

# 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 .....	09/03/2023 13:39 (SGT)
Reported by .....	Driver
Date of Accident .....	09/03/2023 03:40 (SGT)
Exact Location of Accident .....	Upper Changi Rd E, Singapore
Additional Location Information .....	-
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SHB4109P
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### 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) +65-81115763
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 .....	V.RAJA AMERAKONDAAR
NRIC No .....	S6827525C
Date Of Birth .....	10/07/1968
Occupation .....	Outdoor

Date Of Driving Pass .....	28/10/2010
Driving experience .....	12 YEARS AND 5 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-81115763
Alt. Phone Number .....	-
Email Address .....	fleetsafety@cdgtaxi.com.sg
Address .....	104 JALAN RAJAH #03-59
Address complement .....	-
Postcode .....	321104
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 - Cross Junction
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? .....	Yes
Was any other vehicle or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	1
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 .....	-

#### 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 THE 09/03/2023 AT ABOUT 0340 HOURS, I WAS DRIVING VEHICLE A (SHB4109P) ON LANE 1 OF A SLIP ROAD JUST EXIT PIE TURNING RIGHT INTO LANE 1 ALONG UPPER CHANGI ROAD EAST WHEN THE GREEN LIGHT WAS IN MY FAVOUR AND VEHICLE B (SNE4922X) BEAT THE RED LIGHT FROM MY RIGHT AND HE COLLIDED INTO MY RIGHT AND FRONT PORTION OF MY TAXI. I THEN CALLED FOR THE TRAFFIC POLICE AND WAS SENT TO THE HOSPITAL AND GIVEN 3 DAYS OF MC FOR SWOLLEN LEFT ANKLE, NECK PAIN, BACK PAIN, SHOULDER, WRISTS AND CHEST. I WAS DISCHARGED ON THE SAME DAY OF THE ACCIDENT.

#### 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 .....	SNE4922X
Vehicle Manufacturer .....	Honda
Vehicle Model .....	Vezel

Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	UNKNOWN
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 .....	V. RAJA AMERAKONDAAR
Gender .....	Male
Phone No .....	-
Address .....	104 JALAN RAJAH #03-59
Address Complement .....	-
Post Code .....	321104
Approximate Age Years Old .....	54
Injuries Sustained .....	SWOLLEN LEFT ANKLE, NECK PAIN AND BACK PAIN, SHOULDER, WRIST AND CHEST
Injured person in which vehicle? .....	SHB4109P
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	Yes

**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.

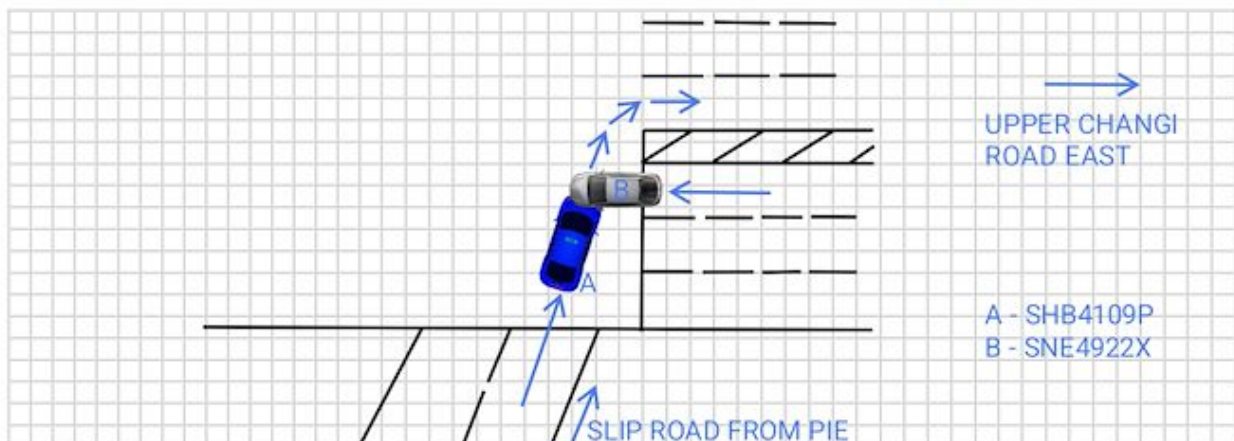
Policyholder's Signature / Date & Time

**Sketch Plan**

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

09/03/2023 0700

Witnessed by Reporting Centre Personnel



## Describe Circumstances of the Accident

ON THE 09/03/2023 AT ABOUT 0340 HOURS, I WAS DRIVING VEHICLE A (SHB4109P) ON LANE 1 OF A SLIP ROAD JUST EXIT PIE TURNING RIGHT INTO LANE 1 ALONG UPPER CHANGI ROAD EAST WHEN THE GREEN LIGHT WAS IN MY FAVOUR AND VEHICLE B (SNE4922X) BEAT THE RED LIGHT FROM MY RIGHT AND HE COLLIDED INTO MY RIGHT AND FRONT PORTION OF MY TAXI. I THEN CALLED FOR THE TRAFFIC POLICE AND WAS SENT TO THE HOSPITAL AND GIVEN 3 DAYS OF MC FOR SWOLLEN LEFT ANKLE, NECK PAIN, BACK PAIN, SHOULDER, WRISTS AND CHEST. I WAS DISCHARGED ON THE SAME DAY OF THE ACCIDENT.

## 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

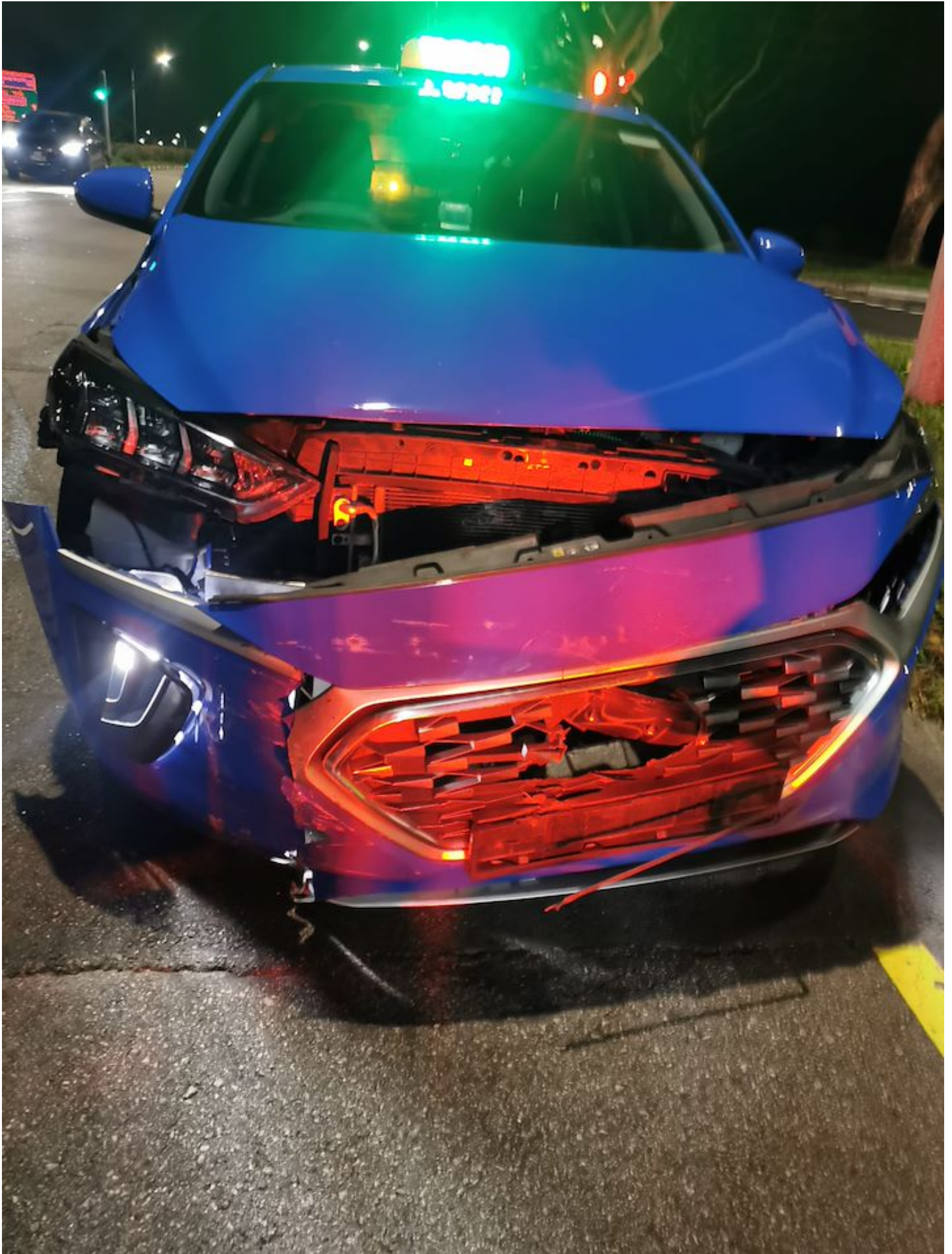
09/03/2023 0700

Witnessed by Reporting Centre Personnel











**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

### ADDENDUM

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No: SJ0G2339000N Vehicle Registration No: SHB4109P  
 Name (as shown in NRIC): Comfort Transportation Pte Ltd NRIC/FIN/Passport No: 1XXXXX821R  
 (\*Vehicle Driver/Vehicle Owner) (\*) Please delete as appropriate  
 Address: \_\_\_\_\_ Singapore ( )  
 Contact (Tel): \_\_\_\_\_ Mobile No.: \_\_\_\_\_  
 Email Address: \_\_\_\_\_  
 Date of Accident: 09/03/2023 Time of Accident: 03:40  
 Place of Accident: Upper Changi Rd E, Singapore  
 Insurance Company: HSBC Life (Singapore) Pte. Ltd

**(B) ADDITIONAL INFORMATION / AMENDMENTS:**

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

AMEND DRIVER'S DRIVING PASS DATE.

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Policyholder / Driver's Signature  
Date:

*NAVA*

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:  
Date: 16.03.2023