# SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report <u>correctly</u> the details of the accident to speed up the claims process.

2. This Form must be <u>completed by the Policyholder and/or the Actual Driver</u>

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

3. Information protect mass to so the state of the 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 18/02/2023 14:53 (SGT) Reported by Driver 16/02/2023 18:25 (SGT) Date of Accident **Exact Location of Accident** Robinson Rd, Singapore Additional Location Information Country/State of Loss Singapore

# **DETAILS OF OWN VEHICLE**

SHD6821S Vehicle Registration Number

#### INSURED/POLICYHOLDER

Yes Is company? COMFORT TRANSPORTATION PTE LTD Name Of Registered Owner 1XXXXX821R Company Reg No fleetsafety@cdgtaxi.com.sg **Email Address** (Phone) +65-97564496 Mobile Phone No (Office) +65-65508768 Alternative Phone No

# VEHICLE PARTICULARS

Mercedes Manufacturer 200e Model Variant Exact purpose for which vehicle was being used at time of Private hire accident Are you claiming under your own insurance policy for repair to No - Claiming third party your vehicle? Vehicle Category Taxi Transmission Auto 2143 CC

## INSURANCE COMPANY

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

## DRIVER

Name of Driver **ENG YUN FOK** SXXXX956C NRIC No Date Of Birth 09/04/1968 Occupation Outdoor

Accident report SJ0G232I0008

Page 1 of 12

Date Of Driving Pass 07/12/1989 33 YEARS AND 2 MONTHS Driving experience Gender (Phone) +65-97564496 Mobile Number .... Alt. Phone Number fleetsafety@cdgtaxi.com.sg Email Address BLK 185 BEDOK NORTH ROAD # 16-74 Address Address complement 460185 Postcode No Is the driver the policyholder? 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 Collision - Change/cross lane Type of Accident .... Weather Conditions Clear Dry Road Surface OTHER INFORMATION Was any foreign vehicle involved in the accident? No 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? Yes Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) No soliciting/offering accident claims assistance? 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 16/02/2023 AROUND 1825HRS I WAS DRIVING VEHICLE A (SHD6821S) AT ROBINSON ROAD, SUDDENLY THERE WAS THIS VEHICLE B (SLR8346M) DID A LANE CHANGE AND HIT MY REAR RIGHT PORTION. NOBODY WAS INJURED DURING THE ACCIDENT

# 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**

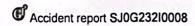
 Vehicle Registration Number
 SLR8346M

 Vehicle Manufacturer
 Mazda

 Vehicle Model
 3

 Vehicle Variant

 Vehicle Colour



Page 2 of 12

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)	2



#### 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 wilful 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 :
- (f) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims.
- (i) Investigating the accident and/or my claims.
- (ii) carrying out and/or dealing with my instructions or responding to any enquiries by me.
- (v) 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
- (f) 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 sted outside of Singapore, for one or more of the above Purposes.

FLASH ACCIDENT

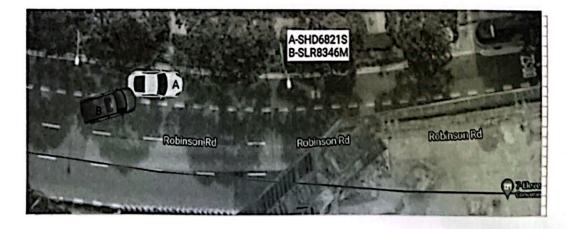
Policyholder's Signature / Date & Time

Sketch Plan

Driver's Signature (if driver it not the policyholder) / Date

17/02/2023 1510HRS

Witnessed by Reporting Centre



ON 16/02/2023 AROUND 1825HRS I WAS DRIVING VEHICLE A (SHD6821S) AT ROBINSON ROAD, SUDDENLY THERE WAS THIS VEHICLE B (SLR8346M) DID A LANE CHANGE AND HIT MY REAR RIGHT PORTION. NOBODY WAS INJURED DURING THE ACCIDENT.				
			- 1	
claration				
e declare the foregoing particula	's are true in every respect.			
	/	FLASH ACCIDENT	(S)	
	$/ \Omega $	REPORTING OFFICER	100	
		FRO VICKY	PIL	
licyholder's Signature / Date &	Driver's Signature (If driver's not the poli	cyholder) / Date Witnessed by Reporting Centre		
ne	& Time 17/02/2023 1510hrs	Personnel		