

# 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 ..... 27/10/2022 12:07 (SGT)  
Reported by ..... Driver  
Date of Accident ..... 26/10/2022 16:20 (SGT)  
Exact Location of Accident ..... 10 Woodlands Square, Singapore 737714  
Additional Location Information ..... SEMBAWANG WAY  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SH7042R

### 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) +65-94313997  
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 - Reporting only  
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 ..... LIM SIEW CHOO  
NRIC No ..... S1393718D  
Date Of Birth ..... 04/08/1959  
Occupation ..... Outdoor

|                                                                    |                                   |
|--------------------------------------------------------------------|-----------------------------------|
| Date Of Driving Pass .....                                         | 17/04/1980                        |
| Driving experience .....                                           | 42 YEARS AND 6 MONTHS             |
| Gender .....                                                       | Male                              |
| Mobile Number .....                                                | (Phone) +65-94313997              |
| Alt. Phone Number .....                                            | -                                 |
| Email Address .....                                                | fleetsafety@cdgtaxi.com.sg        |
| Address .....                                                      | BLK 585 WOODLANDS DRIVE 16 #06-84 |
| Address complement .....                                           | -                                 |
| Postcode .....                                                     | 730585                            |
| 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 - Head on collision |
| Weather Conditions ..... | DRIZZLE                       |
| Road Surface .....       | Wet                           |

#### 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) .....                                                             | 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 ..... | Female  |

#### 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 26.10.2022 AT ABOUT 1620HRS I WAS DRIVING MY VEHICLE A SH7042R FETCHING MY PASSENGER TO ADMIRALTY. MY VEHICLE A WAS TURNING RIGHT FROM WOODLANDS AVE 10 TOWARDS SEMBAWANG WAY. THERE WAS A CONSTRUCTION AT THE TRAFFIC JUNCTION AND SINCE I WAS ON THE OUTER LANE AND I DECIDED TO STOP AND TRY TO KEEP RIGHT. VEHICLE B SGF44J TRAVELLING FROM THE OPPOSITE DIRECTION COLLIDED HIS VEHICLE B RIGHT FRONT ONTO MY STATIONARY VEHICLE A FRONT. MY PASSENGER MAY GO CONSULT THEMSELVES AND I PROCEEDED TO SEND THEM TO THEIR DESTINATION AFTER TAKING SCENE PHOTOS AND EXCHANGE PARTICULARS

#### 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 ..... SGF44J  
Vehicle Manufacturer ..... -  
Vehicle Model ..... -  
Vehicle Variant ..... -  
Vehicle Colour ..... -  
Vehicle Category ..... Private car  
Name of Driver ..... TEO LI YOU  
NRIC No ..... S9414300D  
Contact Number ..... (Phone) +65-92329611  
Address ..... -  
Address complement ..... -  
Postcode ..... -  
Insurance Company Name ..... -  
Nature Of Damage ..... FRONT  
Details of property damaged in accident ..... -  
No. Of Passenger (Including Driver) ..... 1

**SKETCH PLAN**

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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 :

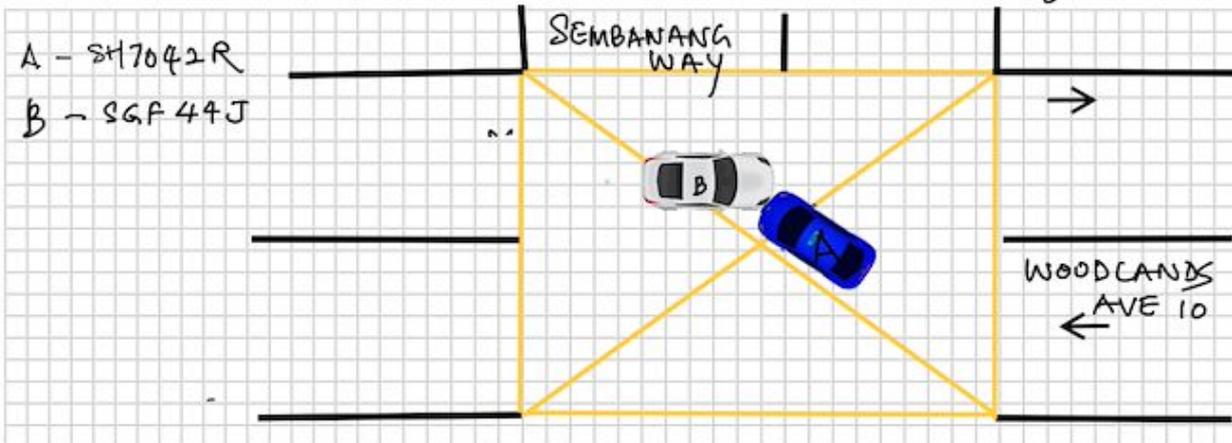
- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
  - (ii) investigating the accident and/or my claims;
  - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
  - (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.

|                                                   |                                                                                                                                            |                                                                                             |
|---------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|
| <p>Policyholder's Signature / Date &amp; Time</p> | <p>Driver's Signature (if driver is not the policyholder) / Date &amp; Time</p> <p style="text-align: center;">27.10.2022      0950HRS</p> | <p>Witnessed by Reporting Centre Personnel</p> <p style="text-align: center;">Kyani Yoy</p> |
|---------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|

**Sketch Plan**



Describe Circumstances of the Accident

ON 26.10.2022 AT ABOUT 1620HRS I WAS DRIVING MY VEHICLE A SH7042R FETCHING MY PASSENGER TO ADMIRALTY. MY VEHICLE A WAS TURNING RIGHT FROM WOODLANDS AVE 10 TOWARDS SEMBAWANG WAY. THERE WAS A CONSTRUCTION AT THE TRAFFIC JUCTION AND SINCE I WAS ON THE OUTER LANE AND I DECIDED TO STOP AND TRY TO KEEP RIGHT. VEHICLE B SGF44J TRAVELLING FROM THE OPPOSITE DIRECTION COLLIDED HIS VEHICLE B RIGHT FRONT ONTO MY STATIONARY VEHICLE A FRONT. MY PASSENGER MAY GO CONSULT THEMSELVES AND I PROCEEDED TO SEND THEM TO THEIR DESTINATION AFTER TAKING SCENE PHOTOS AND EXCHANGE PARTICULARS

**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 27.10.2022 1010HRS

\_\_\_\_\_  
 Witnessed by Reporting Centre Personnel  
 Kymie  
 Kymie Mary



