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.
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	01/10/2022 10:34 (SGT)
Reported by	Driver
Date of Accident	30/09/2022 09:30 (SGT)
Exact Location of Accident	Sin Ming Ave, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA4532E

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) +65-96456533
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	BACHOK BIN ZAINAL @ ABDOL RAHIM BIN ZAINAL
NRIC No	S0210842I
Date Of Birth	18/01/1949
Occupation	Outdoor

Date Of Driving Pass	07/07/1978
Driving experience	44 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96456533
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLK 489C TAMPINES STREET 45 #03-185
Address complement	-
Postcode	522489
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 - Major/Minor Rd
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 30/09/2022 AT AROUND 0930HRS, I WAS DRIVING VEHICLE A (SHA4532E) OUT OF COMFORT DELGRO DIESEL KIOSK INTO SIN MING AVENUE. WHILE DRIVING OUT OF THE PETROL KIOSK, I DEPRESSED THE BRAKE PEDAL OF VEHICLE A BUT IT DID NOT WORK THEREFORE, VEHICLE A COULD NOT STOP AND COLLIDED ONTO THE LEFT REAR OF VEHICLE B (SLV3029R) WHICH WAS DRIVING ALONG SIN MING AVENUE . NOBODY WAS INJURED AND NO OTHER VEHICLES INVOLVED.

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	SLV3029R
Vehicle Manufacturer	Honda
Vehicle Model	Shuttle
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	(Phone) +65-97565816
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	3

SKETCH PLAN

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5. **Any false reporting may be referred to the Police for investigation**.
6. The report w ill be forw arded 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 w ill 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)**

I understand, acknow ledge, 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 w ith 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, w hich could involve disclosure of certain personal data about me to bring about delivery of the same as w ell as on the external cover of envelopes/mail packages); and/or

(v) complying w ith applicable law in administering, processing, handling and/or dealing w ith my claims.

(collectively the "**Purposes**")

(b) all insurer(s) w ho 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), w hich may be sited outside of Singapore, for one or more of the above Purposes.

FLASH ACCIDENT REPORTING OFFICER
FRO SUFIYAN

Policyholder's Signature / Date & Time	Driver's Signature (If driver is not the policyholder) / Date & Time	Witnessed by Reporting Centre Personnel
	30/09/2022 1540HRS	

Sketch Plan

Describe Circumstances of the Accident

ON 30/09/2022 AT AROUND 0930HRS, I WAS DRIVING VEHICLE A (SHA4532E) OUT OF COMFORT DELGRO DIESEL KIOSK INTO SIN MING AVENUE. WHILE DRIVING OUT OF THE PETROL KIOSK, I DEPRESSED THE BRAKE PEDAL OF VEHICLE A BUT IT DID NOT WORK THEREFORE, VEHICLE A COULD NOT STOP AND COLLIDED ONTO THE LEFT REAR OF VEHICLE B (SLV3029R) WHICH WAS DRIVING ALONG SIN MING AVENUE . NOBODY WAS INJURED AND NO OTHER VEHICLES INVOLVED.

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	Witnessed by Reporting Centre Personnel
	30/09/2022 1540HRS	FLASH ACCIDENT REPORTING OFFICER FRO SUFIYAN

IMAGES

IMAGES #2

IMAGES #3

IMAGES #4

IMAGES #5

COMFORTDELGRO
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BOOK NOW
FLAG DOWN
$3.90
COMFORTDELGRO
SHA 4532E
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IMAGES #6

IMAGES #7

IMAGES #8

IMAGES #9

IMAGES #10

IMAGES #11

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