

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	30/12/2022 15:29 (SGT)
Reported by	Driver
Date of Accident	30/12/2022 05:40 (SGT)
Exact Location of Accident	Sims Ave, Singapore
Additional Location Information	TOWARD LOR GEYLANG 39
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD3176R
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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) +65-97461690
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	SETOH KAM SENG
NRIC No	S0167087E
Date Of Birth	13/11/1953
Occupation	Outdoor

Date Of Driving Pass	22/04/1977
Driving experience	45 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97461690
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	838 TAMPINES STREET 82 #13-79
Address complement	-
Postcode	520838
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)	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 30/12/2022 AROUND 0530HRS I WAS DRIVING VEHICLE A (SHD3176R) AT SIMS AVENUE TOWARDS GEYLANG LOR 39 I WAS ON LANE 2, AS I WANTED TO USE 1ST LANE TO TURN RIGHT TO GEYLANG LOR 39 BUT SINCE THE LANE 1 WAS OCCUPIED WITH MANY PARKED VEHICLE I HAD TO USE LANE 2 WHICH IS A STRAIGHT GOING LANE TO TURN RIGHT , AT THE MOMENT I WAS STARTING TO MAKE THE RIGHT TURN THERE WAS THIS VEHICLE B(GBM258G) OVER TAKE ME ON MY RIGHT AND COLLIDED TO MY RIGHT REAR DOOR AND BACK. NOBODY IS INJURED AND NO OTHER VEHICLE IS INVOLVED.

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	GBM258G
Vehicle Manufacturer	Toyota
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	SHAGAR MOHAMMAD
Passport No/FIN	G8352092U
Contact Number	(Phone) +65-82981770
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN**IMPORTANT NOTICE**

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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)**

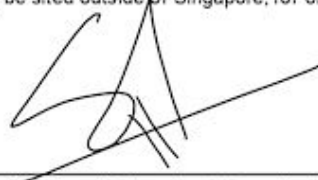
I understand, acknowledge, agree and consent that:

(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 VICKY

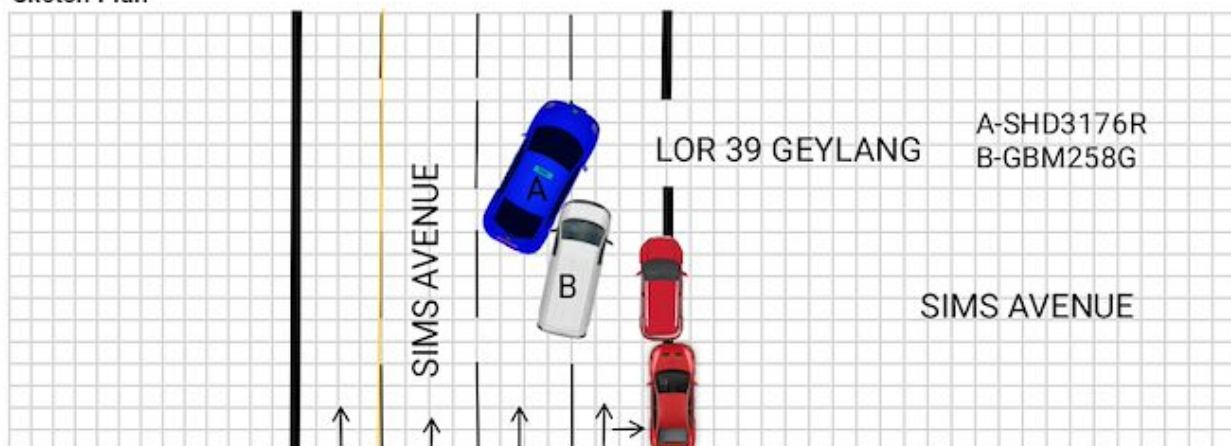


Policyholder's Signature / Date & Time

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

30/12/2022 1430HRS

Witnessed by Reporting Centre Personnel

Sketch Plan

Describe Circumstances of the Accident

ON 30/12/2022 AROUND 0530HRS I WAS DRIVING VEHICLE A (SHD3176R) AT SIMS AVENUE TOWARDS GEYLANG LOR 39
 I WAS ON LANE 2, AS I WANTED TO USE 1ST LANE TO TURN RIGHT TO GEYLANG LOR 39 BUT SINCE THE LANE 1 WAS OCCUPIED WITH MANY PARKED VEHICLE I HAD TO USE LANE 2 WHICH IS A STRAIGHT GOING LANE TO TURN RIGHT , AT THE MOMENT I WAS STARTING TO MAKE THE RIGHT TURN THERE WAS THIS VEHICLE B(GBM258G) OVER TAKE ME ON MY RIGHT AND COLLIDED TO MY RIGHT REAR DOOR AND BACK. NOBODY IS INJURED AND NO OTHER VEHICLE IS INVOLVED.

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
 30/12/2022 1430HRS

**FLASH ACCIDENT
REPORTING OFFICER**

FRO VICKY



Witnessed by Reporting Centre Personnel

























IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SJ0G22CU0000 Vehicle Registration No: SHD3176R
 Name (as shown in NRIC): Comfort Transportation Pte Ltd NRIC/FIN/Passport No: 1XXXXX821R
 (*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
 Address: _____ Singapore ()
 Contact (Tel): _____ Mobile No.: _____
 Email Address: _____
 Date of Accident: 30/12/2022 Time of Accident: 05:40
 Place of Accident: Sims Ave, Singapore
 Insurance Company: AXA Insurance Singapore Pte Ltd

(B) ADDITIONAL INFORMATION /AMENDMENTS:

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

ACCIDENT DATE



Policyholder / Driver's Signature
Date:

BUVANA

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:
Date: 30/12/2022

