

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	22/12/2022 16:10 (SGT)
Reported by	Driver
Date of Accident	22/12/2022 11:20 (SGT)
Exact Location of Accident	Ang Mo Kio Ave 5, Singapore
Additional Location Information	TOWARDS ANG MO KIO STREET 6
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD4976S
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	COMFORT TRANSPORTATION PTE LTD
Company Reg No	VXXXXXXX9138
Email Address	fleetsafety@cdgtaxi.com.sg
Mobile Phone No	(Phone) +65-93699218
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 - Claiming third party
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	NG YU CHUAN
NRIC No	SXXXX552J
Date Of Birth	13/10/1951
Occupation	Outdoor

Date Of Driving Pass
Driving experience
Gender
Mobile Number
Alt. Phone Number
Email Address
Address
Address complement
Postcode
Is the driver the policyholder?
If No, Relationship of the Driver with the Insured
Does Driver Own Other Vehicles?
Vehicle Registration Number of Other Vehicle Owned by Driver
Insurance Company of Other Vehicle Owned by Driver

28/02/1972
50 YEARS AND 10 MONTHS
Male
(Phone) +65-93699218
-
fleetsafety@cdgtaxi.com.sg
BLK 460 HOUGANG AVE 10 # 07 - 984
-
530460
No
Hirer
No
-
-

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? 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 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 22.12.2022 AT ABOUT 1120HRS I WAS DRIVING MY VEHICLE A SHD4976S FETCHING MY PASSENGER TO ANG MO KIO STREET 6. MY VEHICLE A STOP ON THE 2ND LANE OF ANG MO KIO AVE 5 TRAFFIC JUNCTION OF ANG MO KIO AVE 6. VEHICLE B SKX360D THEN REAR ENDED MY STATIONARY VEHICLE A. MY PASSENGER IS NOT INJURED AND I PROCEEDED TO SEND HER TO DESTINATION AFTER TAKING SCENE PHOTOS AND HANDPHONE EXCHANGED. V

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

Vehicle Registration Number	
Vehicle Manufacturer	SKX360D
Vehicle Model	Toyota
Vehicle Variant	Hiace
Vehicle Colour	-
Vehicle Category	-
Name of Driver	Commercial vehicle
Contact Number	-
Address	(Phone) +65-84089427
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	FRONT
	-

IMPORTANT NOTICE

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

(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

Witnessed by Reporting Centre
Personnel 

ANG MO KIO AVE 5

ANG MO KIO AVE 6

Describe Circumstances of the Accident

ON 22.12.2022 AT ABOUT 1120HRS I WAS DRIVING MY VEHICLE A SHD4976S FETCHING MY PASSENGER TO ANG MO KIO STREET 6. MY VEHICLE A STOP ON THE 2ND LANE OF ANG MO KIO AVE 5 TRAFFIC JUNCTION OF ANG MO KIO AVE 6. VEHICLE B SKX360D THEN REAR ENDED MY STATIONARY VEHICLE A.
MY PASSENGER IS NOT INJURED AND I PROCEEDED TO SEND HER TO DESTINATION AFTER TAKING SCENE PHOTOS AND HANDPHONE EXCHANGED.

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

22.12.2022

1530HRS

Witnessed by Reporting Centre Personnel

FLASH ACCIDENT
REPORTING OFFICER
KYMI YONG

