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07/2022 16:40 (SGT)  
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/2022 16:40 (SGT))



## 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	05/07/2022 16:40 (SGT)
Reported by	Driver
Date of Accident	05/07/2022 09:40 (SGT)
Exact Location of Accident	1 Yuan Ching Rd, Singapore 618640
Additional Location Information	SUPERBOWL JURONG
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD4655T
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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) +65-97263660
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	LIM HONG WAH
NRIC No	SXXXX849D
Date Of Birth	20/06/1953
Occupation	Outdoor

Date Of Driving Pass  
Driving experience  
Gender

Mobile Number  
Alt. Phone Number  
Email Address

Address  
Address complement  
Postcode

Is the driver the policyholder?  
If No, Relationship of the Driver with the Insured

Does Driver Own Other Vehicles?  
Vehicle Registration Number of Other Vehicle Owned by Driver

Insurance Company of Other Vehicle Owned by Driver

22/12/1971  
50 YEARS AND 7 MONTHS

Male  
(Phone) +65-97263660

fleetsafety@cdgtaxi.com.sg

BLK 296C COMPASSVALE CRESCENT #07-265

543296

No  
RELIEF DRIVER  
No

#### GENERAL INFORMATION OF THE ACCIDENT

Type of Accident  
Weather Conditions  
Road Surface

Collision - Head to Rear  
Clear  
Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident?  
Number of vehicles involved in the accident  
Was anybody injured in the Accident?  
Was any injured conveyed to hospital by ambulance?  
Was any other vehicle or property damaged?  
Number of Passengers (Including Driver)  
Has the driver been approached by unknown person(s)  
soliciting/offering accident claims assistance?  
Translator's name  
Translator's ID  
Translator's phone number  
Translator's email  
Original language used in the statement

No  
2  
No  
-  
Yes  
1  
No  
-  
-  
-  
-  
-

#### DETAILS OF POLICE ACTION

Was the accident reported to the police?  
Was notice of intended Prosecution given?  
If yes, against whom?

No  
No  
-

#### CIRCUMSTANCES OF ACCIDENT

ON 05/07/2022 AT ABOUT 09:40HRS. I WAS REVERSING MY VEHICLE, SHD4655T INTO THE EMPTY PARKING LOT. SUDDENLY I FELT AN IMPACT COMING FROM MY LEFT SIDE OF THE VEHICLE AND I REALISED VEHICLE B REVERSED OUT FROM THE PARKING LOT AND HIT ONTO MY VEHICLE.

#### ATTACHMENT(S)

Are accident photos available for attachment?  
Was there any video captured by Car Camera?  
Reasons for not uploading a video of the accident

Yes  
Yes  
FILE IS NOT SUITABLE

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number  
Vehicle Manufacturer  
Vehicle Model  
Vehicle Variant  
Vehicle Colour

YQ436R  
-  
-  
-  
-

Commercial vehicle  
MOO YIK HONG

-  
-  
-  
-  
-  
-  
-  
1

ment

Company Name

Of Damage

etails of property damaged in accident

No. Of Passenger (Including Driver)

# **SKETCH PLAN**

## **IMPORTANT NOTICE**

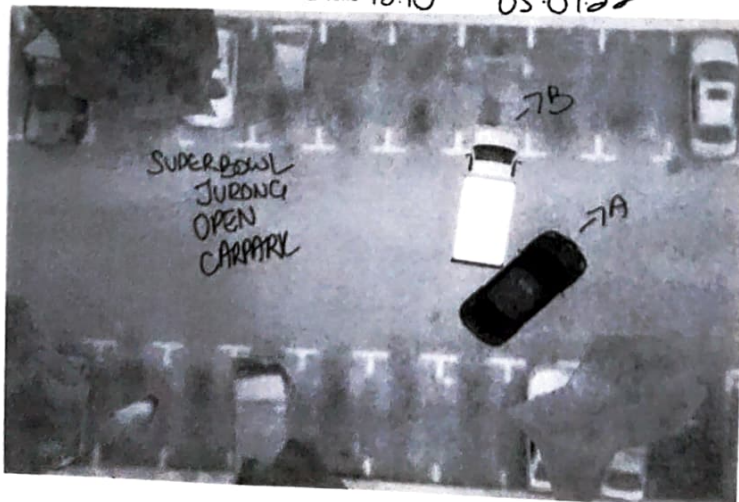
1. Please report correctly the details of the accident to speed up the claims process.
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7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available 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.

Policyholder's Signature / Date & Time

Driver's Signature (if driver is not the policyholder) / Date & Time 13:10 05.07.22

FLASH ACCIDENT  
REPORTING OFFICER  
FRO NAZIRIN

Witnessed by Reporting Centre Personnel



A-8HD4655P

B-YQ436R



SJ082  
EM

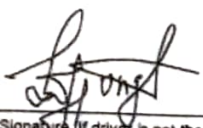
# Describe Circumstances of the Accident

ON 05/07/2022 AT ABOUT 09:40HRS. I WAS REVERSING MY VEHICLE, SHD4655T INTO THE EMPTY PARKING LOT. SUDDENLY I FELT AN IMPACT COMING FROM MY LEFT SIDE OF THE VEHICLE AND I REALISED VEHICLE B REVERSED OUT FROM THE PARKING LOT ZND HIT ONTO MY VEHICLE.

## 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 13:10 05-07-22

FLASH ACCIDENT  
REPORTING OFFICER

FRO NAZRIN



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