

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	28/07/2022 17:04 (SGT)
Reported by	Driver
Date of Accident	28/07/2022 14:50 (SGT)
Exact Location of Accident	Cross St, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA2040X
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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) +65-96736397
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	LIM YONG SHENG
NRIC No	SXXXX249G
Date Of Birth	12/11/1981
Occupation	Outdoor

Date Of Driving Pass	11/02/2006
Driving experience	16 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96736397
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLK 138 SIMEI STREET 1 #07-36
Address complement	-
Postcode	520138
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	Side Swipe
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 28.07.2022 AT ABOUT 1450HRS I WAS DRIVING MY VEHICLE A SHA2040X ON THE 2ND LANE OF CROSS STREET TURNING RIGHT ONTO ROBINSON ROAD . AS MY VEHICLE A WAS IN THE YELLOW BOX, VEHICLE B SKX2511Y ON MY RIGHT (ONLY RIGHT TURN LANE) DROVE STRAIGHT. HENCE VEHICLE B LEFT FRONT SIDE SWIPE MY VEHICLE A RIGHT REAR. NO ONE WAS INJURED . HANDPHONE EXCHANGED

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 NOT SUITABLE

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKX2511Y
Vehicle Manufacturer	Audi
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-

Vehicle Category	Private car
Name of Driver	-
Contact Number	(Phone) +65-81890008
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	LEFT FRONT
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

SKETCH PLAN

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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' 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

Sketch Plan

A - SHA 2040X

B - SKX 2511Y

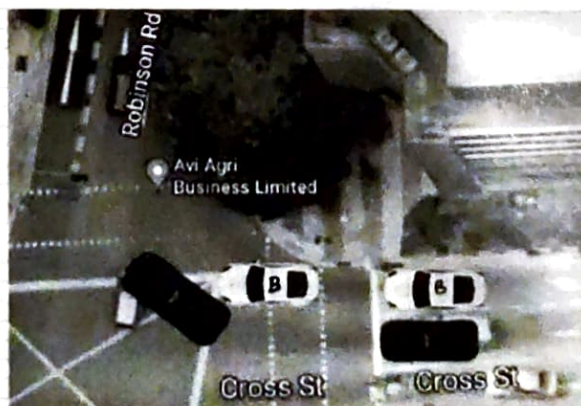
Driver's Signature (If driver is not the policyholder) / Date & Time

28.07.2022

1600HRS

Witnessed by Reporting Centre Personnel

Kyran Yee



Describe Circumstances of the Accident

ON 28.07.2022 AT ABOUT 1450HRS I WAS DRIVING MY VEHICLE A SHA2040X ON THE 2ND LANE OF CROSS STREET TURNING RIGHT ONTO ROBINSON ROAD . AS MY VEHICLE A WAS IN THE YELLOW BOX, VEHICLE B SKX2511Y ON MY RIGHT (ONLY RIGHT TURN LANE) DROVE STRAIGHT. HENCE VEHICLE B LEFT FRONT SIDE SWIPE MY VEHICLE A RIGHT REAR. NO ONE WAS INJURED . HANDPHONE EXCHANGED

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

Witnessed by Reporting Centre Personnel

28.07.2022 1610HRS

Wynne Jones