

# 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	11/10/2022 16:35 (SGT)
Reported by	Driver
Date of Accident	11/10/2022 09:55 (SGT)
Exact Location of Accident	Boon Lay Dr, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC2598T
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### INSURED/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) +65-91424924
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 - Claiming third party
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	QUAK CHEN TEE (GUO ZHENGZHI)
NRIC No	SXXXX549C
Date Of Birth	31/12/1975
Occupation	Outdoor

Date Of Driving Pass .....	30/09/1994
Driving experience .....	28 YEARS AND 1 MONTH
Gender .....	Male
Mobile Number .....	(Phone) +65-91424924
Alt. Phone Number .....	-
Email Address .....	fleetsafety@cdgtaxi.com.sg
Address .....	BLK 596S ANG MO KIO STREET 52 #26-309
Address complement .....	-
Postcode .....	564596
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	RELIEF DRIVER
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? .....	Yes
Was any injured conveyed to hospital by ambulance? .....	No
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 11/10/2022 AT ABOUT 09:55HRS, I STOPPED MY VEHICLE ( SHC2598T) ALONG ROAD SIDE ALONG BOON LAY DR. AS MY VEHICLE WAS STATIONARY WITH HAZARD LIGHT ON, LESS THAN ONE MINUTES, VEHICLE B ( SMU772R) COLLIDED ONTO VEHICLE A REAR RIGHT SIDE AND REAR RIGHT WHEEL. DUE TO THE IMPACT MY VEHICLE LEFT FRONT AND REAR TYRES MOUNTED ON THE KERB. VEHICLE B TOPPLED OVER DUE TO THE IMPACT. AMBULANCE AND TRAFFIC POLICE CAME TO THE SCENE BUT NOBODY CONVEYED. I SUSTAINED GIDDY, NECK AND CHEST PAIN DUE TO THE IMPACT.

#### 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 .....	SMU772R
Vehicle Manufacturer .....	Volkswagen
Vehicle Model .....	-
Vehicle Variant .....	-



Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	MOHAMMAD TAUFIQ BIN ROSLI
NRIC No .....	SXXXX727J
Contact Number .....	(Phone) +65-92299426
Address .....	402 CHOA CHU KANG AVENUE #02-213
Address complement .....	-
Postcode .....	680402
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	1

#### INJURED PERSONS DETAILS

##### INJURED 1

Name of injured person .....	QUAK CHEN TEE (GUO ZHENGZHI)
Gender .....	Male
Phone No .....	-
Address .....	BLK 596S ANG MO KIO STREET 52 #26-309
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	GIDDY, NECK AND CHEST
Injured person in which vehicle? .....	SHC2598T
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

SKETCH PLANIMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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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)**

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 KHAMARAJ

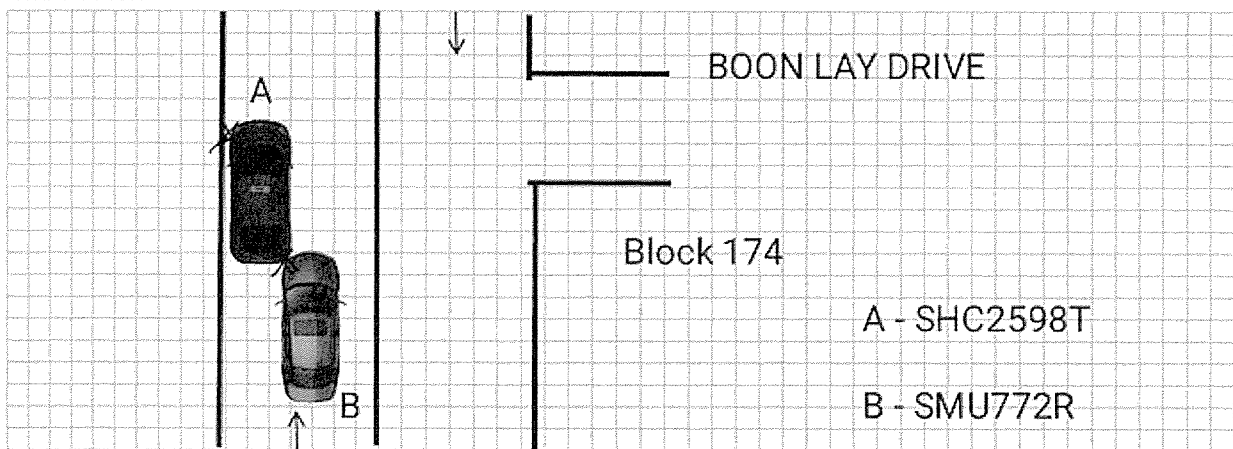


Policyholder's Signature / Date & Time

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

11/10/2022. 15:40HRS

Witnessed by Reporting Centre Personnel

Sketch Plan

## Describe Circumstances of the Accident

ON 11/10/2022 AT ABOUT 09:55HRS, I STOPPED MY VEHICLE ( SHC2598T) ALONG ROAD SIDE ALONG BOON LAY DR. AS MY VEHICLE WAS STATIONARY WITH HAZARD LIGHT ON, LESS THAN ONE MINUTES, VEHICLE B ( SMU772R) COLLIDED ONTO VEHICLE A REAR RIGHT SIDE AND REAR RIGHT WHEEL. DUE TO THE IMPACT MY VEHICLE LEFT FRONT AND REAR TYRES MOUNTED ON THE KERB. VEHICLE B TOPPLED OVER DUE TO THE IMPACT. AMBULANCE AND TRAFFIC POLICE CAME TO THE SCENE BUT NOBODY CONVEYED. I SUSTAINED GIDDY, NECK AND CHEST PAIN DUE TO THE IMPACT.

## 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 11/10/2022. 15:40HRS

FLASH ACCIDENT  
REPORTING OFFICER

FRO KHAMARAJ



Witnessed by Reporting Centre  
Personnel

