

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
-----------------------------	----------

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

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

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

ATTACHMENT(S)

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.

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

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 -

OTHER INFORMATION

Type of Accident Collision - Head to Rear
 Weather Conditions Clear
 Road Surface Dry

GENERAL INFORMATION OF THE ACCIDENT

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 -

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



[Handwritten Signature]

1. Please report **immediately** the details of the accident to speed up the claims process.
 2. Information provided must be as **truthful and accurate as possible**. Any willful misrepresentation or withholding of material facts may allow insurance companies to **repudiate policy liability**.
 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 understand, acknowledge, agree and consent that:
 (a) My name, my e-mail address and the Central Insurance Association of Singapore (CIAS) may be permitted to collect, use, disclose and/or process my personal data (including my name, my e-mail address 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 insurers (including my insurer) involved in this accident (all insurers) who have insured vehicles involved in this accident to all insurers (collectively referred to as the "Insurers"), the Insurers (lawyer/firm), the Insurers' 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 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
 (v) complying with applicable law in administering, processing, handling and/or dealing with my claims;
 (collectively the "Purpose(s))
 (b) All insurers (who have insured vehicles) involved in the accident and the Insurers' Authority of Singapore may be permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purpose(s); and
 (c) My Personal Information may be disclosed by any of the Insurers and/or IAS to their third party service providers or agents (including their lawyer/firm), which may be used outside of Singapore, for one or more of the above Purpose(s).

SKETCH PLAN

IMPORTANT NOTICE

Describe Circumstances of the 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.

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

