

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	20/03/2023 17:54 (SGT)
Reported by	Driver
Date of Accident	19/03/2023 10:05 (SGT)
Exact Location of Accident	Jln Sentosa, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHC1079G

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) +65-96398860
Alternative Phone No	(Office) +65-65508768

VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	Ae ioniq
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	1580

INSURANCE COMPANY

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

DRIVER

Name of Driver	LEE KOK THYE
NRIC No	SXXXX384Z
Date Of Birth	24/09/1962
Occupation	Outdoor

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Date Of Driving Pass 26/01/1980
Driving experience 43 YEARS AND 2 MONTHS
Gender Male
Mobile Number (Phone) +65-96398860
Alt. Phone Number -
Email Address fleetsafety@cdgtaxi.com.sg
Address BLK 182 BEDOK NORTH ROAD #08-48
Address complement -
Postcode 460182
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? No
Was any injured conveyed to hospital by ambulance? -
Was any other vehicle or property damaged? Yes
Number of Passengers (Including Driver) 4
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

PASSENGER 2

Name UNKNOWN
Gender Female

PASSENGER 3

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 19 MARCH 2023 AT ABOUT 1005 HRS I WAS DRIVING VEHICLE A SHC1079G ALONG SENTOSA ROUNDABOUT WITH THREE PASSENGERS. I WAS AT LEFT LANE AS I TRAVELLING WITHIN MY LANE SUDDENLY VEHICLE B SJP7532H WHICH WAS TRAVELLING ALONG RIGHT LANE TURN INTO MY LANE AND SIDE SWIPE MY VEHICLE REAR RIGHT PORTION. EXCHANGED PARTICULAR AND NO INJURIES AT POINT OF TIME.

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 IS NOT SUITABLE

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SJP7532H
Vehicle Manufacturer Honda
Vehicle Model -
Vehicle Variant -
Vehicle Colour -
Vehicle Category Private car
Name of Driver LAMBERT CLARE LOUISE
Passport No/FIN GXXXX792W
Contact Number -
Address -
Address complement -
Postcode -
Insurance Company Name -
Nature Of Damage -
Details of property damaged in accident -
No. Of Passenger (Including Driver) -

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.

FLASH ACCIDENT
REPORTING OFFICER
FRO BALAJI

Policyholder's Signature / Date &
Time

Sketch Plan

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

1530HRS 19 MARCH 2023

Witnessed by Reporting Centre
Personnel

A. SHC1079G
B. SJP7532H

SENTOSA ROUNDABOUT

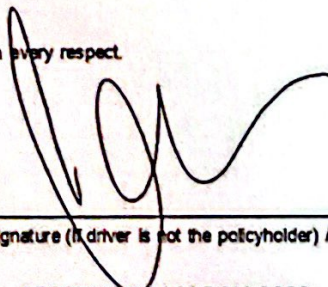


Describe Circumstances of the Accident

ON 19 MARCH 2023 AT ABOUT 1005 HRS I WAS DRIVING VEHICLE A SHC1079G ALONG SENTOSA ROUNDABOUT WITH THREE PASSENGERS. I WAS AT LEFT LANE AS I TRAVELLING WITHIN MY LANE SUDDENLY VEHICLE B SJP7532H WHICH WAS TRAVELLING ALONG RIGHT LANE TURN INTO MY LANE AND SIDE SWIPE MY VEHICLE REAR RIGHT PORTION. EXCHANGED PARTICULAR AND NO INJURIES AT POINT OF TIME.

Declaration

I/We declare the foregoing particulars are true in every respect.



FLASH ACCIDENT
REPORTING OFFICER

FRO BALAJI



Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

1530HRS 19 MARCH 2023