

# 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 willful 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	17/02/2023 08:59 (SGT)
Reported by	Driver
Date of Accident	16/02/2023 10:20 (SGT)
Exact Location of Accident	Thomson Rd, Singapore
Additional Location Information	AFTER IRRAWADDY ROAD
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number SH8533J

### 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) +65-97472711
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 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	1580

### INSURANCE COMPANY

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

### DRIVER

Name of Driver	MOHAMAD SAPEINGE BIN JAMIL
NRIC No	S0000299D
Date Of Birth	13/03/1986
Occupation	Outdoor



Date Of Driving Pass ..... 17/01/1990  
 Driving experience ..... 33 YEARS AND 1 MONTH  
 Gender ..... Male  
 Mobile Number ..... (Phone) +65-97472711  
 Alt. Phone Number ..... -  
 Email Address ..... fleetsafety@cdgtaxi.com.sg  
 Address ..... BLK 290D BUKIT BATOK EAST AVE # 03-370  
 Address complement ..... -  
 Postcode ..... 651290  
 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 ..... Side Swipe  
 Weather Conditions ..... Clear  
 Road Surface ..... Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? ..... No  
 Number of vehicles involved in the accident ..... 1  
 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 16.02.2023 AT ABOUT 1020HRS I WAS DRIVING MY VEHICLE A SH8533J FETCHING MY PASSENGER TO NEWTON. MY VEHICLE A WAS ON THE MIDDLE LANE OF THOMSON ROAD. AFTER IRRAWADDY ROAD AS I WAS DRIVING PAST STATIONARY VEHICLE B QX2546B ON MY LEFT. VEHICLE B SUDDENLY SWERVED OUT, HENCE HIS VEHICLE BRIGHT FRONT SIDE SWIPE MY VEHICLE A WHOLE LEFT SIDE. MY PASSENGER IS NOT INJURED AND SHE DECIDED TO TAKE ANOTHER TAXI. UPON IMPACT I FEL NUMBNESS ON MY LEFT ARM. SCENE PHOTOS AND PARTICULARS TAKEN. NO HANDPHONE EXCHANGE.

#### 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



Vehicle Registration Number	QX2546B
Vehicle Manufacturer	Mercedes
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	KHAIRUL ANWAR BIN ABDUL RAZAK
NRIC No	SXXXX340F
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	RIGHT FRONT
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

## INJURED PERSONS DETAILS

## INJURED 1

Name of injured person	MOHAMAD SAPEINGE BIN JAMIL
Gender	Male
Phone No	(Phone) +65-97472711
Address	BLK 290D BUKIT BATOK EAST AVE # 03-370
Address Complement	-
Post Code	651290
Approximate Age Years Old	56
Injuries Sustained	LEFT ARM NUMB
Injured person in which vehicle?	SH8533J
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

## SKETCH PLAN

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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)  
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

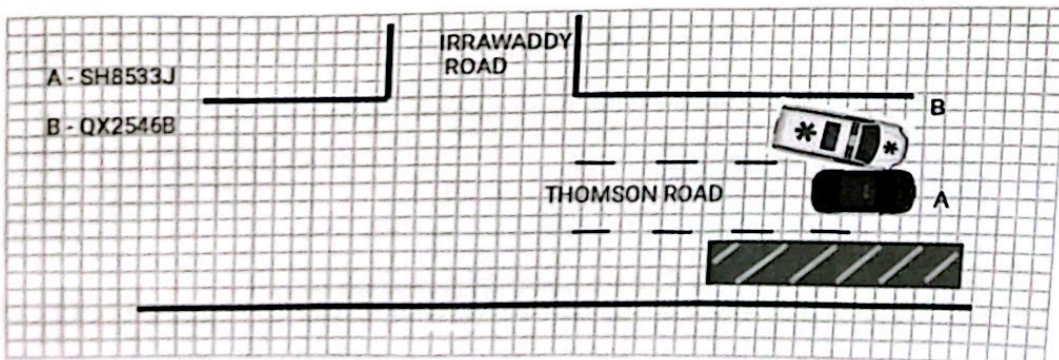
Sketch Plan

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

16.02.2023

1355HRS

Witnessed by Reporting Centre Personnel





**Describe Circumstances of the Accident**

ON 16.02.2023 AT ABOUT 1020HRS I WAS DRIVING MY VEHICLE A SH8533J FETCHING MY PASSENGER TO NEWTON. MY VEHICLE A WAS ON THE MIDDLE LANE OF THOMSON ROAD. AFTER IRRAWADDY ROAD AS I WAS DRIVING PAST STATIONARY VEHICLE B QX2546B ON MY LEFT. VEHICLE B SUDDENLY SWERVED OUT, HENCE HIS VEHICLE BRIGHT FRONT SIDE SWIPE MY VEHICLE A WHOLE LEFT SIDE. MY PASSENGER IS NOT INJURED AND SHE DECIDED TO TAKE ANOTHER TAXI. UPON IMPACT I FEL NUMBNESS ON MY LEFT ARM. SCENE PHOTOS AND PARTICULARS TAKEN. NO HANDPHONE EXCHANGE.

**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  
16.02.2023 1400HRS

FLASH ACCIDENT  
REPORTING OFFICER  
KYMI YONG



Witnessed by Reporting Centre Personnel