

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 08/04/2022 14:30 (SGT)
Date of Accident 07/04/2022 20:25 (SGT)
Exact Location of Accident Ubi Ave 2, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHD6765X
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) +65-91001844
Alternative Phone No (Office) +65-65508768

VEHICLE PARTICULARS

Manufacturer Mercedes
Model E220
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 2143

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 LIM WEE
NRIC No SXXXX170E

Date Of Birth	28/09/1948
Occupation	Outdoor
Date Of Driving Pass	30/08/1968
Driving experience	53 YR ARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91001844
Alt. Phone Number	-
Email Address	heatsafety@cdgtaxi.com.sg
Address	142 LORONG AH SOO #06-255
Address complement	-
Postcode	530142
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)	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 THE 07/04/2022 AT AROUND 2025HRS. I VEHICLE A BEARING REGISTRATION NUMBER SHD6765X WAS DRIVING ALONG UBI AVENUE 2 ON THE MIDDLE LANE AT A CONTROLLED TRAFFIC JUNCTION. AS TRAFFIC LIGHT TURNED RED, I PROCEEDED TO STOP. SHORTLY AFTER, I FELT A HUGE IMPACT AND REALISED THAT VEHICLE B BEARING REGISTRATION NUMBER SFJ6035L HAD REAR ENDED ME. THE IMPACT HAS CAUSED ME TO SUFFER NECK AND RIGHT SHOULDER INJURY WHICH I WILL CONSULT MEDICAL LATER.

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	SFJ6035L
Vehicle Manufacturer	Honda
Vehicle Model	Stream
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)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	LIM WEE
Gender	Male
Phone No	(Phone) +65-91001844
Address	142 LORONG AH SOO #06-255
Address Complement	-
Post Code	530142
Approximate Age Years Old	-
Injuries Sustained	BACK AND RIGHT SHOULDER
Injured person in which vehicle?	SHD6765X
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLANIMPORTANT NOTICE

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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.

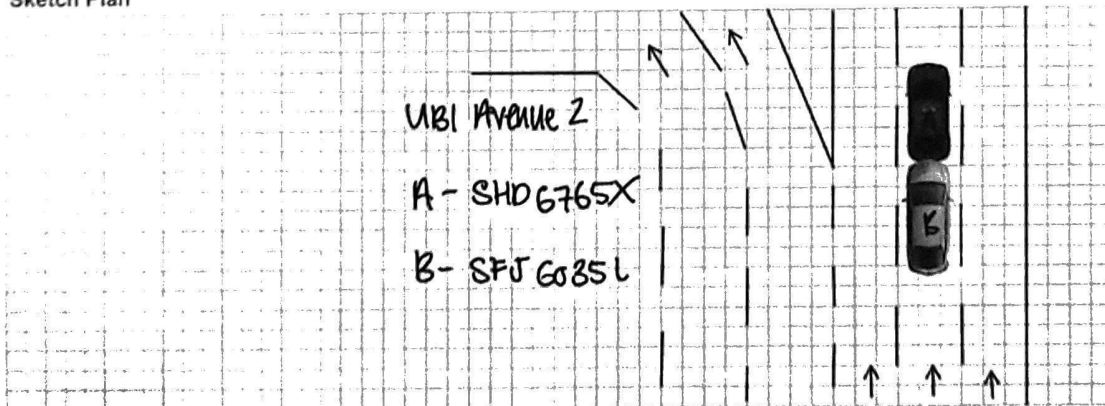
Qi Wei

Dahnial

Policyholder's Signature / Date & Time

Driver's Signature (If driver is not the policyholder) / Date & Time *08/04/2022 1345*

Witnessed by Reporting Centre Personnel

Sketch Plan

Describe Circumstances of the Accident

ON THE 07/04/2022 AT AROUND 2025HRS. I VEHICLE A BEARING REGISTRATION NUMBER SHD6765X WAS DRIVING ALONG UBI AVENUE 2 ON THE MIDDLE LANE AT A CONTROLLED TRAFFIC JUNCTION. AS TRAFFIC LIGHT TURNED RED, I PROCEEDED TO STOP. SHORTLY AFTER, I FELT A HUGE IMPACT AND REALISED THAT VEHICLE B BEARING REGISTRATION NUMBER SFJ6035L HAD REAR ENDED ME. THE IMPACT HAS CAUSED ME TO SUFFER NECK AND RIGHT SHOULDER INJURY WHICH I WILL CONSULT MEDICAL LATER.

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

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