

# 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 ..... 05/08/2022 18:43 (SGT)  
Reported by ..... Driver  
Date of Accident ..... 05/08/2022 12:20 (SGT)  
Exact Location of Accident ..... 160 Robinson Rd, #01-01 SBF Centre, Singapore 068914  
Additional Location Information ..... TOWARDS SBF CENTRE FROM MCCALLUM STREET  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SHA3398H

### 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) +65-81688101  
Alternative Phone No ..... (Office) +65-65508768

### VEHICLE PARTICULARS

Manufacturer ..... Toyota  
Model ..... Prius  
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 ..... 1798

### INSURANCE COMPANY

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

### DRIVER

Name of Driver ..... TAN TOK JUAY  
NRIC No ..... SXXXX526H  
Date Of Birth ..... 14/05/1954  
Occupation ..... Outdoor

Date Of Driving Pass .....	28/11/1973
Driving experience .....	48 YEARS AND 9 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-81688101
Alt. Phone Number .....	-
Email Address .....	fleetsafety@cdgtaxi.com.sg
Address .....	BLK 338 HOUGANG AVENUE 7 #01-405
Address complement .....	-
Postcode .....	530338
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 .....	Chain Collision
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? .....	Yes
Was any injured conveyed to hospital by ambulance? .....	Yes
Was any other vehicle or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	5
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 .....	Male

#### PASSENGER 3

Name .....	UNKNOWN
Gender .....	Female

#### PASSENGER 4

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 05/08/2022 AT ABOUT 1220HRS, I WAS DRIVING VEHICLE A (SHA3398H) TOWARDS SBF CENTRE FROM MCCALLUM STREET. AS I WAS APPROACHING THE DROPOFF AREA, I SUDDENLY LOST CONTROL OF THE VEHICLE. I THEN COLLIDED INTO THE LEFT OF VEHICLE B (SHB1237Y) AFTERWHICH COLLIDED ONTO A METAL POLE BEFORE HITTING SBF CENTRE BUILDING WALL AND MY VEHICLE CAME TO A HALT. I SUSTAINED MINOR PAIN TO MY LOWER RIGHT CHEST BUT WAS NOT CONVEYED WHILE ONE OF MY PASSENGER WAS BLEEDING AND CONVEYED TO HOSPITAL.

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 ..... SHB1237Y  
 Vehicle Manufacturer ..... MG  
 Vehicle Model ..... -  
 Vehicle Variant ..... -  
 Vehicle Colour ..... -  
 Vehicle Category ..... Taxi  
 Name of Driver ..... SUNDARAMOORTHY S/O SIVASAMY  
 NRIC No ..... SXXXX068B  
 Contact Number ..... -  
 Address ..... -  
 Address complement ..... -  
 Postcode ..... -  
 Insurance Company Name ..... -  
 Nature Of Damage ..... -  
 Details of property damaged in accident ..... -  
 No. Of Passenger (Including Driver) ..... 1

**DETAILS OF OTHER VEHICLE PROPERTY 2**

Vehicle Registration Number ..... POLE  
 Vehicle Manufacturer ..... -  
 Vehicle Model ..... -  
 Vehicle Variant ..... -  
 Vehicle Colour ..... -  
 Vehicle Category ..... NA / Unknown  
 Name of Driver ..... -  
 Contact Number ..... -  
 Address ..... -  
 Address complement ..... -  
 Postcode ..... -  
 Insurance Company Name ..... -  
 Nature Of Damage ..... -  
 Details of property damaged in accident ..... -  
 No. Of Passenger (Including Driver) ..... -

**DETAILS OF OTHER VEHICLE PROPERTY 3**

Vehicle Registration Number ..... WALL  
 Vehicle Manufacturer ..... -  
 Vehicle Model ..... -  
 Vehicle Variant ..... -  
 Vehicle Colour ..... -  
 Vehicle Category ..... NA / Unknown  
 Name of Driver ..... -  
 Contact Number ..... -  
 Address ..... -  
 Address complement ..... -  
 Postcode ..... -  
 Insurance Company Name ..... -  
 Nature Of Damage ..... -  
 Details of property damaged in accident ..... -

No. Of Passenger (Including Driver) ..... -

## INJURED PERSONS DETAILS

### INJURED 1

Name of injured person .....	TAN TOK JUAY
Gender .....	Male
Phone No .....	(Phone) +65-81688101
Address .....	BLK 338 HOUGANG AVENUE 7 #01-405
Address Complement .....	-
Post Code .....	530338
Approximate Age Years Old .....	68
Injuries Sustained .....	-
Injured person in which vehicle? .....	SHA3398H
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

### INJURED 2

Name of injured person .....	PASSENGERS
Gender .....	Female
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	SHA3398H
Were seat belts worn? .....	No
Was this injured conveyed to hospital by ambulance? .....	Yes

**SKETCH PLAN**

**IMPORTANT NOTICE**

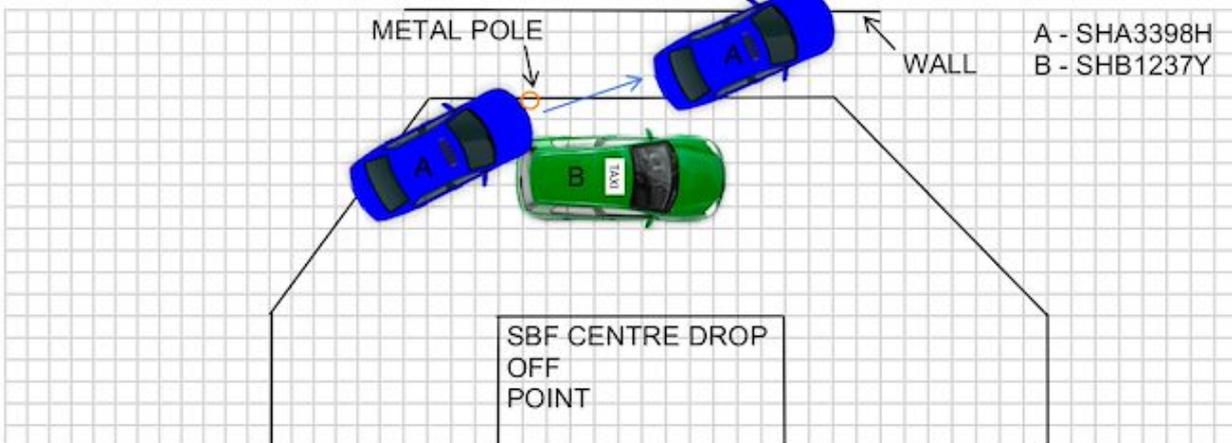
1. Please report **correctly** the details of the accident to speed up the claims process.
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7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available 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' 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 <i>05/08/22 1740</i>	Witnessed by Reporting Centre Personnel <i>Amin</i>
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**Sketch Plan**



## Describe Circumstances of the Accident

ON 05/08/2022 AT ABOUT 1220HRS, I WAS DRIVING VEHICLE A (SHA3398H) TOWARDS SBF CENTRE FROM MCCALLUM STREET. AS I WAS APPROACHING THE DROPOFF AREA, I SUDDENLY LOST CONTROL OF THE VEHICLE. I THEN COLLIDED INTO THE LEFT OF VEHICLE B (SHB1237Y) AFTERWHICH COLLIDED ONTO A METAL POLE BEFORE HITTING SBF CENTRE BUILDING WALL AND MY VEHICLE CAME TO A HALT. I SUSTAINED MINOR PAIN TO MY LOWER RIGHT CHEST BUT WAS NOT CONVEYED WHILE ONE OF MY PASSENGER WAS BLEEDING AND CONVEYED TO HOSPITAL.

## 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 05/08/22 1740

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

