

## 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 .....	10/10/2022 09:18 (SGT)
Reported by .....	Driver
Date of Accident .....	08/10/2022 17:30 (SGT)
Exact Location of Accident .....	Upper Thomson Rd, Singapore
Additional Location Information .....	-
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SHC8152G
-----------------------------------	----------

#### 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) +65-81956435
Alternative Phone No .....	(Office) +65-65508768

#### VEHICLE PARTICULARS

Manufacturer .....	Hyundai
Model .....	I40
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 .....	1685

#### INSURANCE COMPANY

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

#### DRIVER

Name of Driver .....	CHUA TECK HUAT (CAI DEFA)
NRIC No .....	SXXXX443J
Date Of Birth .....	07/07/1977
Occupation .....	Outdoor

Date Of Driving Pass .....	16/04/1998
Driving experience .....	24 YEARS AND 6 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-81956435
Alt. Phone Number .....	-
Email Address .....	fleetsafety@cdgtaxi.com.sg
Address .....	BLK 554 WOODLANDS DRIVE 53 #03-03
Address complement .....	-
Postcode .....	730554
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 .....	Chain Collision
Weather Conditions .....	Clear
Road Surface .....	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? .....	No
Number of vehicles involved in the accident .....	3
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) .....	3
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 .....	-

#### PASSENGER 1

Name .....	UNKNOWN
Gender .....	Male

#### PASSENGER 2

Name .....	UNKNOWN
Gender .....	Female

#### 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 08/10/ 2022 AT ABOUT 17:30HRS, I WAS DRIVING VEHICLE A ( SHC8152G) ALONG UPPER THOMSON ROAD. AS MY VEHICLE WAS STATIONARY DUE TO TRAFFIC, VEHICLE B ( FBE5081D) MOTORBIKE COLLIDED ONTO VEHICLE A REAR BUMPER. ALIGHTING AND REALISE VEHICLE C ( SMS4735H) COLLIDED ONTO VEHICLE B REAR PORTION. TOTAL 3 VEHICLES INVOLVED IN THIS ACCIDENT. I SUSTAINED NECK PAIN AND VEHICLE B RIDER SUSTAINED ABRASION ON HIS LEG DUE TO THE IMPACT.

#### ATTACHMENT(S)

Are accident photos available for attachment? .....	Yes
Was there any video captured by Car Camera? .....	Yes

**DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number .....	FBE5091D
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Motorcycle
Name of Driver .....	ROSLI BIN MUKIM
NRIC No .....	SXXXX163Z
Contact Number .....	(Phone) +65-63844824
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	1

**DETAILS OF OTHER VEHICLE PROPERTY 2**

Vehicle Registration Number .....	SMS4735H
Vehicle Manufacturer .....	BMW
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	IAN DING RENJIE
NRIC No .....	SXXXX138H
Contact Number .....	(Phone) +65-97291404
Address .....	-
Address complement .....	-
Postcode .....	-
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 .....	CHUA TEECK HUAT (CAI DEFA)
Gender .....	Male
Phone No .....	(Phone) +65-81956435
Address .....	BLK 554 WOODLANDS DRIVE 53 #03-03
Address Complement .....	-
Post Code .....	730554
Approximate Age Years Old .....	45
Injuries Sustained .....	BACK PAIN
Injured person in which vehicle? .....	SHC8152G
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

## INJURED 2

Name of injured person .....	ROSLI BIN MUKIM
Gender .....	Male
Phone No .....	(Phone) +65-63844824
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	LEG ABRASION

Injured person in which vehicle? .....	FBE5091D
Were seat belts worn? .....	-
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.
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 willful 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. 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

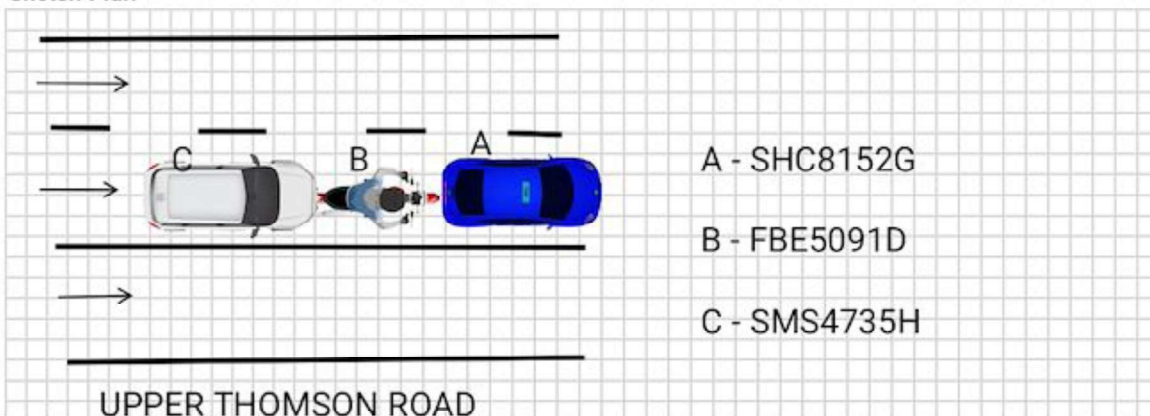
FRO KHAMARAJ



Policyholder's Signature / Date & Time

Driver's Signature (If driver is not the policyholder) / Date & Time  
081022. 19:00HRS

Witnessed by Reporting Centre Personnel

Sketch Plan

## Describe Circumstances of the Accident

ON 08/10/ 2022 AT ABOUT 17:30HRS, I WAS DRIVING VEHICLE A ( SHC8152G) ALONG UPPER THOMSON ROAD. AS MY VEHICLE WAS STATIONARY DUE TO TRAFFIC, VEHICLE B ( FBE5081D) MOTORBIKE COLLIDED ONTO VEHICLE A REAR BUMPER. ALIGHTING AND REALISE VEHICLE C ( SMS4735H) COLLIDED ONTO VEHICLE B REAR PORTION. TOTAL 3 VEHICLES INVOLVED IN THIS ACCIDENT. I SUSTAINED NECK PAIN AND VEHICLE B RIDER SUSTAINED ABRASION ON HIS LEG 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 081022. 19:00HRS

FLASH ACCIDENT  
REPORTING OFFICER

FRO KHAMARAJ



\_\_\_\_\_  
Witnessed by Reporting Centre  
Personnel