

# 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	02/12/2022 18:02 (SGT)
Reported by	Driver
Date of Accident	02/12/2022 00:20 (SGT)
Exact Location of Accident	Tampines Ave 12, Singapore
Additional Location Information	TOWARDS TAMPINES ST 41
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC8090B
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### 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) +65-91909356
Alternative Phone No	(Office) +65-65508768

### VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Prius
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	1798

### INSURANCE COMPANY

Name of Insurance Company	AXA Insurance Pte Ltd
Policy Number / Cover Note Number	VFX/P2419138

### DRIVER

Name of Driver	PEH BENG HENG
NRIC No	SXXXX225J
Date Of Birth	24/09/1956
Occupation	Outdoor

Date Of Driving Pass .....	23/07/1976
Driving experience .....	46 YEARS AND 5 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-91909356
Alt. Phone Number .....	-
Email Address .....	fleetsafety@cdgtaxi.com.sg
Address .....	BLK 293 SERANGOON CENTRAL #06-72
Address complement .....	-
Postcode .....	550203
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 - Change/cross lane
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? .....	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 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

#### 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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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.

FLASH ACCIDENT  
REPORTING OFFICER  
FRO ZIKRUL



Policyholder's Signature / Date & Time

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

02/12/22 1600HRS

Witnessed by Reporting Centre Personnel

### Sketch Plan

A-SHC8090B  
B-SLK5653H

TAMPINES AVE 12 TOWARDS TAMPINES ST 41

**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.



**FLASH ACCIDENT  
REPORTING OFFICER**

**FRO ZIKRUL**



Policyholder's Signature / Date & Time

Driver's Signature (If driver is not the policyholder) / Date & Time  
02/12/22 1600HRS

Witnessed by Reporting Centre Personnel