

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 16/03/2023 19:32 (SGT)
Reported by Driver
Date of Accident 16/03/2023 10:25 (SGT)
Exact Location of Accident Raffles Quay, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHD6705U

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) +65-86113113
Alternative Phone No (Office) +65-65508768

VEHICLE PARTICULARS

Manufacturer Mercedes
Model 220e
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 2143

INSURANCE COMPANY

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

DRIVER

Name of Driver NG SIEW KIAN (HUANG XIUJUAN)
NRIC No SXXXX374B
Date Of Birth 31/08/1974
Occupation Outdoor

Date Of Driving Pass 29/05/1993
 Driving experience 29 YEARS AND 9 MONTHS
 Gender Female
 Mobile Number (Phone) +65-86113113
 Alt. Phone Number -
 Email Address fleetsafety@cdgtaxi.com.sg
 Address BLK 662 HOUGANG AVENUE 4 # 04-405
 Address complement -
 Postcode 530662
 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 MELISSA CHANG
 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 16.03.2023 AT ABOUT 1025HRS I WAS DRIVING MY VEHICLE A SHD6705U FETCHING MY PASSENGER TO TELEGRAPH STREET. MY VEHICLE A STOP ON THE 2ND LANE OF RAFFLES QUAY TRAFFIC JUNCTION OF CROSS STREET. VEHICLE B SLP4914K THEN REAR ENDED MY STATIONARY VEHICLE A.
 AFTER IMPACT I HURT MY NECK AND SHOULDER. MY PASSENGER COMPLAIN OF UPPER BACK STIFFNESS.
 SCENE PHOTOS TAKEN.
 PARTICULARS TAKEN.
 HANDPHONE EXCHANGED.

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	SLP4914K
Vehicle Manufacturer	Mazda
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	PANDURANGAN PURUSHOTHAMAN
NRIC No	SXXXX595E
Contact Number	(Phone) +65-91994907
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	FRONT
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	2

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	NG SIEW KIAN (HUANG XIUJUAN)
Gender	Female
Phone No	(Phone) +65-86113113
Address	BLK 662 HOUGANG AVE 4 # 04-405
Address Complement	-
Post Code	530662
Approximate Age Years Old	48
Injuries Sustained	NECK AND SHOULDER
Injured person in which vehicle?	SHD6705U
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	MELISSA CHANG
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	UPPER BACK STIFFNESS
Injured person in which vehicle?	SHD6705U
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.

[Signature]

FLASH ACCIDENT
REPORTING OFFICER
KYMI YONG



Policyholder's Signature /
Date & Time

Driver's Signature (If driver is not the policyholder) /
Date & Time 16.03.2023. 1355HRS

Witnessed by Reporting Centre
Personnel

Sketch Plan

A - SHD6705U
B - SLP4914K



Describe Circumstances of the Accident

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 SCENE PHOTOS TAKEN.
 PARTICULARS TAKEN.
 HANDPHONE EXCHANGED.

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 16.03.2023. 1400HRS

 Witnessed by Reporting Centre
 Personnel

FLASH ACCIDENT
 REPORTING OFFICER
 KYMI YONG

