

## 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	08/06/2022 14:03 (SGT)
Date of Accident	07/06/2022 00:15 (SGT)
Exact Location of Accident	80, Airport Boulevard, #02-12A Changi Airport, Terminal 1 Departure/Transit Lounge, Singapore 819642
Additional Location Information	TAXI QUEUE
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA1225L
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) +65-97585392
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	KOH YIN FONG
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NRIC No	SXXXX477B
Date Of Birth	14/11/1959
Occupation	Outdoor
Date Of Driving Pass	31/12/2003
Driving experience	18 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97585392
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	APT BLK 195A PUNGGOL ROAD #13-500
Address complement	-
Postcode	821195
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	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
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 07/06/2022 AT ABOUT 00:15HRS, I WAS DRIVING VEHICLE A ( SHA1225L) ALONG TAXI QUEUE TO CHANGI TERMINAL 1. AS I DRIVING SLOWLY ON UP SLOPE AND ABOUT TO STOP MY VEHICLE AND AND JOINING THE QUEUE. SUDDENLY , I FELT AN IMPACT ONTO REAR OF VEHICLE A AND BECAUSE OF THE IMPACT, VEHICLE A PUSH FORWARD AND COLLIDED ONTO FRONT VEHICLE C (SHC1499C). ALIGHT AND REALISE VEHICLE B ( SHC4590B) COLLIDED ONTO VEHICLE A REAR BUMPER AND MY VEHICLE PUSH FORWARD AND COLLIDED ONTO VEHICLE C (SHC1499C) COLLIDED ONTO VEHICLE B REAR BUMPER. TOTAL 3 VEHICLES INVOLVED IN THIS ACCIDENT I SUSTAINED NECK AND BACK PAIN DUE TO THE IMPACT .

#### 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	SHC1499C
Vehicle Manufacturer	Hyundai
Vehicle Model	Ae ioniq
Vehicle Variant	-



Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	MR LAI
Contact Number	(Phone) +65-91199693
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SHC4590B
Vehicle Manufacturer	Toyota
Vehicle Model	Prius
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	MOHAN
Contact Number	(Phone) +65-93924230
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	KOH YIN FONG
Gender	Male
Phone No	(Phone) +65-97585392
Address	APT BLK 195A PUNGGOL ROAD #13-500
Address Complement	-
Post Code	821195
Approximate Age Years Old	61
Injuries Sustained	BACK AND NECK PAIN
Injured person in which vehicle?	SHA1225L
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

# SKETCH PLAN

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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.

FLASH ACCIDENT  
REPORTING OFFICER

FRO KHAMARAJ

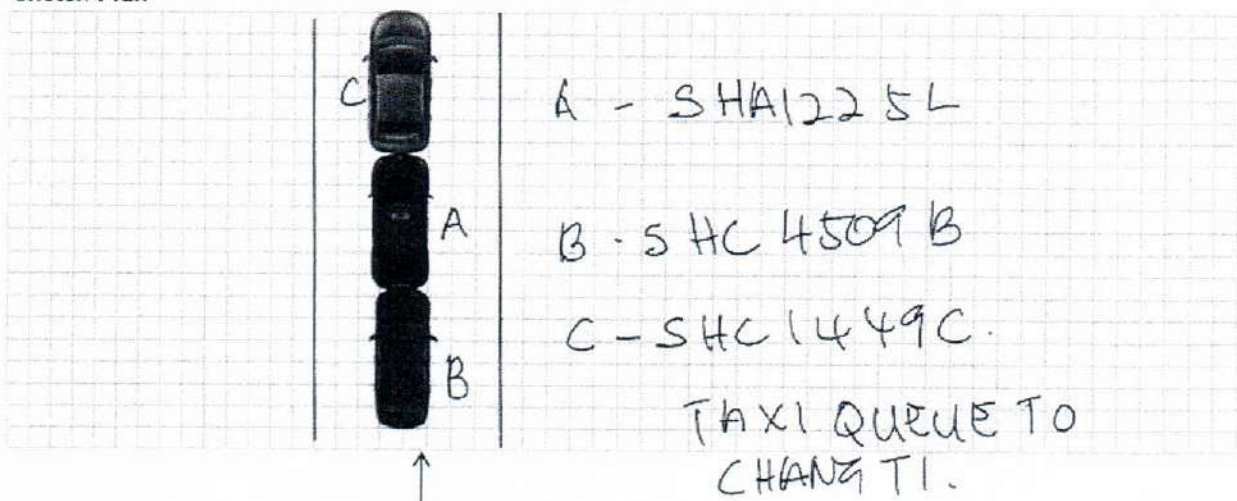


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

## Sketch Plan





## Describe Circumstances of the Accident

ON 07/06/2022 AT ABOUT 00:15HRS, I WAS DRIVING VEHICLE A (SHA1225L) ALONG TAXI QUEUE TO CHANGI TERMINAL 1. AS I DRIVING SLOWLY ON UP SLOPE AND ABOUT TO STOP MY VEHICLE AND JOINING THE QUEUE. SUDDENLY, I FELT AN IMPACT ONTO REAR OF VEHICLE A AND BECAUSE OF THE IMPACT, VEHICLE A PUSH FORWARD AND COLLIDED ONTO FRONT VEHICLE C (SHC1499C). ALIGHT AND REALISE VEHICLE B (SHC4590B) COLLIDED ONTO VEHICLE A REAR BUMPER AND MY VEHICLE PUSH FORWARD AND COLLIDED ONTO VEHICLE C (SHC1449C) COLLIDED ONTO VEHICLE B REAR BUMPER. TOTAL 3 VEHICLES INVOLVED IN THIS ACCIDENT I SUSTAINED NECK AND BACK PAIN DUE TO THE IMPACT.

## Declaration

I/We declare the foregoing particulars are true in every respect.

FLASH ACCIDENT  
REPORTING OFFICER

FRO KHAMARAJ



Policyholder's Signature / Date &  
Time

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

*[Handwritten Signature]*

7/6/22 @ 1500H

Witnessed by Reporting Centre  
Personnel