

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	14/09/2022 17:54 (SGT)
Reported by	Driver
Date of Accident	14/09/2022 08:20 (SGT)
Exact Location of Accident	TPE, Singapore
Additional Location Information	TOWARDS AIRPORT BEFORE PIE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD7244B
-----------------------------------	----------

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) +65-91071389
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	TOO SHIUN HAU
NRIC No	S1611802H
Date Of Birth	12/08/1963
Occupation	Outdoor

Date Of Driving Pass	17/03/1983
Driving experience	39 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91071389
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLK 803TAMPINES AVANUE 4 #09-73
Address complement	-
Postcode	520803
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	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	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 14/09/22 AT AROUND 0820HRS I WAS DRIVING VEHICLE A(SHD7244B) AT TPE TOWARDS AIRPORT BEFORE PIE. AS I WAS MAINTAINING I. THE RIGHT LANE, IT WAS A NORMAL FLOW OF ROAD. THATS WHEN SUDDENLY VEHICLE B(SFQ2232Z) SUDDENLY JAMMED BRAKE MAKING ME NOT HAVE TIME TO BRAKE AND HIT HIS BACK BUMPER. WE EXCHANGED PHONE NUMBERS AND NO ONE WAS INJURED AT THE MOMENT

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	SFQ2232Z
Vehicle Manufacturer	Mercedes
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-

Vehicle Category	Private car
Name of Driver	TOH
Contact Number	(Phone) +65-96729219
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

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 Authorised 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 ability.
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.

Note for FROs:

1. No need to obtain dax's email address.
2. To select Reporting Only/Third Party
3. For cases lodged in Layang, to reconfirm with counter staff on Reporting Only/Third Party
4. Compulsory to take mileage photos

ACCIDENT DETAILS

Date Of Report 14/09/22 Time 1225 HRS

Are you claiming under your own insurance policy for repair to your vehicle? YES/ NO

If No, Please state action to be taken REPORTING ONLY / THIRD PARTY

Country/State of Loss Singapore

Date Of Accident 14/09/22 Time 0820 HRS

Exact Location Of Accident TPE TOWARDS AIRPORT BEFORE PIE

Type Of Accident HEAD TO REAR
(e.g. Head to Rear, Side Swipe, Chain Collision etc.)

Weather Conditions CLEAR / RAINING / OTHERS ()

Road Surface WET / DRY / OTHERS ()

Was any foreign vehicle involved in this accident? YES NO

Number of vehicles involved in the accident 2 Including own vehicle

I have been approached by unknown person(s) soliciting/offering accident claims assistance. YES/ NO

Was the accident reported to the police? YES/ NO

If Yes, Please state which Police Station _____

Was notice of intended Prosecution given? YES/ NO

If Yes, against whom? _____

REPORT TEAM, DO NOT FILL IN DRIVERS' EMAIL ADDRESSES IN GEARS
PLS UPLOAD MILEAGE PHOTO IN OTHER DOCUMENTS IN GEARS

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHD7244B

Vehicle Category TAXI

Manufacturer TOYOTA

Model PRIUS

Transmission MANUAL / AUTO

Engine CC

Exact purpose for which vehicle was being used at time of accident PRIVATE HIRE/EMPLOYMENT/PRIVATE USE

Number of Passengers (Including Driver) 1

Passenger 1 NAME: _____

CONTACT NO. _____ GENDER: MALE / FEMALE

Passenger 2 NAME: _____

CONTACT NO. _____ GENDER: MALE / FEMALE

Describe Circumstances of the Accident

ON 14/09/22 AT AROUND 0820HRS I WAS DRIVING VEHICLE A(SHD7244B) AT TPE TOWARDS AIRPORT BEFORE PIE. AS I WAS MAINTAINING I. THE RIGHT LANE, IT WAS A NORMAL FLOW OF ROAD. THATS WHEN SUDDENLY VEHICLE B(SFQ2232Z) SUDDENLY JAMMED BRAKE MAKING ME NOT HAVE TIME TO BRAKE AND HIT HIS BACK BUMPER. WE EXCHANGED PHONE NUMBERS AND NO ONE WAS INJURED AT THE MOMENT

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

14/09/22 1245HRS

Witnessed by Reporting Centre
Personnel FRO ZIKRUL





















