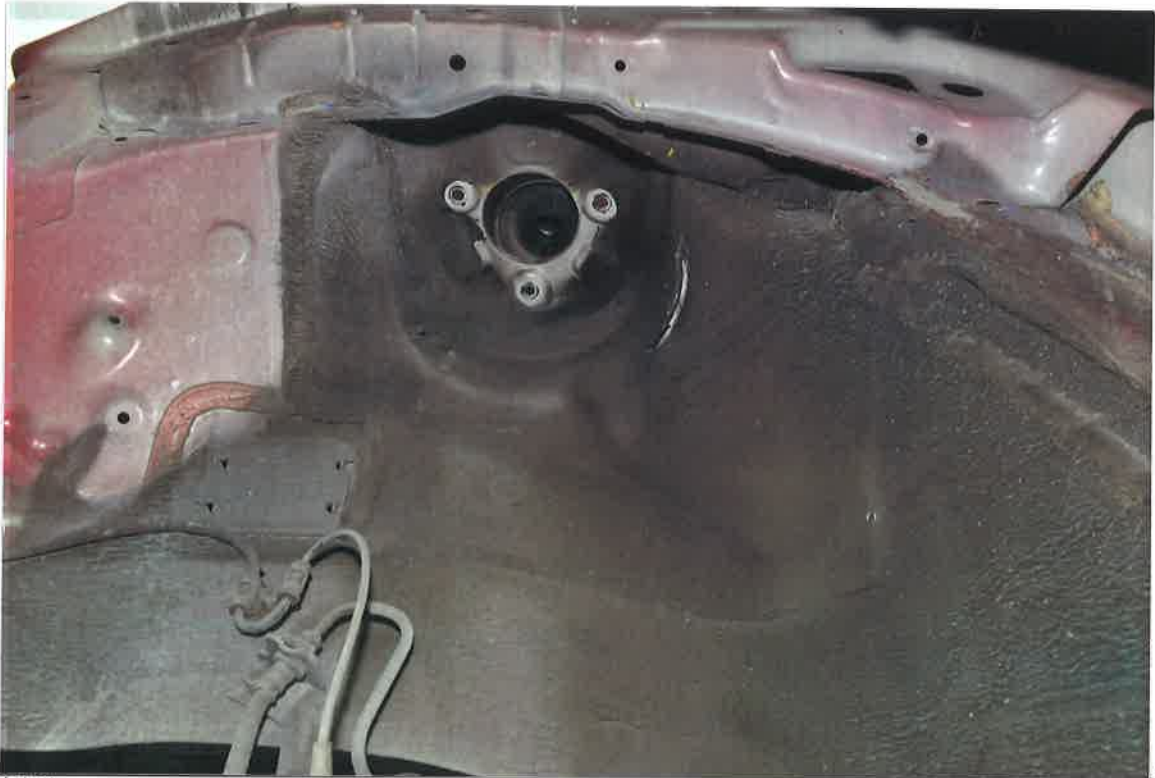
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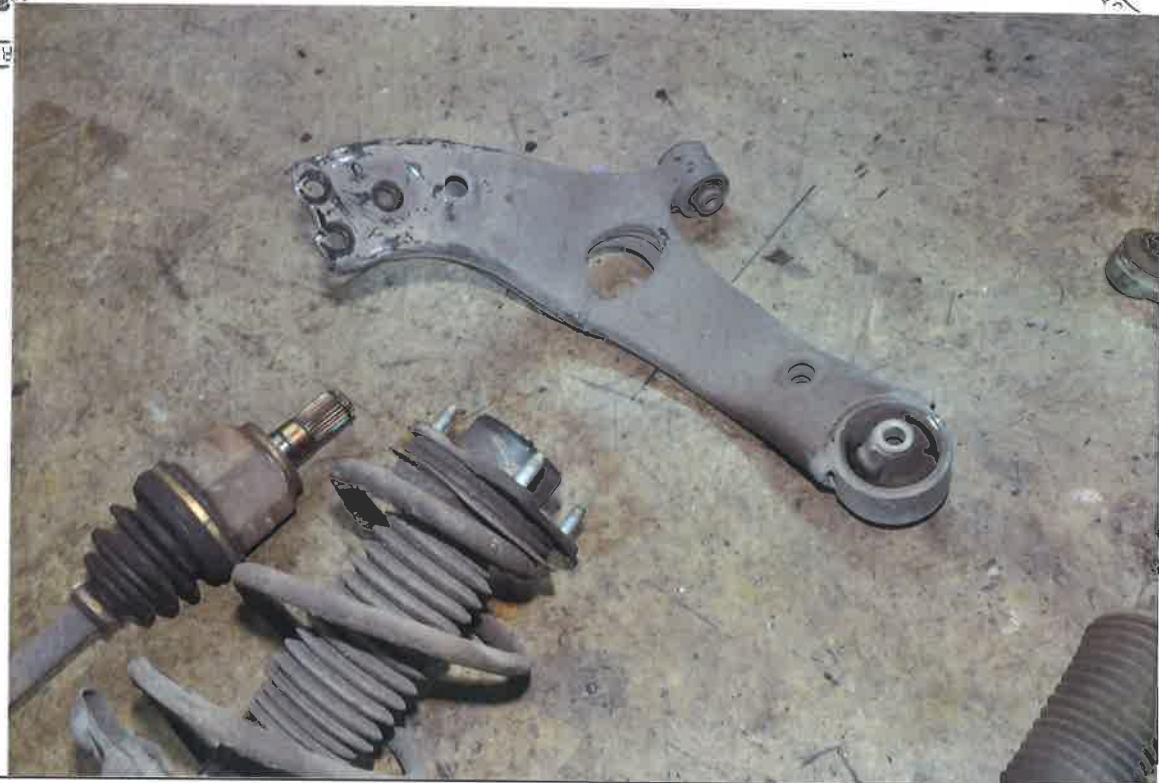
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Vehicle No: SFR 5087 B

Report No: RW/0057/21TP



Vehicle No: SFR 5087 B

Report No: RW/0057/21TP



Your Ref : SH 8765G
Our Ref : **SFR 5087B/DW/jn/cl**
Date : 3 December 2021

Fax : 6538 3708
Tel : **3152 0986**
Email : jaga@kscgp.com

AXA INSURANCE PTE LTD

BY EMAIL ONLY

DATE OF ACCIDENT: 2 DECEMBER 2021

NOTICE TO INSURER TO CONDUCT PRE-REPAIR SURVEY / INSPECTIONS

We are instructed by the owner of SFR 5087B to notify you of a road traffic accident on 2 December 2021 at about 11.30 a.m. along Bukit Timah Road Exit, involving our client's vehicle registration number SFR 5087B and vehicle registration number **SH 8765G**, which was insured by you at the material time. A copy of the Singapore accident statement is enclosed herein.

As a result of the accident, our client's vehicle has been damaged. Before our client proceeds to repair the damaged vehicle, please let us know within 2 working days excluding any intervening Saturday, Sunday and/or Public Holiday of your receipt of this notice whether you would like to conduct a pre-repair survey of the vehicle. If we do not receive any reply from you within the stipulated timeline, our client shall proceed to repair the vehicle without further reference to you.

NB. Any settlement or offer is on the express condition that this settlement is in respect of our client's claim for property-related damages only and shall not preclude client's driver/passenger from claiming injury-related damages arising from this accident.

Yours faithfully,

f CL

Enc.

Your Ref : S1M03NHZ_TP
Our Ref : **SFR 5087B/DW/jn/cl**
Date : 3 December 2021

Fax : **6538 3708**
Tel : **3152 0986**
Email : **jaga@kscgp.com**

AXA INSURANCE PTE LTD

BY EMAIL ONLY

DATE OF ACCIDENT: 2 DECEMBER 2021

NOTICE TO INSURER TO CONDUCT PRE-REPAIR SURVEY / INSPECTIONS

We refer to your email dated 3 December 2021.

Please be informed that our client is not agreeable to your proposed motor surveyors. Instead we propose you to choose a surveyor from our client's list of surveyors as appended below:-

S/no.	Surveyor
1.	Richard Wong of RW Automotive Appraisers Services

Please be informed that if we do not hear from you within 2 working days from the date hereof, we will assume, as per the Protocol, that you have no objections to our list of motor surveyors. You will be deemed to have agreed to any of the above motor surveyors as a "single joint expert". We will inform you who the "single joint expert" is in due course.

If you object to our client's list of motor surveyors, we will accordingly inform the client to instruct his choice of motor surveyor to conduct the pre-repair survey. Also, please let us know within 2 working days excluding any intervening Saturday, Sunday and/or Public Holiday of your receipt of this notice whether you would like to conduct a pre-repair survey of the vehicle failing which our client will commence repairs thereafter without any further notice or reference to you. Please be informed that the said vehicle can be surveyed / inspected at:

Address : Dreamworks Garage
25 Kaki Bukit Road 4
#06-55 Synergy @ KB
Singapore 417800

Contact Person/Tel : Ms Joanne (Tel: 6974 1618 / 8838 9338)

Yours faithfully,

CL

Your Ref : S1M03NHZ_TP
Our Ref : SFR 5087B/DW/jn/cl
Date : 3 December 2021

Acknowledgement

This is to confirm that I _____ *[Full Name of Surveyor]* of _____ *[Surveyor's Company]* have completed as follows:-

(a) Pre- Repair Survey/Inspection on _____ [Date] at _____ [Time].

Name and signature of Appointed Surveyor
Company Stamp

Witnessed by:
Date:

(b) Pre- Repair Survey/Inspection (during dismantling) on _____ [Date] at _____ [Time].

Name and signature of Appointed Surveyor
Company Stamp

Witnessed by:
Date:

(c) Re-inspection of new replacement part (part by part) on _____ [Date] at _____ [Time].

Name and signature of Appointed Surveyor
Company Stamp

Witnessed by:
Date:

(d) Post – Repair Survey/Inspection on _____ [Date] at _____ [Time].

Name and signature of Appointed Surveyor
Company Stamp

Witnessed by:
Date:



RECORD MANAGEMENT CENTRE

**GENERAL INSURANCE ASSOCIATION OF SINGAPORE
RECORDS MANAGEMENT CENTRE**

6 Raffles Quay #18-00, Singapore 048580

Phone: +65 6224 0010 Fax: +65 6224 0030

Operating Hours: Monday to Friday 9am to 5pm

GST Registration No: M400017735

TAX INVOICE

Date of Request: 06/12/2021

Your Ref No: SFR5087B/DW/jn/cl

Dear Sir/Madam,

Date of Accident: 02/12/2021 00:00 (SGT)

Vehicle No: SFR5087B

Place of Accident: Cavenagh Rd, Singapore

With reference to your application for the accident report, we have attached the following accident report as requested:

DOCUMENTS	ACCIDENT LOCATION	PER DOC (\$)	QTY	AMOUNT (\$)
SH8765G	Cavenagh Rd, Singapore	(29.00)	1	(27.10)
GST Amount				(1.90)
Total Amount Due (GST Inclusive)				(29.00)

The images provided to you are taken from the original reports forwarded to the centre by the members of the General Insurance Association of Singapore and we take no responsibility for their accuracy or contents and shall be under no liability whatsoever for any loss or damage arising out of or in connection with the reports or their images.

Thank you.

This is a computer generated document and requires no signature.

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 02/12/2021 15:43 (SGT)
Date of Accident 02/12/2021 11:20 (SGT)
Exact Location of Accident Cavenagh Rd, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SH8765G

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner COMFORT TRANSPORTATION PTE LTD

VEHICLE PARTICULARS

Manufacturer Hyundai
Model I40
Variant -
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 TAN GIM SENG@TAN GIN SENG
NRIC No S0166670C
Address 758 WOODLANDS AVENUE 06 #11-54
Address complement -
Postcode 730758
Does Driver Own Other Vehicles? No

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Side Swipe
Weather Conditions	Raining

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Was anybody injured in the Accident?	No
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	3

CIRCUMSTANCES OF ACCIDENT

ON 02/12/2021 AT ABOUT 1120HRS I WAS DRIVING MY VEHICLE A SH8765G FROM KAMPONG JAVA ROAD ONTO CAVENAGH ROAD. AFTER HALIFAX ROAD I FILTER RIGHT. AS I WAS ENTERING INTO THE MOST RIGHT LANE OF CAVENAGH ROAD VEHICLE B SFR5087B LEFT FRONT SIDE SWIPE MY VEHICLE A RIGHT FRONT. CHECK WITH MY PASSENGERS THEY ARE NOT INJURED . HANDPHONE 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	FILE IS NOT SUITABLE
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SFR5087B
Vehicle Manufacturer	Hyundai
Vehicle Model	I45
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Insurance Company Name	-

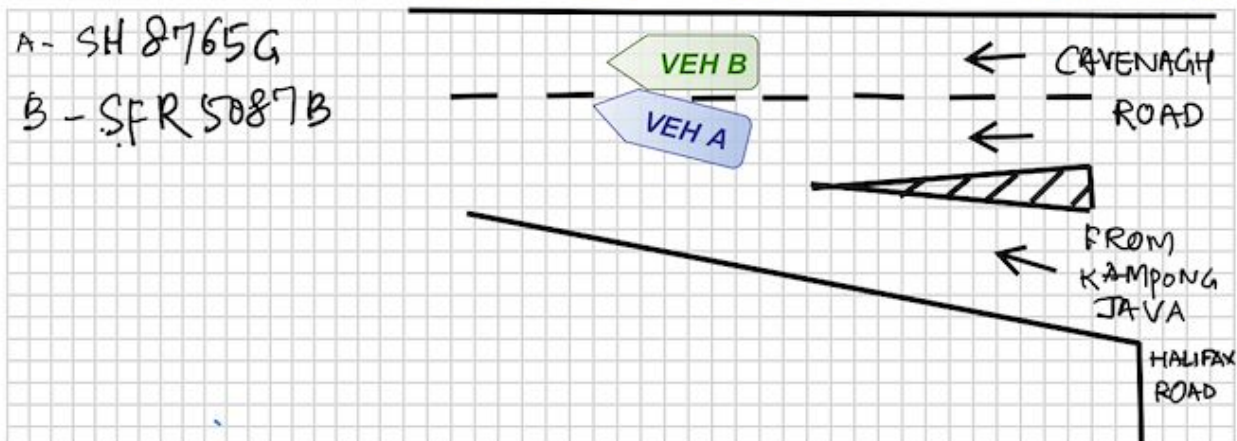
SKETCH PLAN**IMPORTANT NOTICE**

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. The 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.
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

ON 02/12/2021 AT ABOUT 1120HRS I WAS DRIVING MY VEHICLE A SH8765G FROM KAMPONG JAVA ROAD ONTO CAVENAGH ROAD. AFTER HALIFAX ROAD I FILTER RIGHT. AS I WAS ENTERING INTO THE MOST RIGHT LANE OF CAVENAGH ROAD VEHICLE B SFR5087B LEFT FRONT SIDE SWIPE MY VEHICLE A RIGHT FRONT. CHECK WITH MY PASSENGERS THEY ARE NOT INJURED . HANDPHONE EXCHANGED

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

Witnessed by Reporting Centre Personnel

















Enquire Vehicle Owner Details (As At 02 Dec 2021 / 11:30:00)

Vehicle Owner Details

Owner ID Type:

Company

Owner ID:

199303821R

Owner Name:

COMFORT TRANSPORTATION PTE LTD

Registered Address Type:

**Private Residential (Condo Apt or House) /
Shopping / Office Complexes**

Registered Block/House No.:

383

Registered Street Name:

SIN MING DRIVE

Registered Unit No.:

-

Registered Building Name:

GAS BUILDING

Registered Postal Code:

575717

Vehicle Insurance Details

Vehicle No.:

SH8765G

Make Description/Model:

**HYUNDAI / I40 1.7 CRDI F/L AT ABS AIRBAG
4DR**

Insurance Company Name:

AXA INSURANCE PTE LTD