

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 26/10/2022 10:53 (SGT)
Reported by Driver
Date of Accident 26/10/2022 07:45 (SGT)
Exact Location of Accident PIE, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHA4845C

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) +65-96667137
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 ONG SAY HUA
NRIC No S1176039B
Date Of Birth 25/07/1956
Occupation Outdoor

Date Of Driving Pass	07/03/1977
Driving experience	45 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96667137
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLK 177 LOMPANG ROAD #21-06
Address complement	-
Postcode	670177
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	Chain Collision
Weather Conditions	Raining
Road Surface	Wet

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?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	2
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

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 0745HRS I WAS DRIVING MY VEHICLE SHA4845C FETCHING MY PASSENGER TO GREENWICH. MY VEHICLE A ON THE 1ST LANE OF PIE/CHANGI (LORNIE) WHEN VEHICLE B SLG1495U IN FRONT SLOW DOWN. I IMMEDIATELY APPLIED BRAKES 2 TIMES WITHIN A GOOD DISTANCE BUT SOMEHOW MY VEHICLE A CONTINUED MOVE FORWARD . HENCE MY VEHICLE A REAR ENDED VEHICLE B. IT WAS A 3 CAR CHAIN WITH VEHICLE B REAR VEHICLE C SMJ3672J. MY PASSENGER IS NOT INJURED AND I PROCEEDED TO SEND HIM TO HIS DESTINATION AFTER TAKING PHOTO AND EXCHANGE HANDPHONE

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	SLG1495U
Vehicle Manufacturer	Suzuki
Vehicle Model	Swift
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	UNKNOWN
Contact Number	(Phone) +65-96326900
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	REAR AND FRONT
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SMJ3672J
Vehicle Manufacturer	Honda
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	UNKNOWN
Contact Number	(Phone) +65-84982081
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	REAR
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

Describe Circumstances of the Accident

ON 26.10.2022 AT ABOUT 0745HRS I WAS DRIVING MY VEHICLE SHA4845C FETCHING MY PASSENGER TO GREENWICH. MY VEHICLE A ON THE 1ST LANE OF PIE/CHANGI (LORNIE) WHEN VEHICLE B SLG1495U IN FRONT SLOW DOWN. I IMMEDIATELY APPLIED BRAKES 2 TIMES WITHIN A GOOD DISTANCE BUT SOMEHOW MY VEHICLE A CONTINUED MOVE FORWARD . HENCE MY VEHICLE A REAR ENDED VEHICLE B. IT WAS A 3 CAR CHAIN WITH VEHICLE B REAR VEHICLE C SMJ3672J. MY PASSENGER IS NOT INJURED AND I PROCEEDED TO SEND HIM TO HIS DESTINATION AFTER TAKING PHOTO AND EXCHANGE HANDPHONE

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

26.10.2022 0930HRS

Witnessed by Reporting Centre Personne











