SJ0G22AJ0009 / JP Knights Pte Ltd ENTRY DATE & TIME: 19/10/2022 12:15 (SGT) SUBMITTED BY: Weine Chieng VERSION: 1 (19/10/2022 12:15 (SGT))



# **SINGAPORE ACCIDENT STATEMENT**

#### IMPORTANT NOTICE

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

1. Please report translation to details of the accident to specify the Actual Driver
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 witholding 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

Reported by

Date of Accident

**Exact Location of Accident** Additional Location Information

Country/State of Loss

19/10/2022 12:15 (SGT)

Driver

19/10/2022 09:15 (SGT)

Belmont Rd, Singapore

**TOWARDS LEEDON** 

Singapore

### **DETAILS OF OWN VEHICLE**

Vehicle Registration Number

SHC3416D

INSURED/POLICYHOLDER

Is company?

Name Of Registered Owner Company Reg No

**Email Address** 

Mobile Phone No

Alternative Phone No.

Yes

Hyundai Ae ionig

Private hire

Taxi

Auto

1580

COMFORT TRANSPORTATION PTE LTD

1XXXXX821R

fleetsafety@cdgtaxi.com.sg (Phone) +65-86885066 (Office) +65-65508768

VEHICLE PARTICULARS

Manufacturer

Model

Variant

Exact purpose for which vehicle was being used at time of

accident

Are you claiming under your own insurance policy for repair to

your vehicle?

CC

Transmission

Vehicle Category

INSURANCE COMPANY

Name of Insurance Company

Policy Number / Cover Note Number

DRIVER

Name of Driver NRIC No Date Of Birth Occupation

AXA Insurance Pte Ltd VFX/P2419138

No - Claiming third party

SIA HAR CHYE SXXXX091C 13/05/1969 Outdoor



Date Of Driving Pass

Driving experience Gender

Mobile Number

Alt. Phone Number **Email Address** 

Address

Address complement

Postcode Is the driver the policyholder?

If No, Relationship of the Driver with the Insured

Does Driver Own Other Vehicles?

Vehicle Registration Number of Other Vehicle Owned by Driver

Insurance Company of Other Vehicle Owned by Driver

11/01/1994

28 YEARS AND 9 MONTHS

(Phone) +65-86885066

fleetsafety@cdgtaxi.com.sg

BLK 209B COMPASSVALE LANE #05-98

542209

No

RELIEF DRIVER

No

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident Weather Conditions Road Surface

Side Swipe DRIZZLING

No

2

No

Yes

OTHER INFORMATION

Was any foreign vehicle involved in the accident? Number of vehicles involved in the accident Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance?

Was any other vehicle or property damaged? Number of Passengers (Including Driver) 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 19.10.2022 AT ABOUT 0915HRS I WAS DRIVING MY VEHICLE A SHC3416D ALONG BELMONT ROAD TOWARDS LEEDON. VEHICLE B PC790Y OVERTOOK MY VEHICLE A ON MY RIGHT. VEHICLE B LEFT REAR SIDE SWIPE MY VEHICLE A RIGHT FRONT

NO ONE WAS INJURED. NO PARTICULARS EXCHANGED.

ATTACHMENT(S)

Are accident photos available for attachment? Was there any video captured by Car Camera? Reasons for not uploading a video of the accident

Yes Yes

FILE IS NOT SUITABLE

# **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number Vehicle Manufacturer

Vehicle Model Vehicle Variant Vehicle Colour

**PC790Y** 

Accident report SJ0G22AJ0009

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Vehicle Category
Name of Driver
Contact Number
Address
Address complement
Postcode
Insurance Company Name
Nature Of Damage
Details of property damaged in accident
No. Of Passenger (Including Driver)

Commercial vehicle
UNKNOWN

UNKNOWN
LEFT REAR
LEFT REAR
1

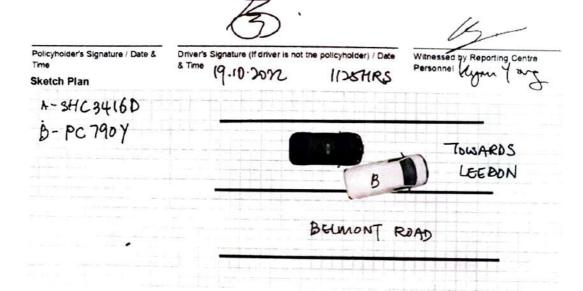
# **SKETCH PLAN**

# **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.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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)

Lunderstand, acknowledge, agree and consent that

- (a) My insurer , my w orkshop 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' law yers/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:
- (ii) 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' law yers/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 partial of Singapore, for one or more of the above Purposes.



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## 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

1130HRS

Witnessed by Reporting Centre