

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	31/01/2022 16:20 (SGT)
Date of Accident	28/01/2022 19:20 (SGT)
Exact Location of Accident	Boon Lay Way, Singapore
Additional Location Information	JURONG TOWN HALL
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD4248K
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) +65-83826455
Alternative Phone No	(Office) +65-65508768

VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	Ae ioniq
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	1580

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	MOHAMAD SHAMSI BIN KIMAN
NRIC No	SXXXX513C

Date Of Birth	25/01/1982
Occupation	Outdoor
Date Of Driving Pass	16/12/2003
Driving experience	18 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-83826455
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	52 BUKIT BATOK EAST AVENUE 5 #04-06
Address complement	-
Postcode	659802
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 28/01/2022 AT ABOUT 1920HRS I WAS DRIVING MY VEHICLE A SHD4248K ON THE MOST LEFT LANE OF BOON LAY WAY TOWARDS JURONG POINT. I STOP MY VEHICLE A AT THE CROSS JUNCTION OF JURONG TOWN HALL WHEN VEHICLE B FBT1185P REAR ENDED MY STATIONARY VEHICLE A RIGHT REAR. MY PASSENGER IS NOT INJURED. RIDER HURT HIS LEFT HAND. 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	FILE IS NOT SUITABLE
Was there any audio recorded?	Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBT1185P
Vehicle Manufacturer	-

Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
Name of Driver	HARI KRISHNA S/O SOCKALINGAM
NRIC No	SXXXX083C
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

SKETCH PLAN

IMPORTANT NOTICE

1. Please report accurately the details of this accident in spaces in this report form.
 2. This form must be completed by the Policyholder under the Authorized Signature.
 3. Information provided must be as truthful and accurate as possible. Any false information or misstatement of material facts may constitute an offence under the Insurance Act and the Policyholder may be liable to prosecution.
 4. The Police and the Insurance Commission of Singapore (ICA) may require the Policyholder to provide further information or documents to support the report.
 5. Any false reporting may be referred to the Police for investigation.
 6. The report is to be used by the Insurers or the ICA for the purpose of settling claims and/or for the purpose of conducting an investigation into the accident.
 7. The Insurers or the ICA may use the report for the purpose of settling claims and/or for the purpose of conducting an investigation into the accident.
 8. Consent under the Personal Data Protection Act (PDPA)
- I, the undersigned, do hereby agree and consent that:
- (a) I, the undersigned, and the Insurers or the ICA may use the report for the purpose of settling claims and/or for the purpose of conducting an investigation into the accident.
 - (b) I, the undersigned, and the Insurers or the ICA may use the report for the purpose of settling claims and/or for the purpose of conducting an investigation into the accident.
 - (c) I, the undersigned, and the Insurers or the ICA may use the report for the purpose of settling claims and/or for the purpose of conducting an investigation into the accident.
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 - (y) I, the undersigned, and the Insurers or the ICA may use the report for the purpose of settling claims and/or for the purpose of conducting an investigation into the accident.
 - (z) I, the undersigned, and the Insurers or the ICA may use the report for the purpose of settling claims and/or for the purpose of conducting an investigation into the accident.

Policyholder's Signature / Date & Time

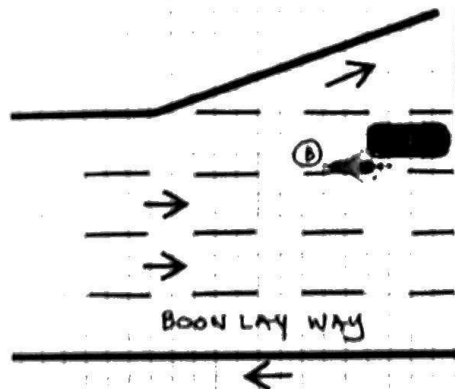
Sketch Plan

Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

A - SHD 4248K

B - FBT 1185P



TOWARDS
JURONG POINT

JURONG TOWN HALL

Describe Circumstances of the Accident

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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

28-01-2022

1050HRS

Witnessed by Reporting Centre Personnel



Kyran Yong