

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 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. This report will be forwarded by the insurers of the CJA Roadside 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	04/04/2022 14 07 (SGT)
Date of Accident	02/04/2022 15 00 (SGT)
Exact Location of Accident	Bedok North Ave 3, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHA3481A

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) +65-90213658
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	MOHAMED YUSOF BIN ABDUL HAMID
NRIC No	SXXXX603G

Date Of Birth	17/06/1951
Occupation	Outdoor
Date Of Driving Pass	19/10/1981
Driving experience	40 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90213658
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	298 TAMPINES STREET 22 #07-544
Address complement	-
Postcode	520298
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	RELIEF DRIVER
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	UNKNOWN
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Bedok Division Headquarters
Police Station Phone No	(Phone) +65-18002440000
Alt. Police Station Phone No	(Fax) +65-64443009
Police Station Address	30 Bedok North Road Singapore 469676
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

AS PER POLICE REPORT No.G/20220404/7018

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	SJH2365Z
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Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	MUHAMMAD ROHAIZAT BIN SUPARJO
NRIC No	SXXXX396Z
Contact Number	(Phone) +65-91267655
Address	-
Address complement	44 CHAI CHEE STREET #03-106
Postcode	461044
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	MOHAMED YUSOF BIN ABDUL HAMID
Gender	Male
Phone No	(Phone) +65-90213658
Address	298 TAMPINES STREET 22 #07-544
Address Complement	-
Post Code	520298
Approximate Age Years Old	-
Injuries Sustained	NECK AND BACK PAIN
Injured person in which vehicle?	SHA3481A
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	-

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report accurately the details of the accident to avoid any false statements.
- 2. This Form must be completed by the Registered Driver and the Authorized Driver.
- 3. Information provided on this Form is for informational purposes only. It is not intended to be a substitute for a full investigation of the accident by the relevant authorities.
- 4. The information provided on this Form is the driver's responsibility and is not a guarantee of accuracy or liability.
- 5. Any false reporting may be referred to the Police for investigation.
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[Handwritten Signature]

[Handwritten Signature]

Main Driver's Signature / Date & Time

Driver's Signature (if driver is not the policyholder) / Date & Time 14/4/22 @ 1205H

Witnessed by Reporting Centre Personnel *[Handwritten Signature]*

Sketch Plan



A - SHA 3481A

B - SJH 2365Z

Describe Circumstances of the Accident

PLEASE REFER TO POLICE REPORT G/20220404/7018

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

[Handwritten Signature]
4/4/22 @ 1205H

[Handwritten Signature]
[Handwritten Name]