

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 02/02/2023 20:12 (SGT)
Reported by Driver
Date of Accident 01/02/2023 15:15 (SGT)
Exact Location of Accident AYE, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHC2331X

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) +65-96197258
Alternative Phone No (Office) +65-65508768

VEHICLE PARTICULARS

Manufacturer Toyota
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 your vehicle? No - Reporting only
Vehicle Category Taxi
Transmission Auto
CC 1798

INSURANCE COMPANY

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

DRIVER

Name of Driver SOONG KEE LUEN (SONG JI LIAN)
NRIC No S0142588I
Date Of Birth 11/04/1950
Occupation Outdoor

Date Of Driving Pass	12/05/1970
Driving experience	52 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96197258
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLK 305 CHOA CHU KANG AVENUE 4 # 08 - 667
Address complement	-
Postcode	680305
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?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	3
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

PASSENGER 2

Name	UNKNOWN
Gender	Male

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 1515HRS I WAS DRIVING MY VEHICLE A SHC2331X FETCHING MY PASSENGERS TO IMM. MY VEHICLE A WAS ON THE 2ND LEFT LANE OF AYE / TUAS. TRAFFIC WAS HEAVY DUE TO ROAD WORKS. MY VEHICLE A THEN SLIGHTLY REAR ENDED VEHICLE B GBG1011B WHICH SUSTAINED VERY MINOR DAMAGE. DURING THIS TIME, MY PASSENGER REQUESTED TO STOP THE FARE METER AND I ACCIDENTALLY PRESSED 2 TIMES AND DELETED THE FARES. AFTER WHICH I TOOK SCENE PHOTOS AND PARTICULARS EXCHANGED WITH VEHICLE B . I RESTARTED THE FARE METER AND PROCEEDED TO SEND MY PASSENGERS TO THEIR DESTINATION. UPON REACHING DESTINATION, I TOLD MY PASSENGER THE FULL FARE AND HE WANTED TO PAY BY CREDIT WHICH DOES NOT TALLY WITH THE RESTARTED AMOUNT. HE GOT UPSET AND HAD TO PAY ME IN CASH.

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 NOT SUITABLE

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBG1011B
Vehicle Manufacturer	Volkswagen
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	GOH UI MIAN
NRIC No	S9048970D
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

SKETCH PLAN**IMPORTANT NOTICE**

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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.

**FLASH ACCIDENT
REPORTING OFFICER
KYMI YONG**



Policyholder's Signature / Date & Time

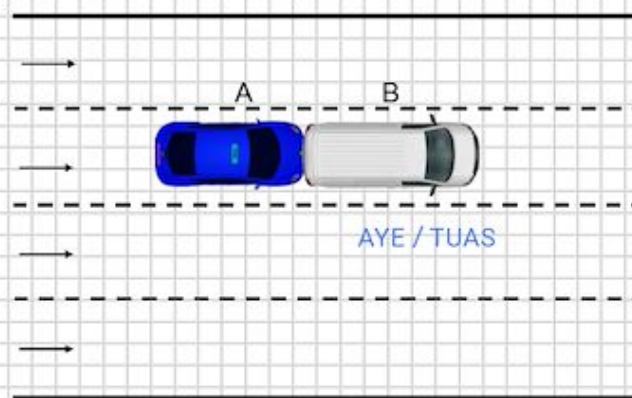
Driver's Signature (If driver is not the policyholder) / Date & Time
02.02.2023 1410HRS

Witnessed by Reporting Centre Personnel

Sketch Plan

A - SHC2331X

B - GBG1011B



Describe Circumstances of the Accident

ON 01.02.2023 AT ABOUT 1515HRS I WAS DRIVING MY VEHICLE A SHC2331X FETCHING MY PASSENGERS TO IMM. MY VEHICLE A WAS ON THE 2ND LEFT LANE OF AYE / TUAS. TRAFFIC WAS HEAVY DUE TO ROAD WORKS. MY VEHICLE A THEN SLIGHTLY REAR ENDED VEHICLE B GBG1011B WHICH SUSTAINED VERY MINOR DAMAGE. DURING THIS TIME, MY PASSENGER REQUESTED TO STOP THE FARE METER AND I ACCIDENTALLY PRESSED 2 TIMES AND DELETED THE FARES. AFTER WHICH I TOOK SCENE PHOTOS AND PARTICULARS EXCHANGED WITH VEHICLE B. I RESTARTED THE FARE METER AND PROCEEDED TO SEND MY PASSENGERS TO THEIR DESTINATION. UPON REACHING DESTINATION, I TOLD MY PASSENGER THE FULL FARE AND HE WANTED TO PAY BY CREDIT WHICH DOES NOT TALLY WITH THE RESTARTED AMOUNT. HE GOT UPSET AND HAD TO PAY ME IN CASH.

Declaration

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 02.02.2023 , 1415HRS

Witnessed by Reporting Centre Personnel

FLASH ACCIDENT
REPORTING OFFICER
KYMI YONG











