

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 15/10/2022 09:16 (SGT)
Reported by Owner
Date of Accident 11/10/2022 00:09 (SGT)
Exact Location of Accident Bukit Batok Street 23, Singapore
Additional Location Information TOWARDS BUKIT BATOK CRESCENT
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHC2009C

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) +65-83858343
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 RAHMAT BIN DASUKI
NRIC No S0056832E
Date Of Birth 13/07/1949
Occupation Indoor

Date Of Driving Pass	05/11/1970
Driving experience	51 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-83858343
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLK 317B YISHUN AVENUE 9 #03-276
Address complement	-
Postcode	762317
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 - Cross Junction
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 11/10/22 AT AROUND 0900HRS I WAS DRIVING VEHICLE A (SHC2009C) AT BUKIT BATOK ST 23 TOWARDS BUKIT BATOK CRESCENT. AS I WAS GOING STRAIGHT, I REMEMBERED THAT THE TRAFFIC LIGHT WAS GREENCSO I KEPT MOVING TOWARDS THE JUNCTION. THATS WHEN I NOTICED THAT VEHICLE B(GBC8797S) WAS SUDDENLY IN FRONT OF ME WHICH CAUSES ME TO NOT BRAKE ON TIME AND T BONE AGAINST VEHICLE B. VEHICLE B WAS OVERTURNED DURING THE ACCIDENT AND HE SUFFERED FROM HAND ABBRASIONS. I SUFFERED FROM CHEST PAIN, KNEE ABBRASIONS AND RIBS PAIN. BOTH OF US WERE CONVEYED TO THE HOSPITAL. THERE WERE NO PARTICULARS JUST THE PHONE NUMBERS AND NAME. ON 11/10/22 AT AROUND 0900HRS I WAS DRIVING VEHICLE A (SHC2009C) AT BUKIT BATOK ST 23 TOWARDS BUKIT BATOK CRESCENT. AS I WAS GOING STRAIGHT, I REMEMBERED THAT THE TRAFFIC LIGHT WAS GREENCSO I KEPT MOVING TOWARDS THE JUNCTION. THATS WHEN I NOTICED THAT VEHICLE B(GBC8797S) WAS SUDDENLY IN FRONT OF ME WHICH CAUSES ME TO NOT BRAKE ON TIME AND T BONE AGAINST VEHICLE B. VEHICLE B WAS OVERTURNED DURING THE ACCIDENT AND HE SUFFERED FROM HAND ABBRASIONS. I SUFFERED FROM CHEST PAIN, KNEE ABBRASIONS AND RIBS PAIN. BOTH OF US WERE CONVEYED TO THE HOSPITAL. THERE WERE NO PARTICULARS JUST THE PHONE NUMBERS AND NAME.

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	GBC8797S
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	HAMZAH RAHIM
Contact Number	(Phone) +65-97278812
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	RAHMAT BIN DASUKI
Gender	Male
Phone No	(Phone) +65-83858343
Address	BLK 317B YISHUN AVENUE 9 #03-276
Address Complement	-
Post Code	762317
Approximate Age Years Old	73
Injuries Sustained	CHEST PAIN, KNEE ABRASIONS AND RIBS PAIN
Injured person in which vehicle?	-
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	-

INJURED 2

Name of injured person	HAMZAH RAHIM
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	HAND ABRASIONS
Injured person in which vehicle?	GBC8797S
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	Yes

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.



**FLASH ACCIDENT
REPORTING OFFICER**

FRO ZIKRUL



Policyholder's Signature / Date & Time

Driver's Signature (If driver is not the policyholder) / Date & Time
14/10/22 2045HRS

Witnessed by Reporting Centre Personnel

Sketch Plan

**A-SHC2009C
B-GBC8797S**

Describe Circumstances of the Accident

ON 11/10/22 AT AROUND 0900HRS I WAS DRIVING VEHICLE A (SHC2009C) AT BUKIT BATOK ST 23 TOWARDS BUKIT BATOK CRESCENT. AS I WAS GOING STRAIGHT, I REMEMBERED THAT THE TRAFFIC LIGHT WAS GREENCSO I KEPT MOVING TOWARDS THE JUNCTION. THATS WHEN I NOTICED THAT VEHICLE B(GBC8797S) WAS SUDDENLY IN FRONT OF ME WHICH CAUSES ME TO NOT BRAKE ON TIME AND T BONE AGAINST VEHICLE B. VEHICLE B WAS OVERTURNED DURING THE ACCIDENT AND HE SUFFERED FROM HAND ABBRASIONS. I SUFFERED FROM CHEST PAIN, KNEE ABBRASIONS AND RIBS PAIN. BOTH OF US WERE CONVEYED TO THE HOSPITAL. THERE WERE NO PARTICULARS JUST THE PHONE NUMBERS AND NAME.

Declaration

I/We declare the foregoing particulars are true in every respect.



FLASH ACCIDENT
REPORTING OFFICER

FRO ZIKRUL



Policyholder's Signature / Date &
Time

Driver's Signature (If driver is not the policyholder) / Date
& Time
14/10/22 2045HRS

Witnessed by Reporting Centre
Personnel





