

## 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	01/08/2022 09:32 (SGT)
Reported by	Driver
Date of Accident	30/07/2022 19:15 (SGT)
Exact Location of Accident	Upper Bukit Timah Rd, Singapore
Additional Location Information	TOWARDS JALAN ANAK BUKIT
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB4478Z
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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) +65-97730860
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 - Claiming third party
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	YEO KOK LIANG
NRIC No	SXXXX856Z
Date Of Birth	07/02/1964
Occupation	Outdoor

Date Of Driving Pass	17/12/1981
Driving experience	40 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97730860
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLK 689B CHOA CHU KANG DRIVE #20-310
Address complement	-
Postcode	682689
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	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)	4
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	-

#### PASSENGER 1

Name	UNKNOWN
Gender	Male

#### PASSENGER 2

Name	UNKNOWN
Gender	Female

#### PASSENGER 3

Name	UNKNOWN
Gender	Female

#### 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 30/07/2022 AT AROUND 1915HRS, I WAS DRIVING VEHICLE A (SHB4478Z) AT UPPER BUKIT TIMAH ROAD SLIP ROAD TURNING LEFT INTO JALAN ANAK BUKIT. WHILE WAITING TRAFFIC TO CLEAR, VEHICLE B (SKB7783L) SUDDENLY REAR ENDED VEHICLE A. NOBODY WAS INJURED AND NO OTHER VEHICLES INVOLVED.

#### 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 .....	SKB7783L
Vehicle Manufacturer .....	Kia
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	MUHAMMAD SHARIZAL ZARIE BIN KAMSARI
NRIC No .....	SXXXX324H
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****IMPORTANT NOTICE**

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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 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' 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.

Policyholder's Signature / Date & Time

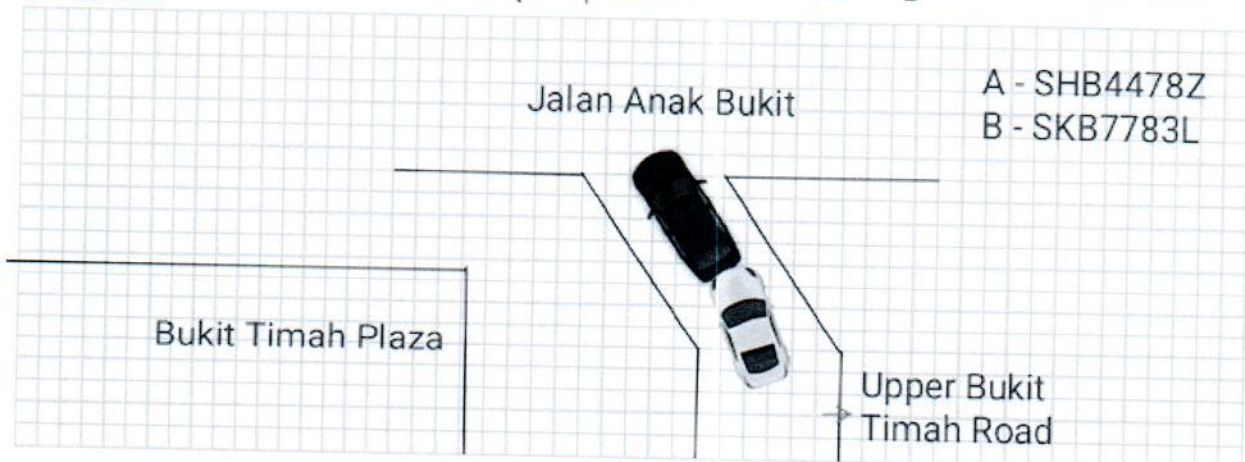
Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Sketch Plan

22/07/2022 2130 hrs

FRO Sufiyan



## Describe Circumstances of the Accident

ON 30/07/2022 AT AROUND 1915HRS, I WAS DRIVING VEHICLE A (SHB4478Z) AT UPPER BUKIT TIMAH ROAD SLIP ROAD TURNING LEFT INTO JALAN ANAR BUKIT. WHILE WAITING TRAFFIC TO CLEAR, VEHICLE B (SKB7783L) SUDDENLY REAR ENDED VEHICLE A. NOBODY WAS INJURED AND NO OTHER VEHICLES INVOLVED.

COMPANY: THIRD PARTY CLAIMS (TAS)  
 CUSTOMER: 7010070  
 ADDRESS: CITYCAB PTE LTD  
 583 SIN MING DRIVE  
 65551188

VEHICLE A: SHB4478Z  
 REGN NO: SHA8666B  
 MILEAGE: 0000000000  
 MAKE: HYUNDAI  
 MODEL: ELANTRA  
 DATE OF REGN: 01.03.2019  
 DATE/TIME IN: 15.12.2021 10:15  
 ACCIDENT DATE: 14.12.2021

## JOB / PARTS DESCRIPTION

## QTY IND UNIT-PRICE DISC% AMOUNT

## PART REQUISITION

0001	04-01-0104-2532-G	BRACKET ASSY-RR BUMPER SI	1	55.80	20.00	44.64
0002	03-01-0104-2061-G	CAP ASSY-WHEEL HUB	1	346.40	20.00	277.12
0003	04-01-0101-0111-G	BUMPER COVER CLIP REAR	10	22.00	20.00	17.60

SUB-TOTAL : 339.36

## JOB NATURE

0000	PB	PANEL BEATING (SHA8666B)	700.00
0001	SP	SPRAYPAINT CHARGE	0.00
0002	L	REMOVE/REFIX REVERSE SENSOR	20.00
0003	L	MERIMEN FEE	11.00

SUB-TOTAL : 731.00

TOTAL : 1,070.36

AUTHORISED : YES / NO

MVA NAME &amp; SIGNATURE

SURVEYOR NAME &amp; SIGNATURE

DATE: Declaration

DATE:

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

Policyholder's Signature / Date &amp; Time

Driver's Signature (If driver is not the policyholder) / Date & Time  
30/07/2022 2130 hrsWitnessed by Reporting Centre Personnel  
FRO Sufiyan

