

## 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	06/03/2023 19:35 (SGT)
Reported by	Driver
Date of Accident	06/03/2023 08:50 (SGT)
Exact Location of Accident	W Coast Hwy, Singapore
Additional Location Information	TOWARDS PASIR PANJANG
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC3199E
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#### 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) +65-91193247
Alternative Phone No	-

#### 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	India International Insurance Pte Ltd
Policy Number / Cover Note Number	VFX/P2419138

#### DRIVER

Name of Driver	GOH TECK HYE
NRIC No	SXXXX247F
Date Of Birth	17/12/1969
Occupation	Outdoor



Date Of Driving Pass	29/07/1991
Driving experience	31 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91193247
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	243 JURONG EAST STREET 24 #05-635
Address complement	-
Postcode	600243
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	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
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 06/03/2023 AROUND 0850HRS I WAS DRIVING VEHICLE A (SHC3199E ) ALONG WEST COAST HIGHWAY TOWARDS PASIR PANJANG ON EXTREME LEFT , SUDDENLY THERE WAS THIS VEHICLE B (SMC5217P) REAR ENDED VEHICLE A, I GET DOWN TO CHECK AND GOT TO KNOW THAT VEHICLE C SNE7986S REAR ENDED VEHICLE B. I WAS SLIGHTLY INJURED DURING THE ACCIDENT AND I MIGHT GO SEE A DOCTOR SOON.

#### 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	SMC5217P
Vehicle Manufacturer	Honda
Vehicle Model	Civic
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	NG FOO MING
NRIC No	SXXXX872C
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SNE7986S
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private hire
Name of Driver	TAN YONG HEE
NRIC No	SXXXX378I
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	GOH TECK HYE
Gender	Male
Phone No	(Phone) +65-91193247
Address	243 JURONG EAST STREET 24 #05-635
Address Complement	-
Post Code	600243
Approximate Age Years Old	-
Injuries Sustained	SHOULDER AND NECK PAIN
Injured person in which vehicle?	SHC3199E
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

##### INJURED 2

Name of injured person	UNKNOWN
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	UNKNOWN
Injured person in which vehicle?	SNE7986S
Were seat belts worn?	Yes
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.



**FLASH ACCIDENT  
REPORTING OFFICER**  
FRO VICKY



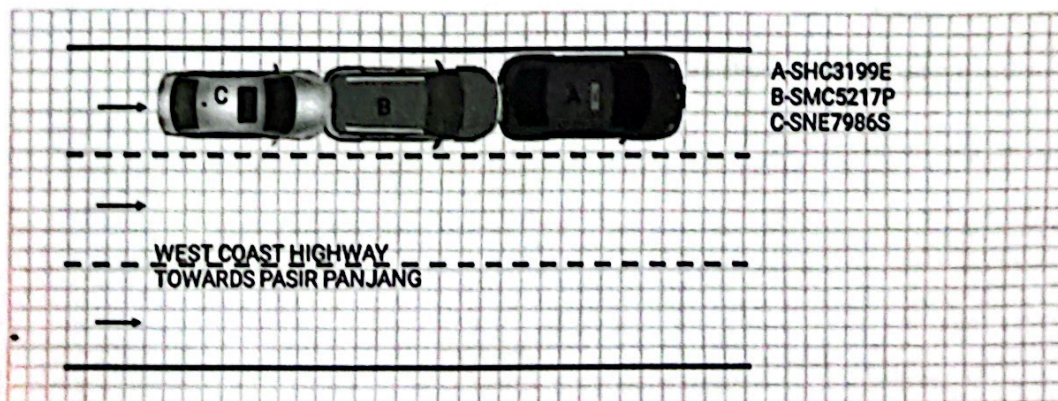
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

06032023 - 1300




## Describe Circumstances of the Accident

ON 06/03/2023 AROUND 0850HRS I WAS DRIVING VEHICLE A (SHC3199E ) ALONG WEST COAST HIGHWAY TOWARDS PASIR PANJANG ON EXTREME LEFT , SUDDENLY THERE WAS THIS VEHICLE B (SMC5217P) REAR ENDED VEHICLE A, I GET DOWN TO CHECK AND GOT TO KNOW THAT VEHICLE C SNE7986S REAR ENDED VEHICLE B. I WAS SLIGHTLY INJURED DURING THE ACCIDENT AND I MIGHT GO SEE A DOCTOR SOON.

## 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  
06032023 - 1300

FLASH ACCIDENT  
REPORTING OFFICER  
FRO VICKY



\_\_\_\_\_  
Witnessed by Reporting Centre  
Personnel