

# 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	10/08/2022 14:10 (SGT)
Reported by	Driver
Date of Accident	10/08/2022 08:15 (SGT)
Exact Location of Accident	AYE, Singapore
Additional Location Information	TOWARDS JURONG BEFORE JLN BOON LAY EXIT
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	SH9943C
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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) +65-96897487
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	TENG HUA KOON
NRIC No	SXXXX997E
Date Of Birth	11/09/1963
Occupation	Outdoor

Date Of Driving Pass	07/07/1981
Driving experience	41 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-96897487
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLK 207B COMPASSVALE LANE #08-20
Address complement	-
Postcode	543207
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	3
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)	2
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	1
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 10/08/2022 AT ABOUT 08:15HRS, I WAS DRIVING VEHICLE A ( SH9943C) ALONG AYE TOWARDS JURONG BEFORE JALAN BOON LAY WAY EXIT. AS I TRAVELLING STRAIGHT ON THIRD LANE, VEHICLE C ( SMU6899U) SLOWDOWN. I SLOWDOWN VEHICLE A WHEN SUDDENLY VEHICLE B ( XE5048U) COLLIDED ONTO VEHICLE A REAR BUMPER. DUE TO THE IMPACT, VEHICLE A PUSH FORWARD AND COLLIDED ONTO VEHICLE C REAR BUMPER. TOTAL 3 VEHICLES INVOLVED IN THIS ACCIDENT. NOBODY WAS INJURED AT THE TIME OF THE ACCIDENT.

#### 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 .....	XE5048U
Vehicle Manufacturer .....	Hino
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle
Name of Driver .....	-
Contact Number .....	(Phone) +65-96611696
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 .....	SMU6899U
Vehicle Manufacturer .....	Lexus
Vehicle Model .....	Nx300
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	-
Contact Number .....	(Phone) +65-96908299
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' 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.



**FLASH ACCIDENT REPORTING OFFICER**  
 FRO KHAMARAJ

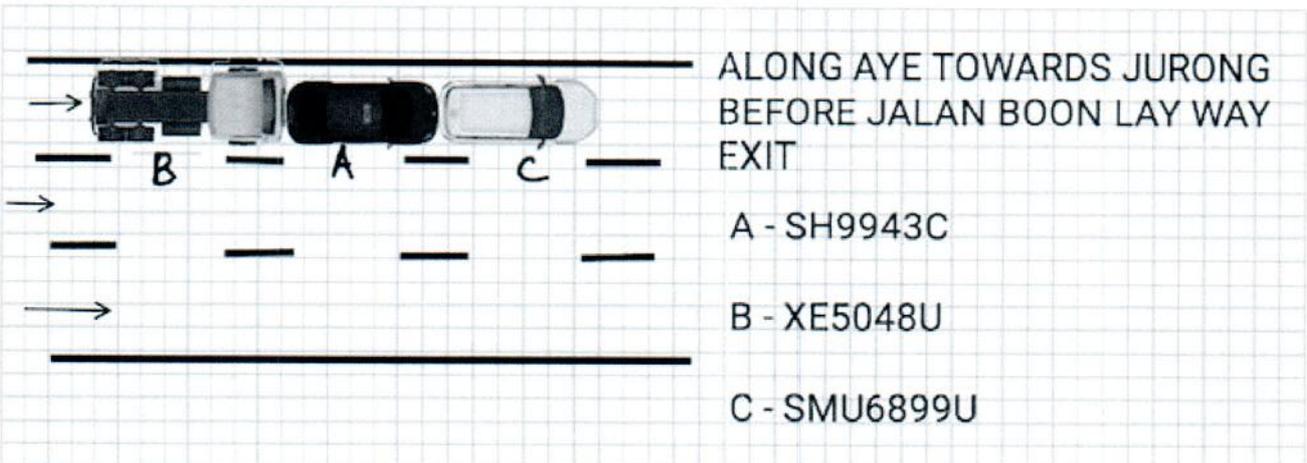


Policyholder's Signature / Date & Time

Driver's Signature (If driver is not the policyholder) / Date & Time  
 10/8/22 @ 12:15H

Witnessed by Reporting Centre Personnel

**Sketch Plan**



Describe Circumstances of the Accident

ON 10/08/2022 AT ABOUT 08:15HRS, I WAS DRIVING VEHICLE A ( SH9943C) ALONG AYE TOWARDS JURONG BEFORE JALAN BOON LAY WAY EXIT. AS I TRAVELLING STRAIGHT ON THIRD LANE, VEHICLE C ( SMU6899U) SLOWDOWN. I SLOWDOWN VEHICLE A WHEN SUDDENLY VEHICLE B ( XE5048U) COLLIDED ONTO VEHICLE A REAR BUMPER. DUE TO THE IMPACT, VEHICLE A PUSH FORWARD AND COLLIDED ONTO VEHICLE C REAR BUMPER. TOTAL 3 VEHICLES INVOLVED IN THIS ACCIDENT. NOBODY WAS INJURED AT THE TIME OF THE ACCIDENT.

**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 10/8/22 @ 12:5H

**FLASH ACCIDENT REPORTING OFFICER**  
FRO KHAMARAJ  
\_\_\_\_\_  
Witnessed by Reporting Centre Personnel



