# **©** SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

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  1. Please report <u>correctly</u> the details of the accident to speed up the claims process.

  2. This Form must be <u>completed by the Policyholder and/or the Actual Driver</u>

  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
- 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

02/12/2022 18:02 (SGT)

Driver

02/12/2022 00:20 (SGT)

Tampines Ave 12, Singapore **TOWARDS TAMPINES ST 41** 

Singapore

#### DETAILS OF OWN VEHICLE

Vehicle Registration Number

SHC8090B

#### INSURED/POLICYHOLDER

Is company?

Name Of Registered Owner

Company Reg No

**Email Address** 

Mobile Phone No

Alternative Phone No.

COMFORT TRANSPORTATION PTE LTD

1XXXXXX821R

fleetsafety@cdgtaxi.com.sq

(Phone) +65-91909356

(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?

Vehicle Category

**Transmission** 

CC

Toyota Prius

Private hire

No - Claiming third party

Taxi

Auto

1798

# INSURANCE COMPANY

Name of Insurance Company

Policy Number / Cover Note Number

**AXA Insurance Pte Ltd** VFX/P2419138

DRIVER

Name of Driver

**NRIC No** 

Date Of Birth

Occupation

24/09/1956

PEH BENG HENG SXXXX225J

Outdoor



23/07/1976 **Date Of Driving Pass** 46 YEARS AND 5 MONTHS Driving experience Male Gender (Phone) +65-91909356 Mobile Number Alt. Phone Number fleetsafety@cdgtaxi.com.sg **Email Address** BLK 293 SERANGOON CENTRAL #06-72 Address Address complement 550203 Postcode Is the driver the policyholder? Nο Hirer If No, Relationship of the Driver with the Insured No Does Driver Own Other Vehicles? Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver GENERAL INFORMATION OF THE ACCIDENT Collision - Change/cross lane Type of Accident Clear Weather Conditions Dry Road Surface OTHER INFORMATION Was any foreign vehicle involved in the accident? No 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? Yes 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 PASSENGER 1

## Gender .....

**DETAILS OF POLICE ACTION** 

Name

Was the accident reported to the police?

Was notice of intended Prosecution given?

No
If yes, against whom?

#### CIRCUMSTANCES OF ACCIDENT

ON 02/12/22 AT AROUND 0020HRS I WAS DRIVING VEHICLE A (SHC8090B) AT TAMPINES AVE 12 TOWARDS TAMPINES ST 41. AS I WAS IN THE MIDDLE LANE, VEHICLE B(SLK5653H) FROM MY LEFT SIDE SUDDENLY LANE CHANGE TO MY LANE AND SWIPED MY LEFT FRONT. WE STOPPED AND EXCHANGED PARTICULARS AND NO ONE WAS INJURED AT THE MOMENT

UNKNOWN

Male

## 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	SLK5653H
Vehicle Manufacturer	Toyota
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	RAIHAN
Contact Number	(Phone) +65-96555043
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	2

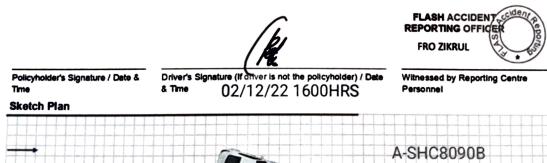
#### SKETCH PLAN

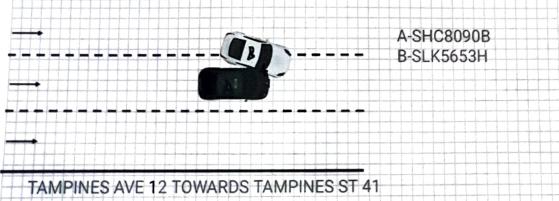
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- 8. Consent under the Personal Data Protection Act(PDPA)

l understand, acknow ledge, 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) w ho have insured vehicle(s) involved in this accident (all insurer(s) w ho 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;
- (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 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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.





# Describe Circumstances of the Accident

ON 02/12/22 AT AROUND 0020HRS I WAS DRIVING VEHICLE A (SHC8090B) AT TAMPINES AVE 12 TOWARDS TAMPINES ST 41. AS I WAS IN THE MIDDLE LANE, VEHICLE B(SLK5653H) FROM MY LEFT SIDE SUDDENLY LANE CHANGE TO MY LANE AND SWIPED MY LEFT FRONT. WE STOPPED AND EXCHANGED PARTICULARS AND NO ONE WAS INJURED AT THE MOMENT

#### **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 02/12/22 1600HRS

FLASH ACCIDENT REPORTING OFFICER
FRO ZIKRUL

Witnessed by Reporting Centre Personnel