

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 13:15 (SGT) |
| Reported by | Driver |
| Date of Accident | 31/01/2023 18:10 (SGT) |
| Exact Location of Accident | Airport Blvd., Singapore Changi Airport (SIN), Singapore |
| Additional Location Information | TERMINAL 2 |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------------|----------|
| Vehicle Registration Number | SHD3387Z |
|-----------------------------------|----------|

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) +65-86412435 |
| 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 - Reporting only |
| 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 | CHARLES XAVIER |
| NRIC No | S7416590G |
| Date Of Birth | 27/05/1974 |
| Occupation | Outdoor |

| | |
|--|------------------------------------|
| Date Of Driving Pass | 12/01/2007 |
| Driving experience | 16 YEARS |
| Gender | Male |
| Mobile Number | (Phone) +65-86412435 |
| Alt. Phone Number | - |
| Email Address | fleetsafety@cdgtaxi.com.sg |
| Address | BLK 311B ANCHORVALE LANE # 08 - 24 |
| Address complement | - |
| Postcode | 542311 |
| 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 - Change/cross lane |
| Weather Conditions | Clear |
| Road Surface | Wet |

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) | 1 |
| 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 | - |

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 31.01.2023 AT ABOUT 1810HRS I WAS DRIVING MY VEHICLE A SHD3387Z ON THE MIDDLE LANE OF TERMINAL 2 BOULEVARD TOWARDS TERMINAL 2. VEHICLE B GBC5255J WHICH WAS IN FRONT TURN RIGHT ON A NO RIGHT TURN LANE. HENCE MY VEHICLE A REAR ENDED VEHICLE B. SCENE PHOTOS AND PARTICULARS TAKEN. NO HANDPHONE. I HURT MY NECK , ARM AND LEG UPON IMPACT. AMBULANCE CAME BUT I AM NOT CONVEYED. AIRPORT POLICE GAVE ME A CASE CARD
P/20230131/0049

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 | GBC5255J |
| Vehicle Manufacturer | - |
| Vehicle Model | - |

| | |
|---|------------------------|
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Commercial vehicle |
| Name of Driver | MALAYKOLUNDU MURUGESAN |
| Passport No/FIN | G8278270U |
| Contact Number | - |
| Address | - |
| Address complement | - |
| Postcode | - |
| Insurance Company Name | - |
| Nature Of Damage | - |
| Details of property damaged in accident | REAR |
| No. Of Passenger (Including Driver) | 2 |

INJURED PERSONS DETAILS

INJURED 1

| | |
|---|------------------------------------|
| Name of injured person | CHARLES XAVIER |
| Gender | Male |
| Phone No | (Phone) +65-86412435 |
| Address | BLK 311B ANCHORVALE LANE # 08 - 24 |
| Address Complement | - |
| Post Code | 542311 |
| Approximate Age Years Old | 48 |
| Injuries Sustained | CHEST, LEFT ARM N RIGHT KNEE |
| Injured person in which vehicle? | SHD3387Z |
| Were seat belts worn? | No |
| Was this injured conveyed to hospital by ambulance? | No |

SKETCH PLAN**IMPORTANT NOTICE**

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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.

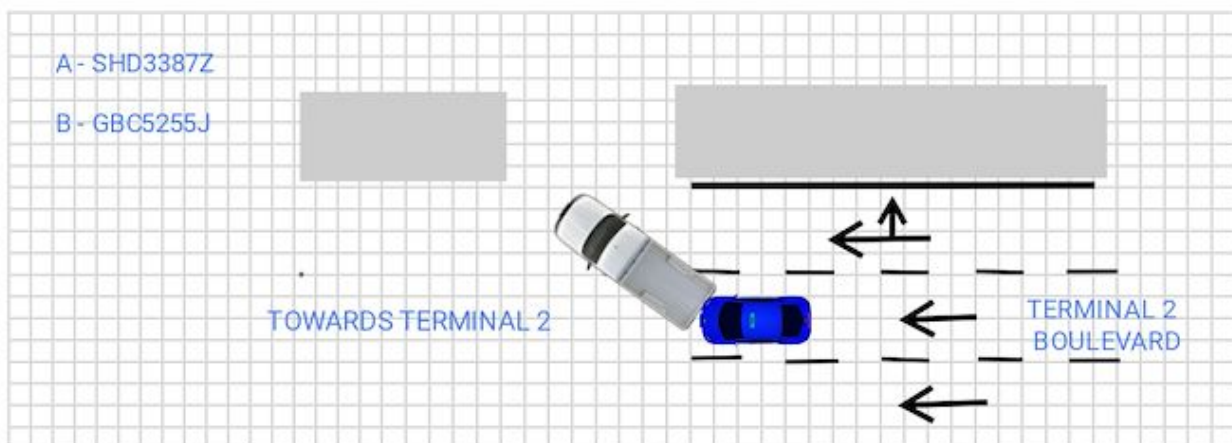
Policyholder's Signature / Date & Time

Sketch Plan

Driver's Signature (If driver is not the policyholder) / Date & Time **01.02.2023 1040HRS**

Witnessed by Reporting Centre Personnel

**FLASH ACCIDENT
REPORTING OFFICER
KYMI YONG**



Describe Circumstances of the Accident

ON 31.01.2023 AT ABOUT 1810HRS I WAS DRIVING MY VEHICLE A SHD3387Z ON THE MIDDLE LANE OF TERMINAL 2 BOULEVARD TOWARDS TERMINAL 2. VEHICLE B GBC5255J WHICH WAS IN FRONT TURN RIGHT ON A NO RIGHT TURN LANE. HENCE MY VEHICLE A REAR ENDED VEHICLE B.

SCENE PHOTOS AND PARTICULARS TAKEN.

NO HANDPHONE.

I HURT MY NECK, ARM AND LEG UPON IMPACT. AMBULANCE CAME BUT I AM NOT CONVEYED. AIRPORT POLICE GAVE ME A CASE CARD

P/20230131/0049

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 1045HRS

FLASH ACCIDENT
REPORTING OFFICER
KYMI YONG



Witnessed by Reporting Centre Personnel

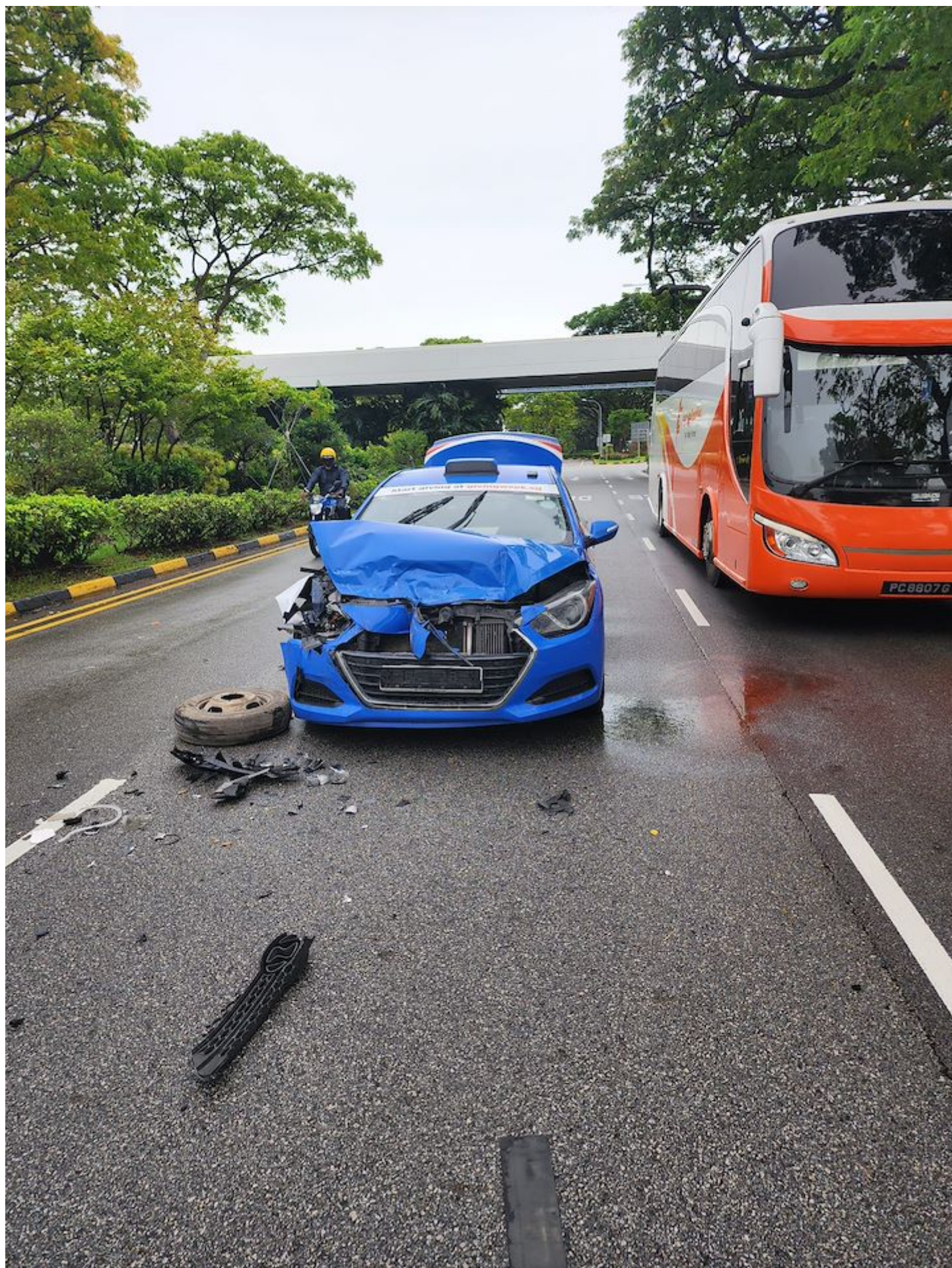


















IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SJ0G2321000T Vehicle Registration No: SHD3387Z
 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.: _____
 Email Address: _____
 Date of Accident: 31/01/2023 Time of Accident: 18:10
 Place of Accident: TERMINAL 2 BOULEVARD
 Insurance Company: HSBC LIFE(SINGAPORE) PTE LTD

(B) ADDITIONAL INFORMATION /AMENDMENTS:

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

UPDATE ACCIDENT LOCATION



Policyholder / Driver's Signature
Date:

Siti

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:
Date: 01.02.2023

GIARMC Addendum Form