SJ0G2321000Q / JP Knights Pte Ltd ENTRY DATE & TIME: 01/02/2023 12:47 (SGT) SUBMITTED BY: Weine Chieng VERSION: 1 (01/02/2023 12:47 (SGT))

# **C** 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.
- 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 12:47 (SGT) Reported by Owner **Date of Accident** 31/01/2023 21:00 (SGT) **Exact Location of Accident** Jln Kayu, Singapore Additional Location Information TOWARDS YIO CHU KANG Country/State of Loss Singapore

## **DETAILS OF OWN VEHICLE**

Vehicle Registration Number SH6609M

#### 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) +65-83282279 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 Private hire Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party Vehicle Category Taxi **Transmission** Auto

#### INSURANCE COMPANY

Name of Insurance Company HSBC Life (Singapore) Pte. Ltd Policy Number / Cover Note Number VFX/P2419138

#### DRIVER

CC

Name of Driver NRIC No Date Of Birth Occupation

YEO WHEE MIN SXXXX874I 26/12/1954 Outdoor

1580

**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

05/10/1977

45 YEARS AND 3 MONTHS

Male

(Phone) +65-83282279

fleetsafety@cdgtaxi.com.sg

BLK 242 SERANGOON AVE 3 # 05 - 196

556242

No

RELIEF DRIVER

No

#### GENERAL INFORMATION OF THE ACCIDENT

Type of Accident Weather Conditions Road Surface

Collision - Head to Rear

Clear Dry

No

Yes

No

Yes

2

Nο

2

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? Number of vehicles involved in the accident Was anybody injured in the Accident?

Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Number of Passengers (Including Driver)

Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?

Translator's name Translator's ID

Translator's phone number

Translator's email

Original language used in the statement

PASSENGER 1

Name

Gender

**UNKNOWN** 

# **DETAILS OF POLICE ACTION**

Was the accident reported to the police? Was notice of intended Prosecution given? If yes, against whom?

Nο No

# CIRCUMSTANCES OF ACCIDENT

N 31.01.2023 AT ABOUT 2100HRS I WAS DRIVING MY VEHICLE A SH6609M FETCHING MY PASSENGER TO FERNVALE. MY VEHICLE A WAS ALONG JALAN KAYU TOWARDS YIO CHU KANG WHEN VEHICLE B SND5722E REAR ENDED MY VEHICLE A. MY PASSENGER IS NOT INJURED AND HE DECIDED TO GET HIMSTO HIS DESTINATION. SCENE PHOTOS AND HANDPHONE TAKEN.

ATTACHMENT(S)

Are accident photos available for attachment? Was there any video captured by Car Camera? Reasons for not uploading a video of the accident

Yes Yes

FILE IS NOT SUITABLE

# **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number Vehicle Manufacturer	SND5722E
	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	DENICE
Contact Number	(Phone) +65-88818638
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	FRONT
No. Of Passenger (Including Driver)	2

# INJURED PERSONS DETAILS

## INJURED 1

Name of injured person	YEO WHEE MIN
Gender	Male
Phone No	-
Address	BLK 242 SERANGOON AVE 3 # 05 - 196
Address Complement	-
Post Code	556242
Approximate Age Years Old	68
Injuries Sustained	LOWER BACK
Injured person in which vehicle?	SH6609M
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

#### 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
- 7. 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.
- (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.

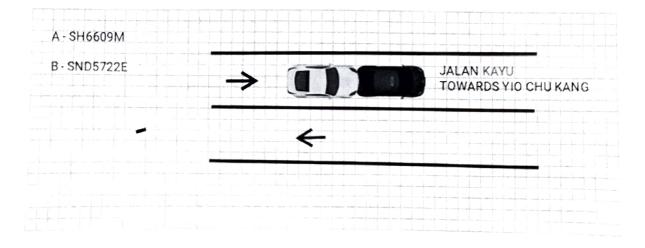


Policyholder's Signature / Date & Time

Driver's Signature (if driver is not the policyholder) / Date & Time 01.02.2023 1010HRS FLASH ACCIDENT COME PROPERTING OFFICER
KYMI YONG

Witnessed by Reporting Centre Personnel

Sketch Plan



# Describe Circumstances of the Accident

ON 31.01.2023 AT ABOUT 2100HRS I WAS DRIVING MY VEHICLE A SH6609M FETCHING MY PASSENGER TO FERNVALE. MY VEHICLE A WAS ALONG JALAN KAYU TOWARDS YIO CHU KANG WHEN VEHICLE B SND5722E REAR ENDED MY VEHICLE A. MY PASSENGER IS NOT INJURED AND HE DECIDED TO GET HIMSTO HIS DESTINATION. SCENE PHOTOS AND HANDPHONE 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 1015HRS

FLASH ACCIDENT

Witnessed by Reporting Centre Personnel