

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 23/12/2021 14:17 (SGT)
 Date of Accident 23/12/2021 10:35 (SGT)
 Exact Location of Accident Bukit Timah Rd, Singapore
 Additional Location Information -
 Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHC8177K

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) +65-91647835
 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 YOUNG CHIN PENG
 NRIC No SXXXX405G

Date Of Birth	04/09/1958
Occupation	Outdoor
Date Of Driving Pass	10/07/1981
Driving experience	40 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91647835
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	685 HOUGANG STREET 61 #02-168
Address complement	-
Postcode	530685
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?	No
Was any injured conveyed to hospital by ambulance?	-
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	UNKNOWN
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 23/12/21 AT ABOUT 1045HRS, I WAS IN MY VEHICLE A, SHC8177K WAITING FOR VEHICLE TO PASS BY SO I CAN GO OUT FROM U-TURN LANE. SUDDENLY I FELT A GREAT IMPACT COMING FOR THE REAR OF MY VEHICLE. I EXIT MY VEHICLE AND FOUND OUT VEHICLE B, SKP9426G HAS REAR ENDED MY VEHICLE. 1 POB. NO INJURY. NO EXCHANGE OF PARTICULARS.

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


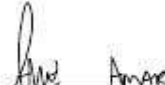
DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKP9426G
Vehicle Manufacturer	Nissan

Vehicle Model	Sylphy
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)	-

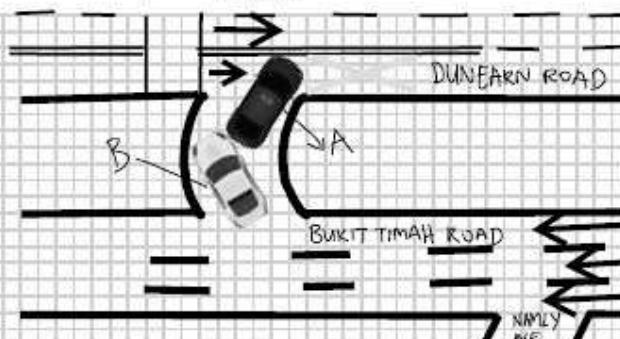
SKETCH PLAN**IMPORTANT NOTICE**

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 to 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 23/12/21 12:10hrs _____ _____	Witnessed by Reporting Centre Personnel  _____ _____
---	---	--

Sketch Plan

A - SHC 8177 K
B - SKP 9426 G



Describe Circumstances of the Accident

ON 23/12/21 AT ABOUT 1045HRS, I WAS IN MY VEHICLE A, SHC8177K WAITING FOR VEHICLE TO PASS BY SO I CAN GO OUT FROM U-TURN LANE. SUDDENLY I FELT A GREAT IMPACT COMING FOR THE REAR OF MY VEHICLE. I EXIT MY VEHICLE AND FOUND OUT VEHICLE B, SKP9426G HAS REAR ENDED MY VEHICLE. 1 POB. NO INJURY. NO EXCHANGE OF PARTICULARS.

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

23/12/21 1210hrs