

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 06/04/2022 12:33 (SGT)
Date of Accident 05/04/2022 23:35 (SGT)
Exact Location of Accident Sengkang E Rd, Singapore
Additional Location Information TOWARDS SENKANG EAST AVENUE
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SH6453U

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) +65-84369992
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 - 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 KOH KIAN THIAN
NRIC No S0470657I

Date Of Birth	13/12/1950
Occupation	Outdoor
Date Of Driving Pass	12/11/1976
Driving experience	45 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-84369992
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	APT BLK 409 BEDOK NORTH AVENUE 2 #02-12
Address complement	-
Postcode	460409
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 - Major/Minor Rd
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)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

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 05/04/2022 AT ABOUT 2335HRS, I WAS DRIVING VEHICLE A(SH6453U) ALONG SENGKANG EAST ROAD ON THE RIGHT MOST LANE INTENDING TO TURN RIGHT INTO SENGKANG EAST AVENUE. I STOPPED MY VEHICLE AT THE RIGHT TURN POCKET WHILE CHECKING FOR TRAFFIC. WHEN TRAFFIC WAS CLEAR, I PROCEEDED TO MAKE THE RIGHT TURN WHEN SUDDENLY A CYCLIST CROSSED THE ROAD DURING RED MAN. I STOPPED MY VEHICLE AND HORN AT THE CYCLIST. VEHICLE B(SMQ5032G) WHO WAS DRIVING ALONG SENGKANG EAST ROAD TOWARDS PUNGGOL TRAVELLING ON LEFT MOST LANE COLLIDED ONTO MY FRONT BUMPER WHILST DAMAGING VEHICLE B SIDE. NOBODY WAS INJURED.

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	SMQ5032G
Vehicle Manufacturer	Toyota
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-

Vehicle Category	Private car
Name of Driver	UNKNOWN
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	2

SKETCH PLAN

IMPORTANT NOTICE

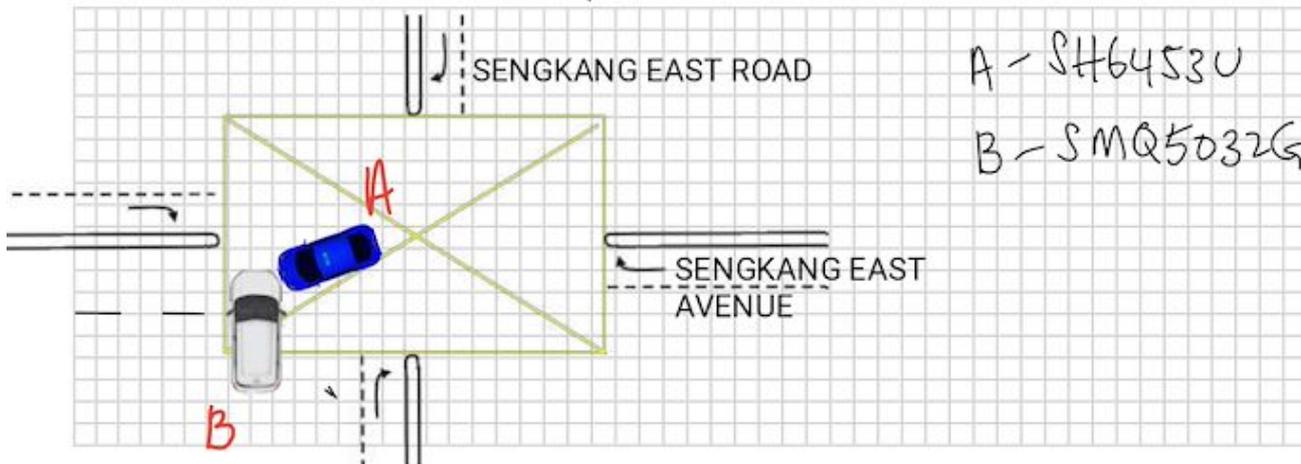
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8. **Consent under the Personal Data Protection Act (PDPA)**

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' 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 w ith 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 w ith 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 w ell as on the external cover of envelopes/mail packages); and/or
 - (v) complying w ith applicable law in administering, processing, handling and/or dealing w ith 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.

<p>_____ Policyholder's Signature / Date & Time</p>	<p>_____ Driver's Signature (If driver is not the policyholder) / Date & Time <u>06/04/2022</u> <u>0030</u></p>	<p>_____ Witnessed by Reporting Centre Personnel <u>WATIFF</u></p>
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Sketch Plan



Describe Circumstances of the Accident

ON 05/04/2022 AT ABOUT 2335HRS, I WAS DRIVING VEHICLE A(SH6453U) ALONG SENGKANG EAST ROAD ON THE RIGHT MOST LANE INTENDING TO TURN RIGHT INTO SENGKANG EAST AVENUE. I STOPPED MY VEHICLE AT THE RIGHT TURN POCKET WHILE CHECKING FOR TRAFFIC. WHEN TRAFFIC WAS CLEAR, I PROCEEDED TO MAKE THE RIGHT TURN WHEN SUDDENLY A CYCLIST CROSSED THE ROAD DURING RED MAN. I STOPPED MY VEHICLE AND HORN AT THE CYCLIST. VEHICLE B(SMQ5032G) WHO WAS DRIVING ALONG SENGKANG EAST ROAD TOWARDS PUNGGOL TRAVELLING ON LEFT MOST LANE COLLIDED ONTO MY FRONT BUMPER WHILST DAMAGING VEHICLE B SIDE. NOBODY WAS INJURED.

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

06/04/2022 0030

Witnessed by Reporting Centre Personnel

LATIFF



