

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	28/09/2022 12:32 (SGT)
Reported by	Driver
Date of Accident	28/09/2022 01:00 (SGT)
Exact Location of Accident	572 Ang Mo Kio Ave 3, #3 Block 572, Singapore 560572
Additional Location Information	OSCP
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHD7111B

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) +65-96714090
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	ONG SWEE CHUAN
NRIC No	SXXXX714F
Date Of Birth	27/08/1963
Occupation	Outdoor

Date Of Driving Pass	23/07/1987
Driving experience	35 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96714090
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLK 572 ANG MO KIO AVENUE 3 #12-3361
Address complement	-
Postcode	560572
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	Hit and run / Vandalism / Damaged whilst parked
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)	0
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 27.09.2022 AT ABOUT 2025HRS HRS MY RELIEF END SHIFT ,PARKED MY VEHICLE A SHD7111B AT BLOCK 572 ANG MO KIO AVE 3 OSCP AT LOT NUMBER 346 .

ON 28.09.2022 AT ABOUT 0100HRS I WENT DOWN TO MY VEHICLE A TO START MY SHIFT. MY PRACTICE IS I WILL OPEN MY LEFT FRONT TO PUT MY BAG FIRST. AS I REACH FOR THE HANDLE TO OPEN DOOR ,THE HANDLE CAME OFF AND I NOTICED THAT THERE WERE DAMAGE AROUND THE HANDLE. I THEN REALISED SOME ONE HAD COLLIDED INTO MY PARKED VEHICLE A. I DECIDED I SHOULD NOT DRIVE AND AS IT WAS STILL DARK I WENT BACK.

AROUND 0730HRS I WALK AROUND THE OSCP AND LOOK FOR EVIDENCE. I THEN SAW VEHICLE B GX4212U WHICH WAS PARKED DIAGONALLY ACROSS WITH MY VEHICLE A BLUE PAINT MARK AT HIS VEHICLE B RIGHT REAR. I WAITED FOR ABOUT 1 OVER HOURS AND WHEN MY RELIEF CAME WE CALLED THE POLICE.

WHILE TALKING TO THE POLICE THE DRIVER OF VEHICLE B APPEAR AND ADMITTED TO THE POLICE THAT HE HAD REVERSED INTO MY VEHICLE A LEFT FRONT DOOR. I WAS GIVEN A CASE REFERENCE F/20220928/0038.

IO -FAISAL KAMALUDIN.

PARTICULARS EXCHANGED

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	GX4212U
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	TEO KIAH KUANG
NRIC No	SXXXX460F
Contact Number	(Phone) +65-93881465
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	RIGHT REAR
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

SKETCH PLAN

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 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.

Policyholder's Signature / Date & Time

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

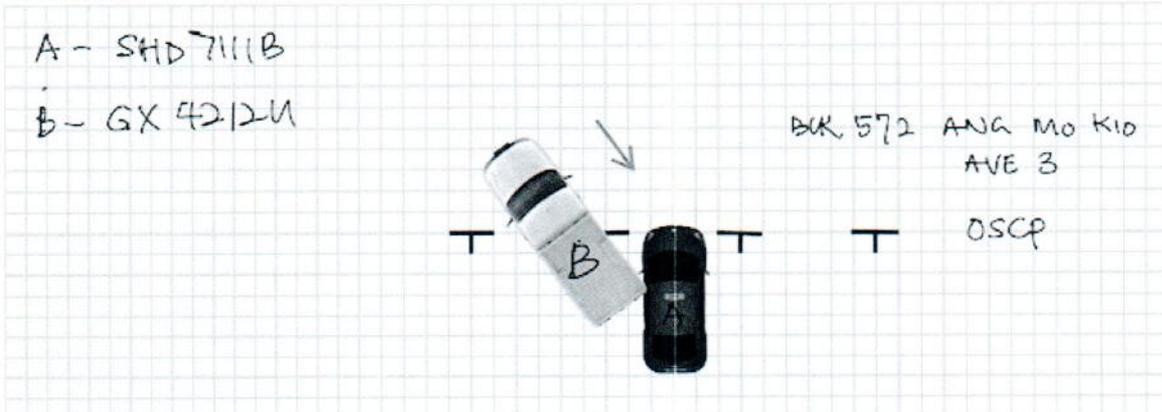
Witnessed by Reporting Centre Personnel

28.09.2022

1110485

Keyan Young

Sketch Plan



Describe Circumstances of the Accident

ON 27.09.2022 AT ABOUT 2025HRS HRS MY RELIEF END SHIFT ,PARKED MY VEHICLE A SHD7111B AT BLOCK 572 ANG MO KIO AVE 3 OSCP AT LOT NUMBER 346 .

ON 28.09.2022 AT ABOUT 0100HRS I WENT DOWN TO MY VEHICLE A TO START MY SHIFT.-MY PRACTICE IS I WILL OPEN MY LEFT FRONT TO PUT MY BAG FIRST. AS I REACH FOR THE HANDLE TO OPEN DOOR ,THE HANDLE CAME OFF AND I NOTICED THAT THERE WERE DAMAGE AROUND THE HANDLE. I THEN REALISED SOME ONE HAD COLLIDED INTO MY PARKED VEHICLE A. I DECIDED I SHOULD NOT DRIVE AND AS IT WAS STILL DARK I WENT BACK.

AROUND 0730HRS I WALK AROUND THE OSCP AND LOOK FOR EVIDENCE. I THEN SAW VEHICLE B GX4212U WHICH WAS PARKED DIAGONALLY ACROSS WITH MY VEHICLE A BLUE PAINT MARK AT HIS VEHICLE B RIGHT REAR. I WAITED FOR ABOUT 1 OVER HOURS AND WHEN MY RELIEF CAME WE CALLED THE POLICE.

WHILE TALKING TO THE POLICE THE DRIVER OF VEHICLE B APPEAR AND ADMITTED TO THE POLICE THAT HE HAD REVERSED INTO MY VEHICLE A LEFT FRONT DOOR. I WAS GIVEN A CASE REFERENCE F/ 20220928/0038.

IO -FAISAL KAMALUDIN.
PARTICULARS EXCHANGED

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



28.09.2022 130HRS

Witnessed by Reporting Centre
Personnel


Kym Tong

