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 witholding 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.

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 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 27/08/2022 10:14 (SGT) Reported by Driver Date of Accident 26/08/2022 18:30 (SGT) Exact Location of Accident Cross St. Singapore Additional Location Information Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Toyota

1798

Vehicle Registration Number SH9299D

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner COMFORT TRANSPORTATION PTE LTD Company Reg No 199303821R Email Address fleetsafety@cdgtaxi.com.sg Mobile Phone No (Phone) +65-87115644 Alternative Phone No (Office) +65-65508768

VEHICLE PARTICULARS

Manufacturer

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 No - Reporting only your vehicle? Vehicle Category Taxi Transmission Auto

INSURANCE COMPANY

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

DRIVER

CC

Name of Driver BALASUPPRAMANIAM S/O KALIMUTHU NRIC No S1796454B Date Of Birth 12/10/1967 Occupation Outdoor

Date Of Driving Pass 27/05/1992 Driving experience 30 YEARS AND 3 MONTHS Gender Mobile Number (Phone) +65-87115644 Alt. Phone Number Email Address fleetsafety@cdgtaxi.com.sg Address 427 CHOA CHU KANG AVENUE 4 #09-196 Address complement Postcode 680427 Is the driver the policyholder? No If No, Relationship of the Driver with the Insured RELIEF DRIVER Does Driver Own Other Vehicles? 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 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) 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? Nο Was notice of intended Prosecution given? Nο

If yes, against whom?

CIRCUMSTANCES OF ACCIDENT

ON 26.08.2022 AT ABOUT 1830HRS I WAS DRIVING MY VEHICLE A SH9299D ON THE 2ND LANE OF CROSS STREET TRAFFIC JUNCTION OF CECIL STREET. TRAFFIC LIGHTS WAS GREEN, VEHICLE B SMH5845A WHICH WAS IN FRONT SUDDENLY STOP. HENCE MY VEHICLE A RIGHT FRONT COLLIDED ONTO VEHICLE B REAR LEFT. NO ONE WAS INJURED. NO PARTICULARS EXCHANGED.

VEHICLE B IS NOT KEEN ON PRIVATE SETTLE.

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 SMH5845A Vehicle Manufacturer Toyota Vehicle Model Vehicle Variant

Vehicle Colour	-
Vehicle Category	Private hire
Name of Driver	UNKNOWN
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

- 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 Authorised Driver.
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- 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 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.
- 8. Consent under the Personal Data Protection Act(PDPA)

Lunderstand, acknowledge, agree and consent that :

- (a) My insurer , my w orkshop 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) w ho have insured vehicle(s) involved in this accident (all insurer(s) w ho 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 w ith 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 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 7085000 0850000 \$

Witnessed by Reporting Centre

Sketch Plan



Describe Circumstances of the Accident

ON 26.08.2022 AT ABOUT 1830HRS I WAS DRIVING MY VEHICLE A SH9299D ON THE 2ND LANE OF CROSS STREET TRAFFIC JUNCTION OF CECIL STREET. TRAFFIC LIGHTS WAS GREEN, VEHICLE B SMH5845A WHICH WAS IN FRONT SUDDENLY STOP. HENCE MY VEHICLE A RIGHT FRONT COLLIDED ONTO VEHICLE B REAR LEFT. NO ONE WAS INJURED. NO PARTICULARS EXCHANGED. VEHICLE B IS NOT KEEN ON PRIVATE SETTLE.

Declaration

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

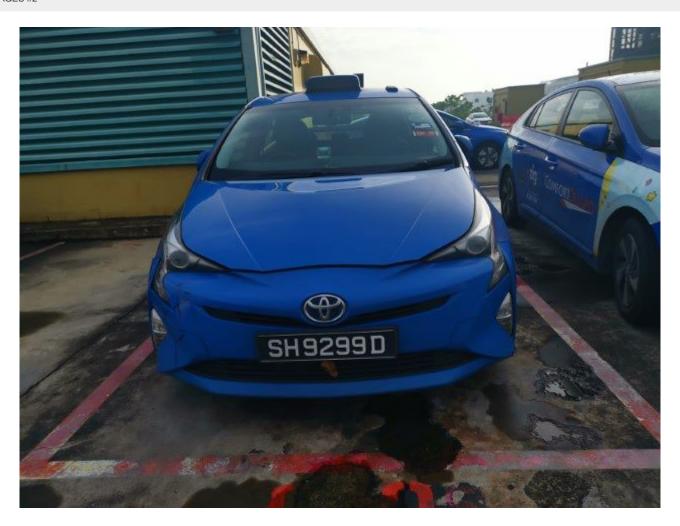
Policyholder's Signature / Date & Time

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

27-082002

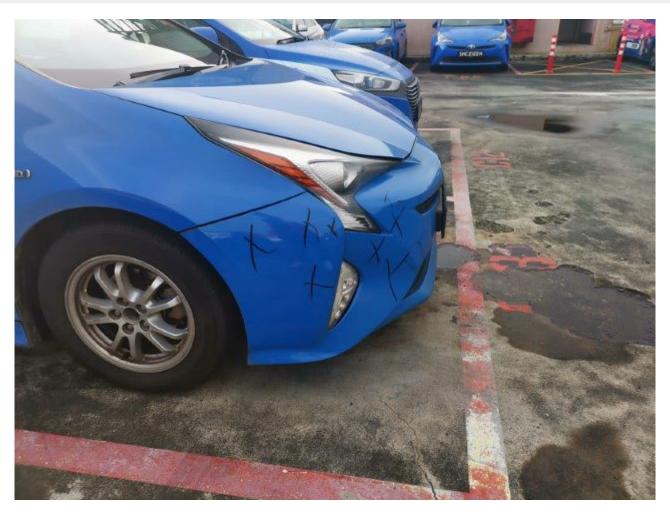
Witnessed by Reporting Centre













OTHER DOCUMENTS

