

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 Actual 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 29/07/2022 15:42 (SGT)
Reported by Driver
Date of Accident 29/07/2022 10:10 (SGT)
Exact Location of Accident Raffles Ave, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHA7915P

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner COMFORT TRANSPORTATION PTE LTD
Company Reg No 199303821R
Email Address fleetsafety@cdgtaxi.com.sg
Mobile Phone No (Phone) +65-94524860
Alternative Phone No (Office) +65-65508768

VEHICLE PARTICULARS

Manufacturer Hyundai
Model I40
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 1685

INSURANCE COMPANY

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

DRIVER

Name of Driver LIM AH MENG
NRIC No S1479919B
Date Of Birth 22/08/1961
Occupation Outdoor

Date Of Driving Pass	14/07/1988
Driving experience	34 YEARS
Gender	Male
Mobile Number	(Phone) +65-94524860
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLK 668 CHANDER ROAD #09-24
Address complement	-
Postcode	210668
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)	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 29th July 2022 at about 1010hr, I was driving my taxi (A) SHA7915P out from Mandarin Oriental and exit onto Raffles Avenue. I drove slowing from the hotel exit and turned right towards Raffles Avenue after I had checked that there was no oncoming vehicle travelling on my lane. As I was about to turn right onto Raffles Avenue, my vehicle was hit by a car (B) that was cutting into my lane suddenly from the second lane. The collision resulted to damages on my vehicle front left hand body. As the accident did not involve any personal injuries, both myself and the other driver agreed to let the insurance company settle all the accident claims and disputes.

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	SMC4670U
Vehicle Manufacturer	Honda
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Private hire
Name of Driver	UNKNOWN
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

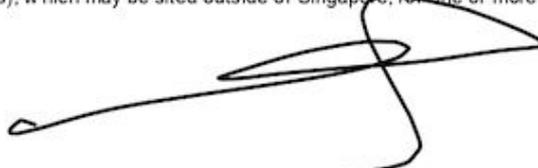
SKETCH PLAN

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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' law yers/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 w ith 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 w ith 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 w ell as on the external cover of envelopes/mail packages); and/or
 - (v) complying w ith applicable law in administering, processing, handling and/or dealing w ith my claims.
- (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' law yers/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 yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.



FLASH ACCIDENT REPORTING OFFICER
 FRO KHAMARAJ

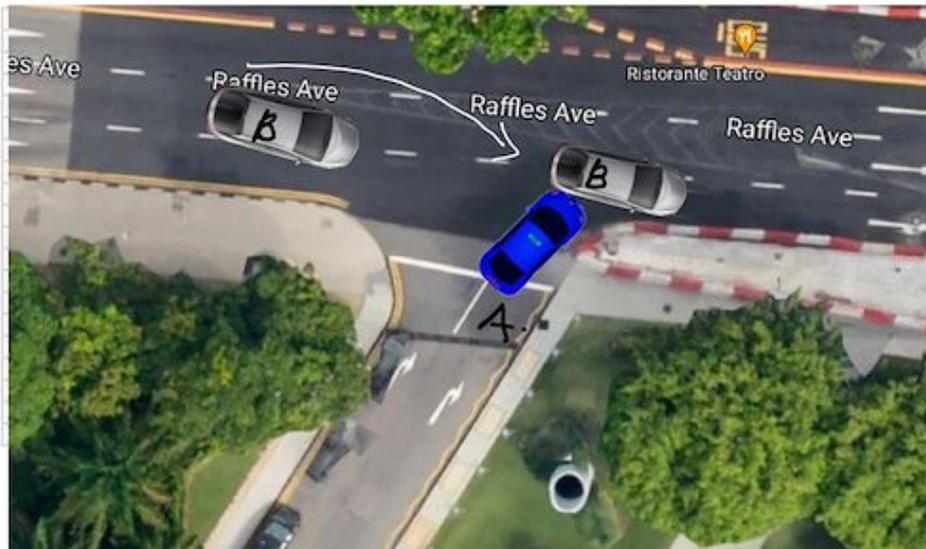


Policyholder's Signature / Date & Time

Driver's Signature (if driver is not the policyholder) / Date & Time
 29/7/22 @ 1450H

Witnessed by Reporting Centre Personnel

Sketch Plan



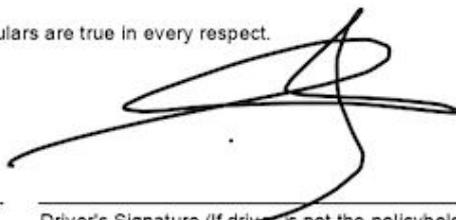
A - SHA7915P
 B - SMC4670U

Describe Circumstances of the Accident

On 29th July 2022 at about 1010hr, I was driving my taxi (A) SHA7915P out from Mandarin Oriental and exit onto Raffles Avenue. I drove slowing from the hotel exit and turned right towards Raffles Avenue after I had checked that there was no oncoming vehicle travelling on my lane. As I was about to turn right onto Raffles Avenue, my vehicle was hit by a car (B) that was cutting into my lane suddenly from the second lane. The collision resulted to damages on my vehicle front left hand body. As the accident did not involves any personal injuries, both myself and the other driver agreed to let the insurance company settle all the accident claims and disputes.

Declaration

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



**FLASH ACCIDENT
REPORTING OFFICER**

FRO KHAMARAJ



Policyholder's Signature / Date &
Time

Driver's Signature (If driver is not the policyholder) / Date
& Time **29/7/22 @ 1450H**

Witnessed by Reporting Centre
Personnel















