

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 30/09/2022 09:29 (SGT)
Reported by Driver
Date of Accident 29/09/2022 19:30 (SGT)
Exact Location of Accident Bedok North Street 2, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHA7314Z

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) +65-97666510
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 - Reporting only
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 NG HOCK SENG (HUANG FUCHENG)
NRIC No S7503493H
Date Of Birth 06/02/1975
Occupation Outdoor

Date Of Driving Pass	09/07/1994
Driving experience	28 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97666510
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLK 80 BEDOK NORTH ROAD #09-280
Address complement	-
Postcode	460080
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	Collided into Motorcyclist
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?	Yes
Was any injured conveyed to hospital by ambulance?	Yes
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 29/09/22 AT AROUND 1930HRS I WAS DRIVING VEHICLE A(SHA7314Z) AT BEDOK NORTH ST 2.AS I WAS MAKING A RIGHT TURN, I CHECKED MY RIGHT AND LEFT SIDE TO ENSURE THAT THERE WAS NO INCOMING TRAFFIC. WHEN TRAFFIC IS CLEARED, I PROCEEDED TO MAKE MY RIGHT TURN. THATS WHEN SUDDENLY VEHICLE B(FBD4452H) APPEARED OUT OF NOWHERE EVEN WHEN I ALREADY CROSSED THE FIRST LANE. VEHICLE B THEN SWERVED IN FRONT OF ME AND CAUSING ME TO COLIDE AGAINST HIM. HE SUFFERED FROM BOTH HANDS, SHOULDER AND RIGHT KNEE ABBRASIONS AND WAS CONVEYED TO THE HOSPITAL. TP CAME AND SEIZED MY SDCARD DURING THE INCIDENT

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	FBD4452H
Vehicle Manufacturer	-
Vehicle Model	-

Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
Name of Driver	UNKNOWN
Contact Number	(Phone) +65-98000575
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	RIDER
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	RIGHT HANDS, SHOULDER AND KNEE ABRASIONS
Injured person in which vehicle?	FBD4452H
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes

SKETCH PLAN**IMPORTANT NOTICE**

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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 ZIKRUL

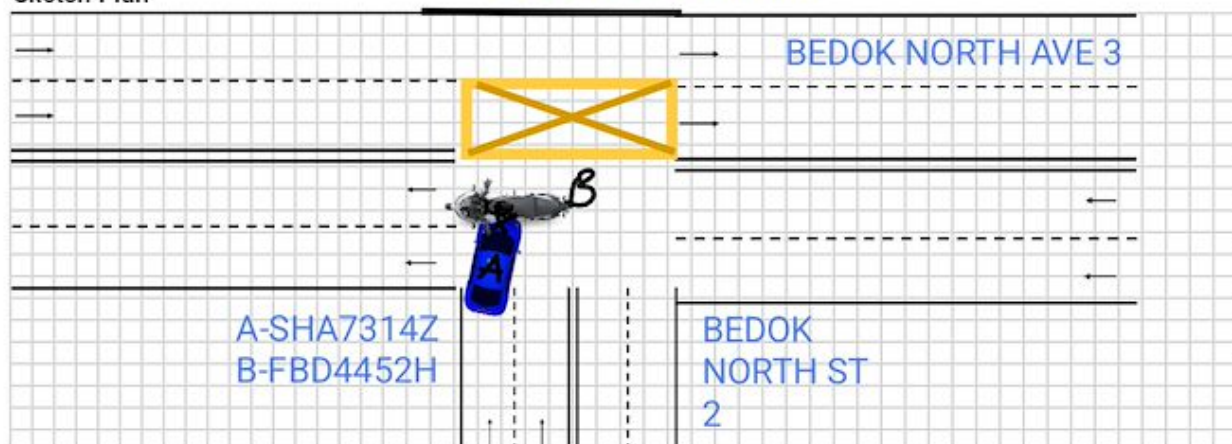


Policyholder's Signature / Date & Time

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

29/09/22 2230HRS

Witnessed by Reporting Centre Personnel

Sketch Plan


Describe Circumstances of the Accident

ON 29/09/22 AT AROUND 1930HRS I WAS DRIVING VEHICLE A(SHA7314Z) AT BEDOK NORTH ST 2.AS I WAS MAKING A RIGHT TURN, I CHECKED MY RIGHT AND LEFT SIDE TO ENSURE THAT THERE WAS NO INCOMING TRAFFIC. WHEN TRAFFIC IS CLEARED, I PROCEEDED TO MAKE MY RIGHT TURN. THATS WHEN SUDDENLY VEHICLE B(FBD4452H) APPEARED OUT OF NOWHERE EVEN WHEN I ALREADY CROSSED THE FIRST LANE. VEHICLE B THEN SWERVED IN FRONT OF ME AND CAUSING ME TO COLIDE AGAINST HIM. HE SUFFERED FROM BOTH HANDS, SHOULDER AND RIGHT KNEE ABBRASIONS AND WAS CONVEYED TO THE HOSPITAL. TP CAME AND SEIZED MY SDCARD DURING THE INCIDENT

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 29/09/22 2230HRS

FLASH ACCIDENT
REPORTING OFFICER
FRO ZIKRUL



Witnessed by Reporting Centre
Personnel



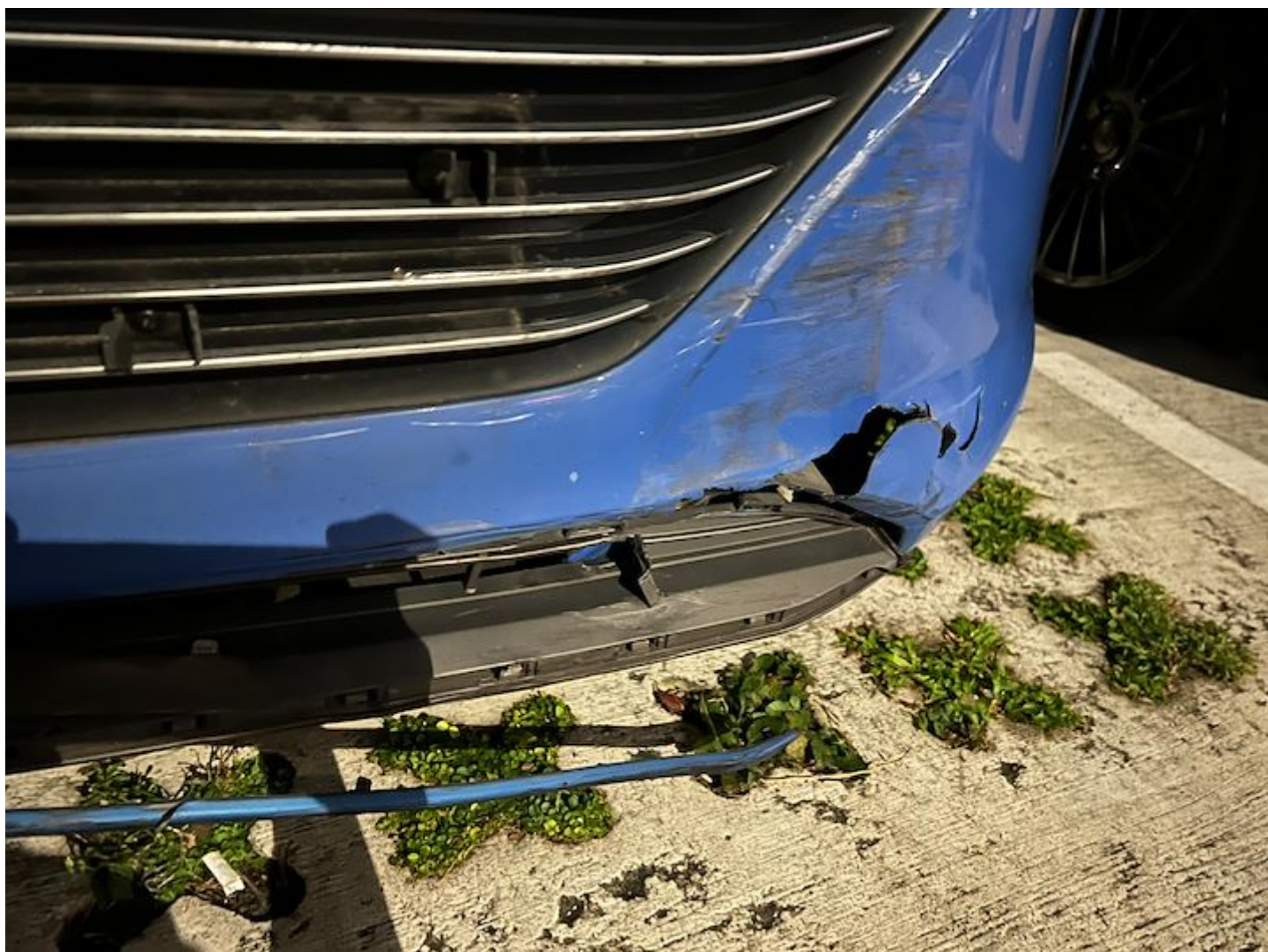


















IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SJ0G229U0003 Vehicle Registration No: SHA7314Z
 Name (as shown in NRIC): Comfort Transportation Pte Ltd NRIC/FIN/Passport No: 1XXXXX821R
 (*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
 Address: _____ Singapore ()
 Contact (Tel): _____ Mobile No.: _____
 Email Address: _____
 Date of Accident: 29/09/2022 Time of Accident: 19:30
 Place of Accident: Bedok North Street 2,
 Insurance Company: AXA Insurance Singapore Pte Ltd

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

UPDATE INJURIES DETAILS



Policyholder / Driver's Signature
Date:

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Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:
Date: 30.09.2022

GIARMC Addendum Form

