

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	14/01/2022 15:32 (SGT)
Date of Accident	14/01/2022 10:10 (SGT)
Exact Location of Accident	Yio Chu Kang Rd, Singapore
Additional Location Information	UPPER THOMSON ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA2258K
-----------------------------	----------

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) +65-97365939
Alternative Phone No	(Office) +65-65508768

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Prius
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	1798

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	LEE KIM AIK
NRIC No	SXXXX067C

Date Of Birth	27/08/1953
Occupation	Outdoor
Date Of Driving Pass	24/09/1973
Driving experience	48 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97365939
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	352A CANBERRA ROAD #11-263
Address complement	-
Postcode	751352
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	FAISAL
Gender	Male

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 14/01/2022 AT AROUND 1010HRS, I WAS DRIVING MY VEHICLE A SHA2258K ALONG THE SLIP ROAD FROM YIO CHU KANG ROAD TOWARDS UPPER THOMSON ROAD. I STOPPED BEHIND THE GIVEWAY LINE WAITING FOR ONCOMING TRAFFIC TO CLEAR WHEN SUDDENLY VEHICLE B SMS378G REAR ENDED MY VEHICLE. THERE WAS DAMAGED TO MY REAR BUMPER. I HAD NOT SUSTAINED ANY INJURIES. MY PASSANGER TOLD ME THAT HE WANTED TO SEE DOCTOR.

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	SMS378G
Vehicle Manufacturer	Honda



Vehicle Model	_____	Vezei
Vehicle Variant	_____	-
Vehicle Colour	_____	-
Vehicle Category	_____	Private car
Name of Driver	_____	RACHELLE HAN JIA LING
NRIC No	_____	SXXXX743F
Contact Number	_____	(Phone) +65-97948820
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	FAISAL
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	UNKNOWN INJURIES
Injured person in which vehicle?	SHA2258K
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

IMPORTANT NOTICE

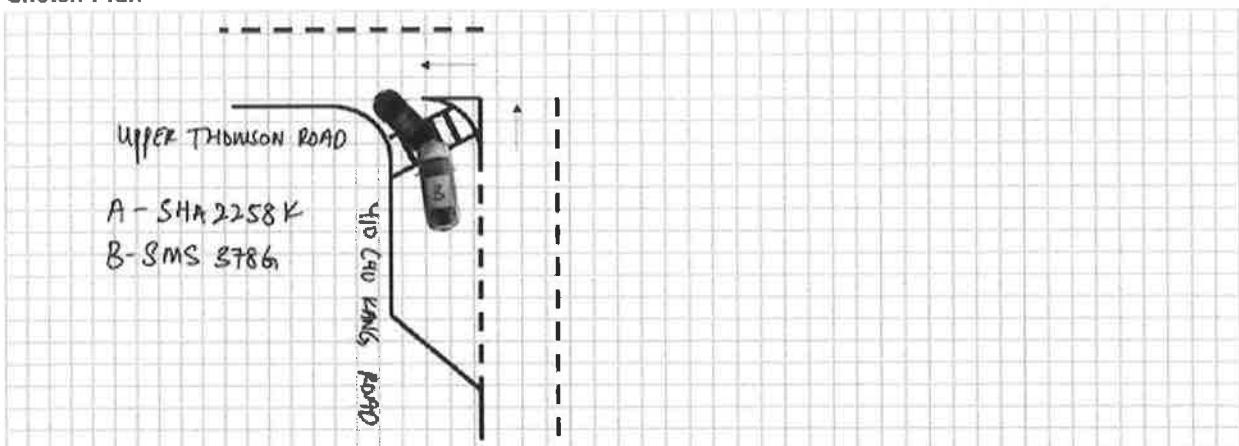
1. Please report **correctly** the details of the accident to speed up the claims process.
2. This Form must be **completed by the Policyholder and/or the Authorised Driver**.
3. Information provided must be as **truthful and accurate as possible**. Any willful misrepresentation or withholding of material 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 14/1/22 1240

Witnessed by Reporting Centre Personnel KHAIAN

Sketch Plan




Describe Circumstances of the Accident

ON 14/01/2022 AT AROUND 1010HRS, I WAS DRIVING MY VEHICLE A SHA2258K ALONG THE SLIP ROAD FROM YIO CHU KANG ROAD TOWARDS UPPER THOMSON ROAD. I STOPPED BEHIND THE GIVEWAY LINE WAITING FOR ONCOMING TRAFFIC TO CLEAR WHEN SUDDENLY VEHICLE B SMS378G REAR ENDED MY VEHICLE. THERE WAS DAMAGED TO MY REAR BUMPER. I HAD NOT SUSTAINED ANY INJURIES. MY PASSANGER TOLD ME THAT HE WANTED TO SEE DOCTOR.

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 14/1 22 1240



Witnessed by Reporting Centre
Personnel KHAIRUL

