

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 20/06/2022 10:12 (SGT)
Date of Accident 20/06/2022 06:00 (SGT)
Exact Location of Accident PIE, Singapore
Additional Location Information TOWARDS CHANGI BEFORE KALLANG EXIT
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHD3384G

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) +65-97425933
Alternative Phone No (Office) +65-65508768

VEHICLE PARTICULARS

Manufacturer Toyota
Model Prius
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 1798

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 TAN CHIN TIONG
NRIC No SXXXX082H

Date Of Birth 06/09/1978
 Occupation Outdoor
 Date Of Driving Pass 31/07/2001
 Driving experience 20 YEARS AND 11 MONTHS
 Gender Male
 Mobile Number (Phone) +65-97425933
 Alt. Phone Number -
 Email Address fleetsafety@cdgtaxi.com.sg
 Address BLK 119 BUKIT MERAH VIEW #07-81
 Address complement -
 Postcode 152119
 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 Raining
 Road Surface Wet

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 Male

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 20/06/2022 AT ABOUT 06:00HRS, I WAS DRIVING VEHICLE A (SHD3384G) ALONG PIE TOWARDS CHANGI BEFORE KALLANG EXIT. AS I TRAVELLING STRAIGHT ON SECOND LANE, FRONT UNKNOWN VEHICLE WAS STATIONARY ON LANE 2. I APPLY BRAKE AND STOP. WHILE MY VEHICLE WAS STATIONARY, I FELT AN IMPACT ONTO REAR LEFT OF VEHICLE A. VEHICLE B B (GBB1494S) SKIDDED AND COLLIDED ONTO VEHICLE A REAR LEFT SIDE AND LEFT THE SCENE. I UNABLE TO TAKE PHOTO. NO INJURY ON MY SIDE.

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 GBB1494S
 Vehicle Manufacturer Toyota

Model
Variant
Colour
Category
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)

DYNA 150 MANUAL 3SEATER

Commercial vehicle
UNKNOWN

1

SKETCH PLAN

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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' 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.

[Handwritten Signature]

FLASH ACCIDENT
REPORTING OFFICER

FRO KHAMARAJ



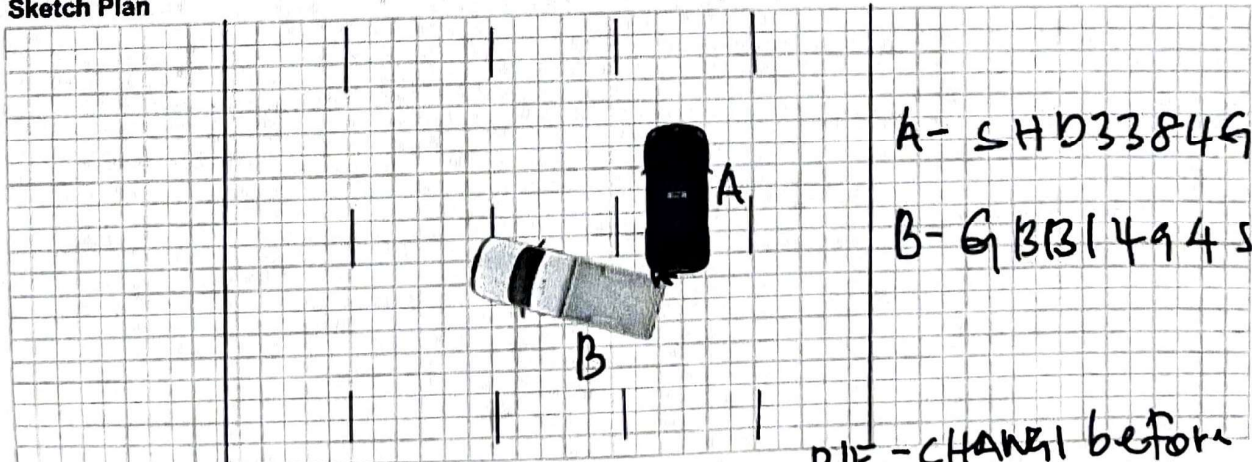
Policyholder's Signature / Date & Time

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

20/6/22 @ 0900H

Witnessed by Reporting Centre Personnel

Sketch Plan



A- SHD3384G

B- GBB14945

PIE - CHANGE before
Kallang Exit

Describe Circumstances of the Accident

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Declaration

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

[Signature]

**FLASH ACCIDENT
REPORTING OFFICER**
FRO KHAMARAJ



Policyholder's Signature / Date & Time

Driver's Signature (If driver is not the policyholder) / Date & Time
20/6/22 @ 0900H

Witnessed by Reporting Centre Personnel