

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 21/02/2023 17:33 (SGT)
Reported by Driver
Date of Accident 20/02/2023 22:20 (SGT)
Exact Location of Accident Yishun Ave 2, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHC1614L

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) +65-96608890
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 - Claiming third party
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 HO PHUI YONG
NRIC No SXXXX449A
Date Of Birth 13/05/1952
Occupation Outdoor

Date Of Driving Pass	17/08/1970
Driving experience	52 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96608890
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLK 456A SENGKANG WEST ROAD # 09-310
Address complement	-
Postcode	791456
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	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 THE 20/02/2023 AT AROUND 2220HRS. I VEHICLE A BEARING REGISTRATION NUMBER SHC1614L WAS DRIVING ALONG YISHUN AVENUE 2 ON THE THIRD LANE WITH A PASSENGER ON BOARD. AS I SAW THE TRAFFIC LIGHT RED, I PROCEEDED TO STOP FOR TRAFFIC. SHORTLY AFTER, I FELT A HARSH IMPACT ON MY REAR AND REALISED THAT VEHICLE B BEARING REGISTRATION NUMBER SLF9267P HAD REAR ENDED VEHICLE A. MYSELF AND MY PASSENGER SUFFERED SOME INJURIES AND WILL BE SEEKING MEDICAL ATTENTION.

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	SLF9267P
Vehicle Manufacturer	Audi
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	HO PHUI YONG
Gender	Male
Phone No	(Phone) +65-96608890
Address	BLK 456A SENGKANG WEST ROAD # 09-310
Address Complement	-
Post Code	791456
Approximate Age Years Old	70
Injuries Sustained	-
Injured person in which vehicle?	SHC1614L
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	PASSANGER
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	-
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.

[Handwritten Signature]

FLASH ACCIDENT
REPORTING OFFICER
KYMI YONG



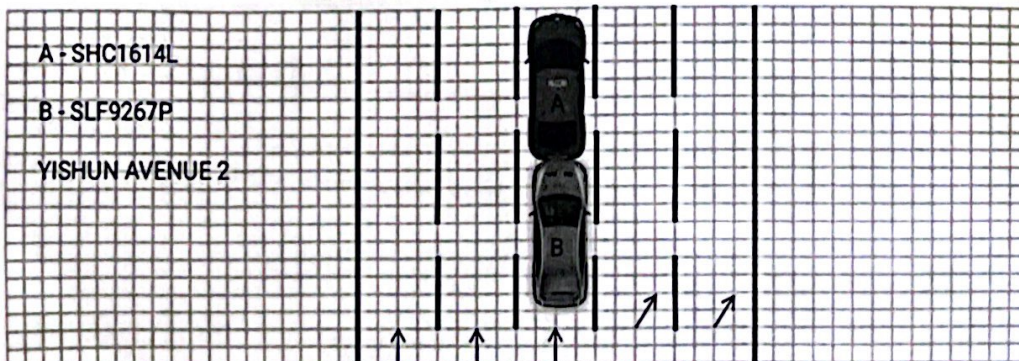
Policyholder's Signature /
Date & Time

Driver's Signature (If driver is not the policyholder) /
Date & Time 20.02.2023. 1000HRS

Witnessed by Reporting Centre
Personnel

Sketch Plan

* PLEASE REMEMBER (A AND B)



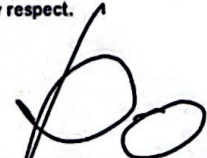
Describe Circumstances of the Accident

ON THE 20/02/2023 AT AROUND 2220HRS. I VEHICLE A BEARING REGISTRATION NUMBER SHC1614L WAS DRIVING ALONG YISHUN AVENUE 2 ON THE THIRD LANE WITH A PASSENGER ON BOARD. AS I SAW THE TRAFFIC LIGHT RED, I PROCEEDED TO STOP FOR TRAFFIC. SHORTLY AFTER, I FELT A HARSH IMPACT ON MY REAR AND REALISED THAT VEHICLE B BEARING REGISTRATION NUMBER SLF9267P HAD REAR ENDED VEHICLE A. MYSELF AND MY PASSENGER SUFFERED SOME INJURIES AND WILL BE SEEKING MEDICAL ATTENTION.

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 20.02.2023. 1015HRS

FLASH ACCIDENT
REPORTING OFFICER
KYMI YONG



Witnessed by Reporting Centre
Personnel