# **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 witholding 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.

- 4. The issue and acceptance of this is form by instrained 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 20/12/2021 11:36 (SGT) Date of Accident 18/12/2021 17:20 (SGT) Exact Location of Accident 345 Clementi Ave 5, Singapore 120345 Additional Location Information Country/State of Loss Singapore

### **DETAILS OF OWN VEHICLE**

Vehicle Registration Number SH8326R

#### INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner COMFORT TRANSPORTATION PTE LTD Company Reg No 199303821R Email Address fleetsafety@cdgtaxi.com.sg Mobile Phone No (Phone) +65-96867146 Alternative Phone No (Office) +65-65508768

### VEHICLE PARTICULARS

Manufacturer Hyundai Model 140 Variant Exact purpose for which vehicle was being used at time of Private hire accident Are you claiming under your own insurance policy for repair to your vehicle? No - Reporting only 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 CHIN SIAH** NRIC No. S1241410B

Date Of Birth 25/05/1957 Occupation Outdoor Date Of Driving Pass 21/07/1979 Driving experience 42 YEARS AND 5 MONTHS Gender Mobile Number (Phone) +65-96867146 Alt. Phone Number Email Address fleetsafety@cdgtaxi.com.sg Address 706 CLEMENTI WEST STREET 2 #07-351 Address complement Postcode 120706 Is the driver the policyholder? No If No. Relationship of the Driver with the Insured **RELIEF DRIVER** Does Driver Own Other Vehicles? 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 Collided into Parked Vehicle Weather Conditions Clear Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident Was anybody injured in the Accident? Nο Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Yes Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? Nο **DETAILS OF POLICE ACTION** Was the accident reported to the police? Yes Police Station Name Traffic Police Police Station Phone No (Phone) +65-65470000 Alt. Police Station Phone No (Fax) +65-65474900 Police Station Address 10 Ubi Avenue 3 Singapore 408865 Was notice of intended Prosecution given? Nο If yes, against whom? CIRCUMSTANCES OF ACCIDENT ON 18/12/2021 AT ABOUT 17:20 HRS, I WAS DRIVING VEHICLE A (SH8326R) ALONG 345 CLEMENTI AVE 5 OPEN CARPARK. WHILE DRIVING, MY SUGAR LEVEL WAS LOW AND I SUDDENLY NOT CONSCIOUS BUT MY VEHICLE STILL MOVING. I CANT DO ANYTHING. AFTER RELIEF I CANT REMEMBER ANYTHING. MY VEHICLE WAS DAMAGE ON LEFT, RIGHT AND FRONT. NOT SURE I COLLIDED ONTO WHAT. NO INJURY ON MY SIDE. I GO FIND ANOTHER RELIEF DRIVER AND WE DRIVE BACK TO THE SCENE. THERE WAS NO DAMAGE TO ANY PROPERTY. 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?

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

**UNKNOWN** 

## Accident report SJ0421CK000A

Vehicle Registration Number

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)	_

### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number  Vehicle Manufacturer  Vehicle Model  Vehicle Variant  Vehicle Colour  Vehicle Category  Name of Driver  Contact Number  Address  Address complement  Postcode  Insurance Company Name  Nature Of Damage	UNKNOWN Motorcycle
, ,	- - -

### **DETAILS OF OTHER VEHICLE PROPERTY 3**

Vehicle Registration Number	UNKNOWN
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	_
Vehicle Category	Motorcycle
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)	-

### **DETAILS OF OTHER VEHICLE PROPERTY 4**

Vehicle Registration Number	KERB
Vehicle Manufacturer	_
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Government
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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- 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.
- The report will be forw arded 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.
- 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)

Lunderstand, acknowledge, agree and consent that:

- (a) My insurer, my w orkshop 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 wiell 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 & Driver's Signature (If diever is not the policyholder) / Date & Time & (I 2 2 2 - 19 (0 f))s Personnel Wallack

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Describe Circumstances of the Accident

ON 18/12/2021 AT ABOUT 17:20 HRS, I WAS DRIVING VEHICLE A (SH8326R) ALONG 345 CLEMENTI AVE 5 OPEN CARPARK. WHILE DRIVING, MY SUGAR LEVEL WAS LOW AND I SUDDENLY NOT CONSCIOUS BUT MY VEHICLE STILL MOVING. I CANT DO ANYTHING. AFTER RELIEF I CANT REMEMBER ANYTHING. MY VEHICLE WAS DAMAGE ON LEFT, RIGHT AND FRONT. NOT SURE I COLLIDED ONTO WHAT. NO INJURY ON MY SIDE. I GO FIND ANOTHER RELIEF DRIVER AND WE DRIVE BACK TO THE SCENE. THERE WAS NO DAMAGE TO ANY PROPERTY.

Declaration

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date &

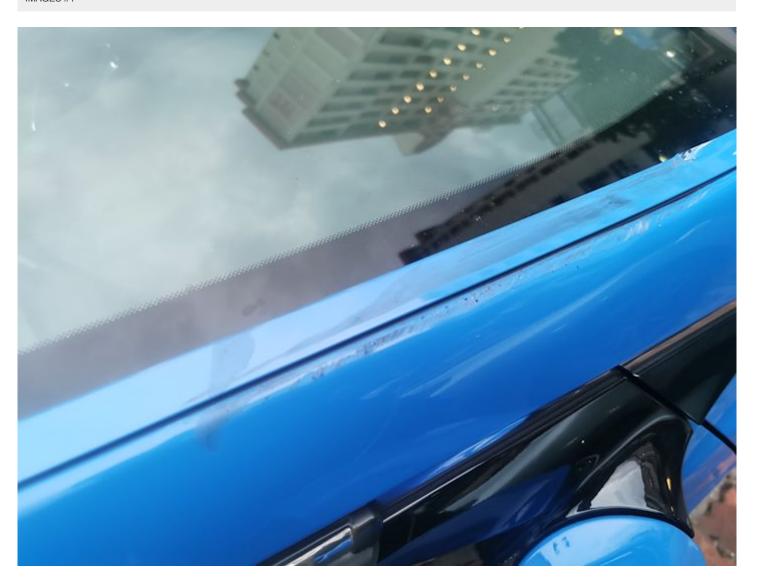
Oriver's Signature (if driver is not the policyhoider) / Date

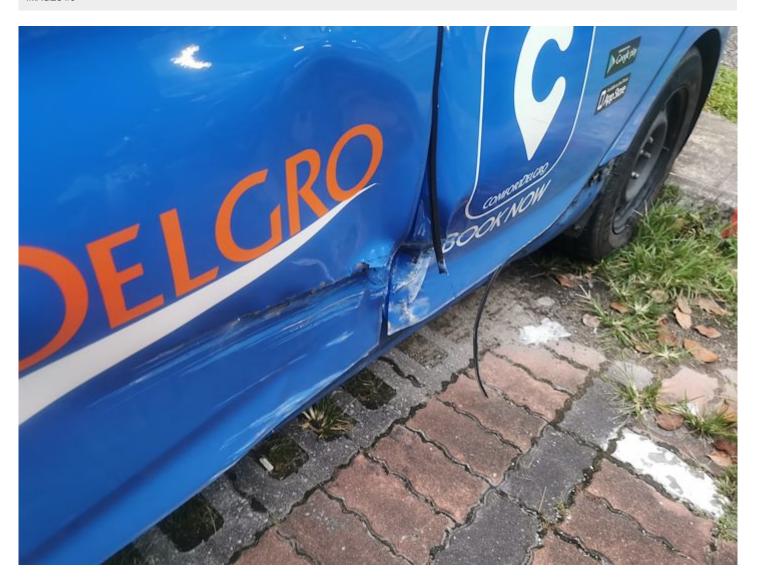
Witnessed by Reporting Centre Personnel





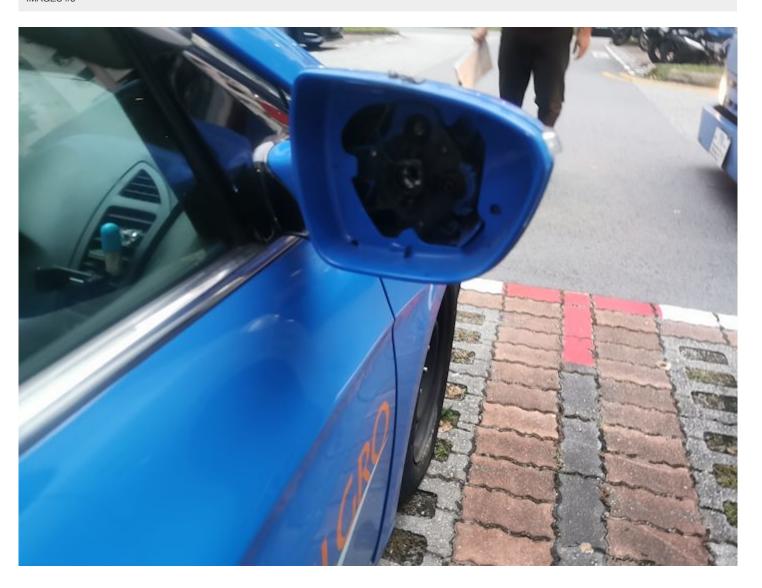




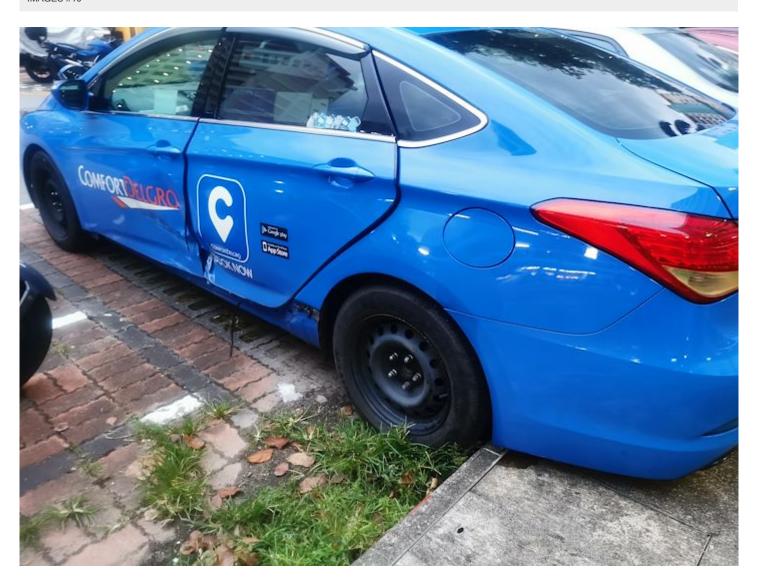


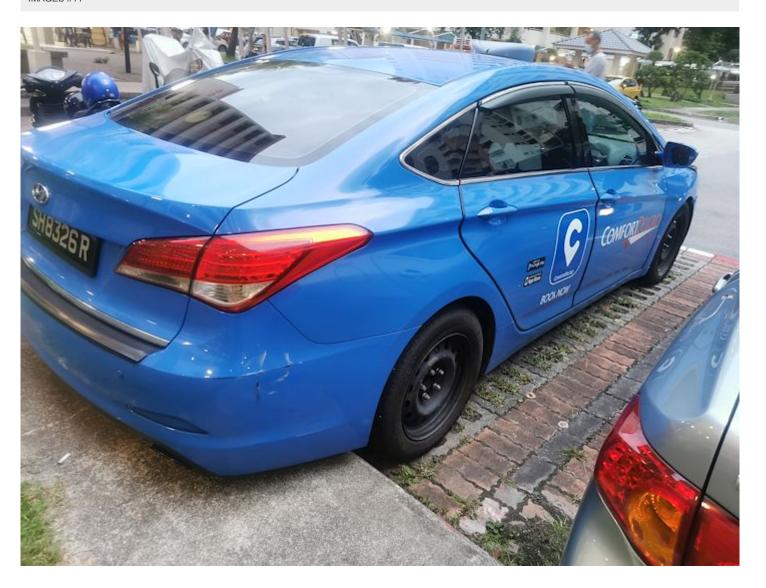
















Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

1 of 3 Report No. T/20211219/7005

### REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 19/12/2021 10:13		Made:	Vide Report No.:	Station Diary No.		
Informa	nt's Partic	ulars				
Name of Informant: CHUA CHIN SIAH			Address: 706 CLEMENTI WEST STREET 2 #07-351 SINGAPORE 120706			
ID Type / ID No.: NRIC NO / S1241410B Nationality: SINGAPORE CITIZEN		10B	Contact No.: Home/Office: Mobile: 96867146			
		ÉN	Email: himob7799@gmail.com			
Sex: Age: Date of Birth: Male 64 25/05/1957			Type of Informant: Vehicle Owner			
Race: Chinese			Language: English	Institution / School Name:		
Occupation:			Driving Licence Information: Class: 3,4,5	Date of Expiry:		

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident:	Type of Location Car Park
Location:		140	18/12/2021 17:20	
-				
		Road Surface:		ad Speed Limit:
Weather: Traffic Flow: One Way		Road Surface:  Traffic Control: Not Controlled	40 Tra	ad Speed Limit: Km/h ffic Volume: Traffic

Vehicle No.	Туре	Make	Model	Color	Conditio	No. of
SH8326R	Car	LIMIDAL	200	The second second second	CONTRIC	No of
011002011	Cai	HYUNDAI	140	Blue	Seriously	0
					Damaged	

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

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Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

2 of 3 Report No. 1/20211219/7005

### CONTINUATION OF REPORT

Name	CHUA CHIN SIAH		ID No.		S1241410B	
Related Vehicle	SH8326R (Car)			Contac	t No.	96867146
Hospital/Clinic	NIL		-	Class of Driving Licence Expiry	S., 1	Class: 3,4,5 Date of Expiry: NIL
Date	NIL		Date	1	NIL	
No. of Days granted Medical Leave NIL			Degree of	-	NIL	

### Brief Details.

When I was checking my taxi at the company, I realised that there was damage to my taxi. I am unsure of when and where this incident occured was advised by my company and the insurance company to report this incident. I am unsure if there were damages to any other property. Last parked my taxi at Blk 345 Clementi Avenue 5 carpark. Note: I have low blood sugar and memory about that day was not very clear.

My Vehicle plate is SH8326R. I have some pictures of the damges to my taxi for insurance purposes. I also have in car video.





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

Report No. T/20211219/7005

CONTINUATION OF REPORT

Sketch Plan Informant is not able to provide sketch

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 19/12/2021 10:13
Officer In Charge Of Case: TP / TPIB / KALESWARI PALANI Contact No.: 65476902	Classification Of Case:

NP168



<u>IMPORTANT NOTE:</u> Please submit the completed Addendum form to the <u>same</u> Accident Reporting Centre with whom you submitted the Original Report.

		ADD	ENDUM
(A)	PARTICULARS OF I	PERSON MAKING THE AMEND	MENTS:
	Original Report No:	SJ0421CK000A	Vehicle Registration No: SH8326R
	Name (as shown in	NRIC): Comfort Transportation I	Pte Ltd_NRIC/FIN/Passport No: 1XXXXX821R
	(*Vehicle Driver/Ve	ehicle Owner) (*) Please delet	e as appropriate
	Address:		Singapore (
	Contact (Tel):		Mobile No.:
	Email Address:		
	Date of Accident:	18/12/2021	Time of Accident: 17:20HRS
	East Control of the C	345 Clementi Ave 5, Singapo	
		y: AXA Insurance Singapo	
		RMATION / AMENDMENTS:	
	- AMEND ACCI		
	Policyholder / Drive	M er's Signature	Reporting Centre Personnel's Signature

GIARMC Addendum Form

