

# 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 .....	21/06/2022 18:36 (SGT)
Date of Accident .....	21/06/2022 07:55 (SGT)
Exact Location of Accident .....	Paya Lebar Rd, Singapore
Additional Location Information .....	EXIT TO PIE (TUAS)
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SHC1350Y
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### 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) +65-91078109
Alternative Phone No .....	(Office) +65-199303821

### VEHICLE PARTICULARS

Manufacturer .....	Toyota
Model .....	Prius
Variant .....	-
Exact purpose for which vehicle was being used at time of accident .....	-
Are you claiming under your own insurance policy for repair to your vehicle? .....	No - Claiming third party
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 .....	WONG LOONG WUD , RONSON
NRIC No .....	SXXXX402G

Vehicle Registration Number SMR7344M  
 Vehicle Manufacturer  
 Vehicle Model  
 Seat  
 -

DETAILS OF OTHER VEHICLE PROPERTY 1

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

ATTACHMENT(S)

ON 21/06/2022 AT 07:55HRS, I WAS DRIVING VEHICLE A (SHC1350Y) ALONG PAYA LEBAR ROAD EXIT TO PIE (TUAS), AS I TRAVELLING STRAIGHT AFTER MERGING LANE TO SINGLE LANE APPROACHING EXIT, VEHICLE B (SMR7344M) OVERTAKE VEHICLE A AND GRAZED ONTO VEHICLE A FRONT LEFT SIDE. NOBODY WAS INJURED AT THE TIME OF THE ACCIDENT.

CIRCUMSTANCES OF ACCIDENT

Was the accident reported to the police? No  
 Was notice of intended Prosecution given? No  
 If yes, against whom? -

DETAILS OF POLICE ACTION

Name UNKNOWN  
 Gender Male

PASSENGER 1

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

OTHER INFORMATION

Type of Accident Side Swipe  
 Weather Conditions Clear  
 Road Surface Dry

GENERAL INFORMATION OF THE ACCIDENT

Date Of Birth 05/07/1960  
 Occupation Outdoor  
 Date Of Driving Pass 15/02/1980  
 Driving experience 42 YEARS AND 4 MONTHS  
 Gender Male  
 Mobile Number (Phone) +65-91078109  
 Alt. Phone Number  
 Email Address fleetsafety@cdgtaxi.com.sg  
 Address complement BLK 615 ELIAS ROAD #05-110  
 Postcode 510615  
 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 -

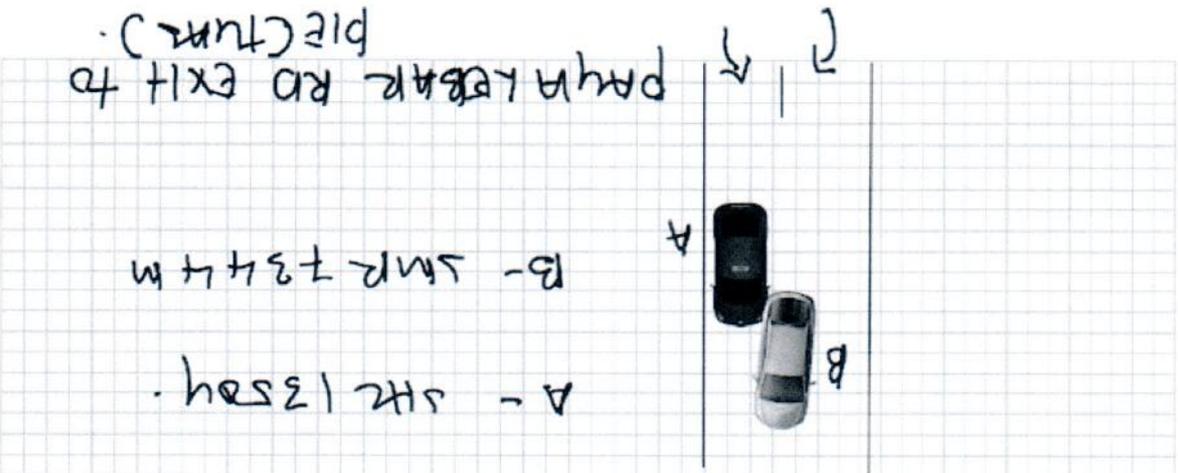
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	-
Contact Number .....	-
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger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

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5. **Any false reporting may be referred to the Police for investigation.**
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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' law firms/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.
  - (vi) collectively the "Purposes"
  - (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' law firms/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 firms/law firms), which may be sites outside of Singapore, for one or more of the above Purposes.

**SKETCH PLAN**

Policyholder's Signature / Date & Time  
 Driver's Signature (If driver is not the policyholder) / Date & Time  
 Witnessed by Reporting Centre Personnel



Describe Circumstances of the Accident

ON 21/06/2022 AT 07:55HRS, I WAS DRIVING VEHICLE A (SHC1350Y) ALONG PAYA LEBAR ROAD EXIT TO PIE (TUAS). AS I TRAVELLING STRAIGHT AFTER MERGING LANE TO SINGLE LANE APPROACHING EXIT, VEHICLE B (SMR7344M) OVERTAKE VEHICLE A AND GRAZED ONTO VEHICLE A FRONT LEFT SIDE. NOBODY WAS INJURED AT THE TIME OF THE ACCIDENT.

**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

21/6/22 @ 9:23 AM

**FLASH ACCIDENT  
REPORTING OFFICER**

FRO KHAMARAJ



\_\_\_\_\_  
Witnessed by Reporting Centre Personnel