

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	01/02/2023 15:35 (SGT)
Reported by	Driver
Date of Accident	01/02/2023 09:05 (SGT)
Exact Location of Accident	Serangoon Rd, Singapore
Additional Location Information	TOWARDS PIE / TUAS SLIP ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA5618K
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) +65-90064221
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	HSBC Life (Singapore) Pte. Ltd
Policy Number / Cover Note Number	VFX/P2419138

DRIVER

Name of Driver	TAN SONG KHIM
NRIC No	SXXXX992D
Date Of Birth	29/06/1955
Occupation	Outdoor

Date Of Driving Pass	24/08/2018
Driving experience	4 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90064221
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLK 492D TAMPINES STREET 45 # 08 - 282
Address complement	-
Postcode	523492
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 - 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?	Yes
Was any injured conveyed to hospital by ambulance?	No
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 01.02.2023 AT ABOUT 0905HRS I WAS DRIVING MY VEHICLE A SHA5618K FETCHING MY PASSENGER TO ALEXANDER ROAD. MY VEHICLE A WAS ON THE LEFT LANE OF SLIP ROAD FROM SERANGOON ROAD TOWARDS PIE / TUAS. TRAFFIC WAS HEAVY AND CONGESTED. MY VEHICLE A WAS STATIONARY WHEN VEHICLE B EV2662B REAR ENDED MY STATIONARY VEHICLE A. MY PASSENGER HURT HER LIPS UPON IMPACT. HER SPECTACLES WERE FLUNG BEHIND. I WAS SURGED FORWARD AND MY CHEST HIT THE STEERING WHEEL. LTA OFFICER HELP TO MOVE VEHICLE B TO THE SIDE BAY. I PROCEEDED TO SEND HER TO HER DESTINATION. SCENE PHOTOS AND PARTICULARS TAKEN.

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	EV2662B
Vehicle Manufacturer	Honda
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	MS SIA
NRIC No	-1
Contact Number	(Phone) +65-98369837
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	FRONT
No. Of Passenger (Including Driver)	1

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	TAN SONG KHIM
Gender	Male
Phone No	-
Address	BLK 492D TAMPINES STREET 45 # 08 - 282
Address Complement	-
Post Code	523492
Approximate Age Years Old	67
Injuries Sustained	CHEST AND BACK
Injured person in which vehicle?	SHA5618K
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	MS TAN
Gender	Female
Phone No	(Phone) +65-96737372
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	30
Injuries Sustained	LIPS
Injured person in which vehicle?	SHA5618K
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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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.

[Signature]

**FLASH ACCIDENT
REPORTING OFFICER**
KYMI YONG

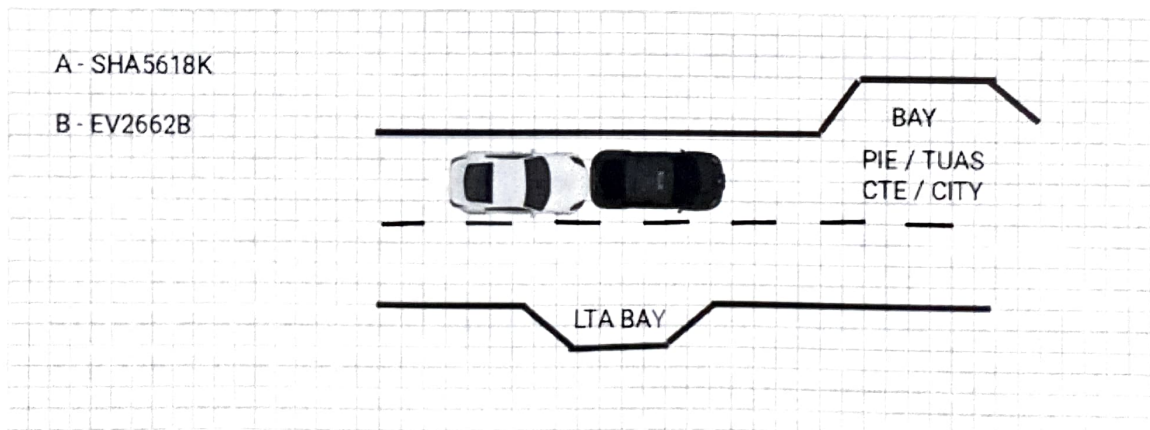


Policyholder's Signature / Date & Time

Driver's Signature (If driver is not the policyholder) / Date & Time
01.02.2023 1210HRS

Witnessed by Reporting Centre Personnel

Sketch Plan




Describe Circumstances of the Accident

ON 01.02.2023 AT ABOUT 0905HRS I WAS DRIVING MY VEHICLE A SHA5618K FETCHING MY PASSENGER TO ALEXANDER ROAD. MY VEHICLE A WAS ON THE LEFT LANE OF SLIP ROAD FROM SERANGOON ROAD TOWARDS PIE / TUAS. TRAFFIC WAS HEAVY AND CONGESTED. MY VEHICLE A WAS STATIONARY WHEN VEHICLE B EV2662B REAR ENDED MY STATIONARY VEHICLE A.
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 LTA OFFICER HELP TO MOVE VEHICLE B TO THE SIDE BAY.
 I PROCEEDED TO SEND HER TO HER DESTINATION.
 SCENE PHOTOS AND PARTICULARS TAKEN.

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 01.02.2023 1215HRS

 Witnessed by Reporting Centre
 Personnel

**FLASH ACCIDENT
 REPORTING OFFICER
 KYMI YONG**

