

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 28/11/2022 13:17 (SGT)
Reported by Driver
Date of Accident 26/11/2022 01:10 (SGT)
Exact Location of Accident 1124 Serangoon Rd, Singapore 328208
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SH9322U

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) +65-97420821
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 SUHAIMI BIN AHMAD
NRIC No SXXXX716B
Date Of Birth 22/06/1963
Occupation Outdoor

Date Of Driving Pass	06/07/1990
Driving experience	32 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97420821
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	136 JALAN BUKIT MERAH #02-1356
Address complement	-
Postcode	160136
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 to Rear
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 26/11/2022 AT AROUND 0110HRS, I WAS DRIVING VEHICLE A (SH9322U). I WAS STATIONARY AT THE EXTREME RIGHT SIDE OF SERANGOON ROAD WAITING FOR MY PASSENGER WHEN SUDDENLY VEHICLE B (SKS6762P) REAR ENDED VEHICLE A.THE IMPACT WAS MASSIVE AS IT CAUSED THE AIRBAGS OF VEHICLE B DEPLOY. I SUSTAINED UNBEARABLE PAIN ON MY RIGHT ARM, NECK AND BACK AND I HAD TO BE CONVEYED TO TAN TOCK SENG HOSPITAL VIA AMBULANCE. I RECIEVED 5 DAYS MC AND HAVE PENDING CHECK UPS.

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	SKS6762P
Vehicle Manufacturer	Audi
Vehicle Model	A4
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	JONATHAN LEONG KAR HOE
NRIC No	SXXXX663I
Contact Number	-
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	SUHAIMI BIN AHMAD
Gender	Male
Phone No	(Phone) +65-97420821
Address	136 JALAN BUKIT MERAH #02-1356
Address Complement	-
Post Code	160136
Approximate Age Years Old	59
Injuries Sustained	RIGHT ARM, NECK AND BACK
Injured person in which vehicle?	SH9322U
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	Yes

SKETCH PLAN

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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' 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 w ith 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 w ith 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 w ell as on the external cover of envelopes/mail packages); and/or
 - (v) complying w ith applicable law in administering, processing, handling and/or dealing w ith 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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.



**FLASH ACCIDENT
REPORTING OFFICER**

FRO SUFIYAN



Policyholder's Signature / Date & Time

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

28/11/2022 1015HRS

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

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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 & Time
 28/11/2022 1015HRS

**FLASH ACCIDENT
 REPORTING OFFICER**
 FRO SUFIYAN



 Witnessed by Reporting Centre Personnel