# **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 witholding 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.

- 4. The issue and acceptance of this is form by instrained 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 06/01/2023 13:55 (SGT) Reported by Date of Accident 06/01/2023 09:00 (SGT) Exact Location of Accident PIE, Singapore Additional Location Information Country/State of Loss Singapore

#### **DETAILS OF OWN VEHICLE**

Toyota

Vehicle Registration Number SHD4992U

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) +65-97939868 Alternative Phone No (Office) +65-65508768

VEHICLE PARTICULARS

Manufacturer

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 No - Claiming third party your vehicle? 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 LIM KWEE CHENG NRIC No SXXXX828B Date Of Birth 22/11/1961 Occupation Outdoor

Date Of Driving Pass 13/03/1979 Driving experience 43 YEARS AND 10 MONTHS Gender Mobile Number (Phone) +65-97939868 Alt. Phone Number Email Address fleetsafety@cdgtaxi.com.sg Address 36 PARBURY DRIVE #03-03 Address complement Postcode 467303 Is the driver the policyholder? If No, Relationship of the Driver with the Insured RELIEF DRIVER 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 Type of Accident Chain Collision Weather Conditions Clear Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident 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) 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** 

#### DETAILS OF POLICE ACTION

Gender

Was the accident reported to the police?

Was notice of intended Prosecution given?

No
If yes, against whom?

#### CIRCUMSTANCES OF ACCIDENT

ON 06/01/2023 AT AROUND 0900HRS, I WAS DRIVING VEHICLE A (SHD4992U) ALONG PIE EXPRESSWAY TOWARDS TUAS BEFORE KPE. WHILE STATIONARY DUE TO TRAFFIC CONJESTION, VEHICLE B (SMV8221G) SUDDENLY REAR ENDED VEHICLE A AND SHORTLY AFTER, VEHICLE C (SMZ652C) REAR ENDED VEHICLE B. NOBODY WAS INJURED AND NO OTHER VEHICLES INVOLVED IN THE CHAIN COLLISION.

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	SMV8221G
Vehicle Manufacturer	Mazda
Vehicle Model	2
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	LEE GUO SHENG
NRIC No	SXXXX048G
Contact Number	(Phone) +65-92967756
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

# DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number Vehicle Manufacturer Vehicle Model Vehicle Variant	SMZ652C Porsche Panamera
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	SHAW SHUAI AARON
NRIC No	SXXXX413D
Contact Number	(Phone) +65-91899809
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

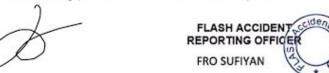
- 1. Please correctly report the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorized Driver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any willful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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. The 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.
- By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the center and to copies of the report being made available aforesaid.
- 8. Consent under the Personal Data Protection Act (PDPA)

Lunderstand, 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.
- (ii) 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.

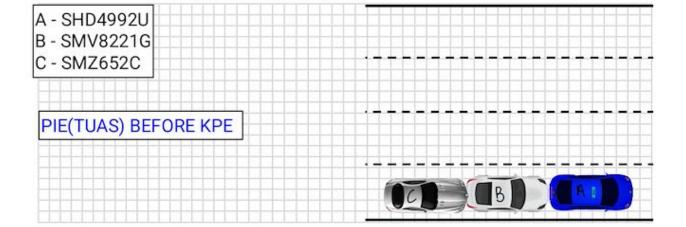


Policyholder's Signature / Date & Time Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Sketch Plan

06/01/2023 1115HRS



Describe Circumstances of the Accident

ON 06/01/2023 AT AROUND 0900HRS, I WAS DRIVING VEHICLE A (SHD4992U) ALONG PIE EXPRESSWAY TOWARDS TUAS BEFORE KPE. WHILE STATIONARY DUE TO TRAFFIC CONJESTION, VEHICLE B (SMV8221G) SUDDENLY REAR ENDED VEHICLE A AND SHORTLY AFTER, VEHICLE C (SMZ652C) REAR ENDED VEHICLE B.

NOBODY WAS INJURED	AND NO	<b>OTHER</b>	VEHICLES	SINVOLVED	IN TH	E
CHAIN COLLISION.						

#### Declaration

Time

I/We declare the foregoing particulars are true in every respect.

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

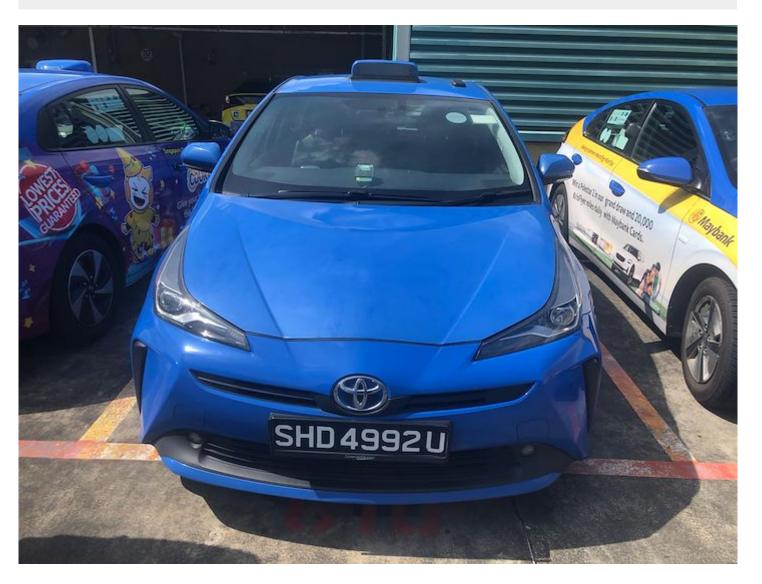
06/01/2023 1115HRS

Witnessed by Reporting Centre Personnel

FLASH ACCIDENT CONTROL REPORTING OFFICER
FRO SUFIYAN

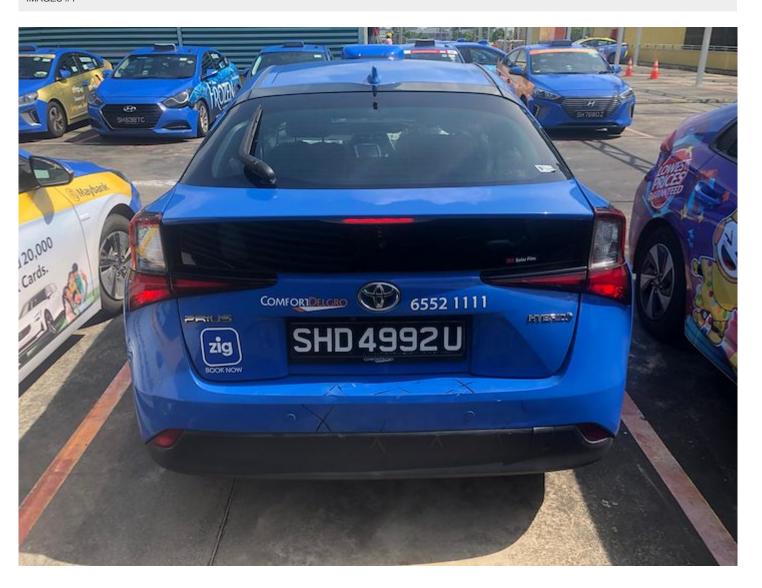


Policyholder's Signature / Date &



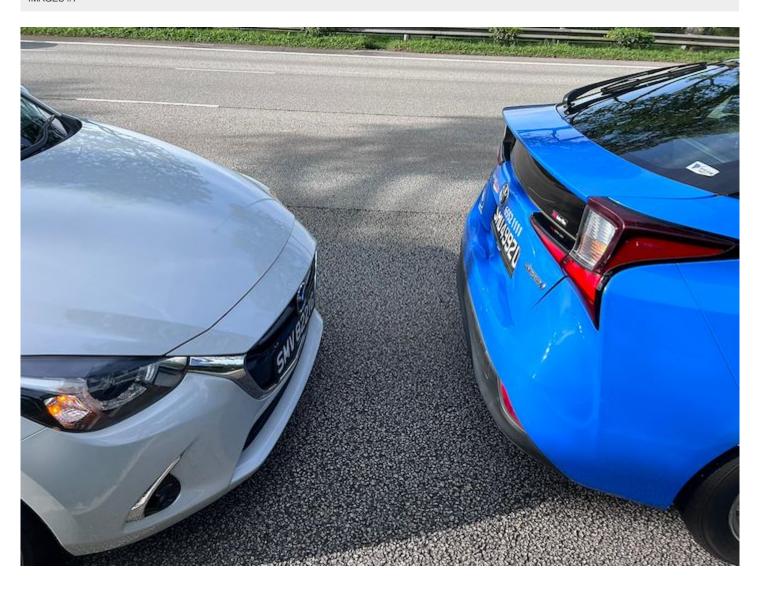
























IMPORTANT NOTE: Please submit the completed Addendum form to the <u>same</u> Accident Reporting Centre with whom you submitted the Original Report.

	ADDENDU	м					
A)	PARTICULARS OF PERSON MAKING THE AMENDMENTS:						
1	Original Report No: SJ0G2316000K	Vehicle Registration No: SHD4992U					
	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.:					
1	Email Address:						
	Date of Accident: 06/01/2023	Time of Accident: 09:00					
	Place of Accident: PIE,						
	Insurance Company: AXA Insurance Singapore Pte						
B)	ADDITIONAL INFORMATION /AMENDMENTS:						
	I have made a report on the above-mentioned accident as make the following amendments:	nd would like to include additional information or					
	UPDATE CLAIM STATUS						
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	50						
		Siti					
	Policyholder / Driver's Signature	Reporting Centre Personnel's Signature					
	Date:	Name:					
		NRIC/FIN No.: Date: 06.01.2023					

GIARMS Addendom Form