

# SINGAPORE ACCIDENT STATEMENT

## IMPORTANT NOTICE

This report is intended to speed up the claims process. It must be completed by the Policyholder and/or the Authorized Driver. The information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts may allow insurance companies to repudiate any benefit. The use and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies. Any false reporting may be referred to the Police for investigation. This report will be forwarded by the insurers of the GIA Roadside 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. By the completion 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 04/06/2022 14:12 (SGT)  
 Date of Accident 03/06/2022 22:30 (SGT)  
 Exact Location of Accident Bukit Timah Rd, Singapore  
 Additional Location Information -  
 Country/State of Loss Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number SHC8999E  
 INSURER OR 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) +65-91681857  
 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  
 Type of Coverage ThirdPartyFireTheft  
 Fleet Policy Yes  
 Policy Number VFX/P2419138  
 Cover Note Number -

## DRIVER

Name of Driver NG KOK CHAI  
 NRIC No SXXXX767B

Date Of Birth	14/03/1959
Occupation	Outdoor
Date Of Driving Pass	17/08/1984
Driving experience	37 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91681857
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLK 689B CHOA CHU KANG DRIVE #10-310
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	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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

#### PASSENGER 1

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 03.06.2022 AT ABOUT 2230HRS I WAS DRIVING MY VEHICLE A SHC8999E ON THE LEFT LANE OF BUKIT TIMAH ROAD, BEFORE SERANGOON ROAD JUNCTION, VEHICLE B SLZ3813Y ON MY RIGHT, CUT INTO MY LANE AND SIDE SWIPE HIS VEHICLE B LEFT ONTO MY VEHICLE A RIGHT FRONT. NO ONE WAS INJURED. PARTICULARS 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
Was there any audio recorded?	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLZ3813Y
Vehicle Manufacturer	-
Vehicle Model	-

ement  
Company Name  
Of Damage  
s of property damaged in accident  
Of Passenger (Including Driver)

-  
-  
Private car  
VALLIAPPAN ALABAPPAN  
SXXXX372C  
(Phone) +65-97773565  
-  
-  
-  
LEFT  
-  
1

## SKETCH PLAN

### IMPORTANT NOTICE

- 1 Please report correctly the nature of the accident to assist in the claims process
  - 2 This form must be completed by the Policyholder and/or the Authorised Driver
  - 3 Information provided must be as truthful and accurate as possible. Any misrepresentation or withholding of material facts may bring the insurance company's responsibility 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 The report will be made available to the insurers at the "GIA Claims Management Centre" established by the General Insurance Association of Singapore (GIA), for providing and the copies of this report to 8 day a fee will be made available upon application by interested parties.
  - 7 By the submission 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 elsewhere.
  - 8 Consent under the Personal Data Protection Act (PDPA)
- I/understand and/or I/they agree and consent that:
- (a) the insurer, my/our attorney and the General Insurance Association of Singapore (GIA) may/are permitted to collect, use, disclose and/or process my/personal data/information set out in this form and any other personal information provided by me or processed by my insurer (collectively the "Personal Data/Purpose(s)"); and disclose and transfer such Personal Information to all report(s) to the have insured vehicle(s) involved in this accident (all Insurers); and the have insured vehicles involved in this accident shall be collectively referred to as the "Insurers"; the Insurers may view/see the Monetary Authority of Singapore and any relevant government agency/authority (such as the police) for the purposes 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, notices, 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 view/see 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 view/see firms), which may be used outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

Sketch Plan

A - SHC899E

B - 923H2Y

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

6406202

1230HRS

Witnessed by Reporting Centre Personnel

Signature  
SERRANCO ROAD

