

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 18/02/2023 13:16 (SGT)
Reported by Driver
Date of Accident 17/02/2023 22:05 (SGT)
Exact Location of Accident Bukit Batok Rd, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SH6843C

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) +65-97990382
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 VINCENT FOK KAH HENG
NRIC No S1552795A
Date Of Birth 25/06/1962
Occupation Outdoor

Date Of Driving Pass	16/04/1987
Driving experience	35 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97990382
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLK 613 CHOA CHU KANG STREET 62 # 06 - 221
Address complement	-
Postcode	680613
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	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	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 17.02.2023 AT ABOUT 2205HRS I WAS DRIVING MY VEHICLE A SH6843C FETCHING MY PASSENGER TO BUKIT BATOK. MY VEHICLE A WAS ON THE MIDDLE LANE OF BUKIT BATOK ROAD FILTERING INTO THE 1ST LANE. VEHICLE B FBD4274E ON MY RIGHT THEN SIDE SWIPE HIS VEHICLE B LEFT FRONT ONTO MY VEHICLE A RIGHT FRONT. BIKER FELL AND HE HURT HIS KNUCKLES .TRAFFIC POLICE AND AMBULANCE CAME . MEDICS ATTENDED TO HIM AND HE DECLINED TO BE CONVEYED. HE THEN RODE HIS VEHICLE B TO HOSPITAL HIMSELF. MY PASSENGER IS NOT INJURED AND SHE DECIDED TO GET ANOTHER TAXI. SCENE PHOTO AND PARTICULARS TAKEN.

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	FBD4272E
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
Name of Driver	TEAH BEE CHUAN
Contact Number	(Phone) +65-91723835
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	LEFT FRONT
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	TEAH BEE CHUAN
Gender	Male
Phone No	(Phone) +65-91723835
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	40
Injuries Sustained	KNUCKLES
Injured person in which vehicle?	FBD4272E
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN**IMPORTANT NOTICE**

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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.

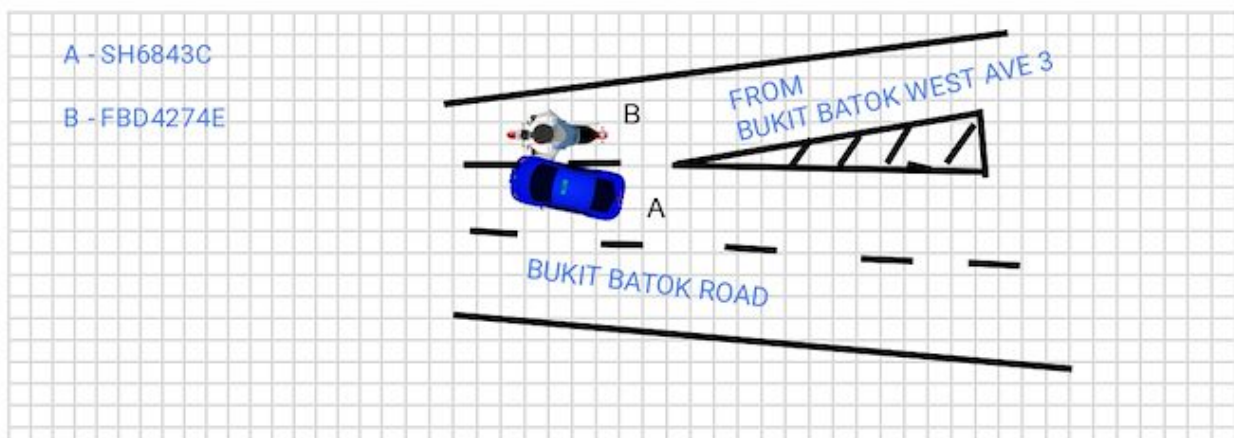
**FLASH ACCIDENT
REPORTING OFFICER
KYMI YONG**



Policyholder's Signature / Date & Time

Driver's Signature (If driver is not the policyholder) / Date & Time **18.02.2023 0855HRS**

Witnessed by Reporting Centre Personnel

Sketch Plan


Describe Circumstances of the Accident

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Declaration

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

 18.02.2023 0900HRS

FLASH ACCIDENT
REPORTING OFFICER
KYMI YONG



Witnessed by Reporting Centre Personnel









