

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	30/06/2022 08:33 (SGT)
Reported by	Driver
Date of Accident	30/06/2022 01:45 (SGT)
Exact Location of Accident	Eu Tong Sen St, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC1862L
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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) +65-96277287
Alternative Phone No	(Office) +65-65508768

VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	Ae ioniq
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	1580

INSURANCE COMPANY

Name of Insurance Company	AXA Insurance Pte Ltd
Policy Number / Cover Note Number	VFX/P2419138

DRIVER

Name of Driver	TEE HOCK SIM
NRIC No	SXXXX602C
Date Of Birth	06/06/1972
Occupation	Outdoor

Date Of Driving Pass	13/06/2005
Driving experience	17 YEARS
Gender	Male
Mobile Number	(Phone) +65-96277287
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLK 756 PASIR RIS STREET 71 #06-146
Address complement	-
Postcode	510756
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?	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
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

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 30/06/22 AT ABOUT 0145HRS I WAS DRIVING VEHICLE A SHC1862L ALONG EU TONG SENG STREET AND WANTED TO TURN RIGHT INTO UPPER PICKERING STREET.I WAS AT SECOND LANE FROM EXTREME RIGHT AND AT STATIONARY POSITION AS GREEN ARROW SIGNAL STILL ON RED.SUDDENLY VEHICLE B SKA2662R REAR ENDED MY VEHICLE REAR LEFT.EXCHANGED PARTICULAR AND NO INJURIES AT POINT OF TIME.

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKA2662R
Vehicle Manufacturer	Toyota
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-

Vehicle Category	Private car
Name of Driver	LIM JIAN YI
NRIC No	SXXXX529C
Contact Number	(Phone) +65-96327192
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1



Police Officer's Signature / Date: [Signature] / Date: [Date]
 Driver's Signature (if driver is not the policyholder) / Date: [Signature] / Date: [Date]
 Witnessed by Reporting Centre: [Signature] / Date: [Date]

FLASH ACCIDENT REPORTING OFFICER
 FRO BALAJI

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 3. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
 4. The report will be forwarded to the Police for investigation.
 5. Any false reporting may be referred to the Police for investigation.
 6. The report will be forwarded by the Insurance Association of Singapore (IAS) to the relevant insurance companies.
 7. By the lodging of this report, you hereby consent to the archiving of this report at the centre and to copies of the report being made available for use.
 8. Consent under the Personal Data Protection Act (PDPA).
 9. I, my insurer, my broker and the Central Insurance Association of Singapore (CIAS) may be permitted to collect, use, disclose and/or process my personal data (including my name, contact details, address, telephone number, email address, etc.) for the purpose of:
 (a) investigating the accident and/or my claims;
 (b) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 (c) administering my claims (including the making 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 packets, and/or
 (d) complying with applicable law in administering, processing, handling and/or dealing with my claims.
 (e) collecting the "purpose"
 (f) all insured vehicles involved in the accident and the insured's law/retail firm, may be permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
 (g) my Personal Information may be disclosed by any of the insured and/or law/retail firm to their third party service providers or agents (including their law/retail firm), which may be used outside of Singapore, for one or more of the above Purposes.

SKETCH PLAN

SKETCH PLAN

Describe Circumstances of the Accident

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Declaration

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



FLASH ACCIDENT
REPORTING OFFICER

FRO BALAJI



Policyholders Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

0240HRS 30/06/22