SJ0G2345000K / JP Knights Pte Ltd ENTRY DATE & TIME: 05/04/2023 12:49 (SGT) SUBMITTED BY: Weine Chieng VERSION: 1 (05/04/2023 12:49 (SGT))

# **©** 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 witholding 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 05/04/2023 12:49 (SGT)

Reported by **Actual Driver** 

Date of Accident 05/04/2023 08:25 (SGT) **Exact Location of Accident** Lornie Rd, Singapore Additional Location Information **TOWARDS FARRER** 

Country/State of Loss Singapore

## **DETAILS OF OWN VEHICLE**

No - Claiming third party

Vehicle Registration Number **SHA3787T** 

INSURED/POLICYHOLDER

is company?

Name Of Registered Owner COMFORT TRANSPORTATION PTE LTD

Company Reg No 1XXXXX821R

**Email Address** fleetsafety@cdgtaxi.com.sg Mobile Phone No (Phone) +65-81824079 Alternative Phone No (Office) +65-65508768

VEHICLE PARTICULARS

Hyundai Manufacturer Ae ioniq Model

Variant

Exact purpose for which vehicle was being used at time of Private hire accident

Are you claiming under your own insurance policy for repair to

your vehicle? Vehicle Category

Taxi Auto Transmission

1580 CC

INSURANCE COMPANY

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

DRIVER

TAN CHIN TIN Name of Driver SXXXX276B NRIC No 31/12/1958 Date Of Birth Outdoor Occupation

**Date Of Driving Pass** 25/01/1979 **Driving experience** 44 YEARS AND 3 MONTHS Gender Male Mobile Number (Phone) +65-81824079 Alt. Phone Number Email Address fleetsafety@cdgtaxi.com.sg **BLK 210 BISHAN STREET 23#10-353** Address Address complement 570210 Postcode 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 Raining Road Surface Wet

### 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) 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?

Was notice of intended Prosecution given?

No
If yes, against whom?

## CIRCUMSTANCES OF ACCIDENT

ON 05.04.2023 AT ABOUT 0825HRS I WAS DRIVING MY VEHICLE A SHA3787T FETCHING MY PASSENGER TO NUS. MY VEHICLE A WAS ON THE 2ND LANE OF LORNIE ROAD TOWARDS FARRER ROAD. VEHICLES IN FRONT STOP AND I SLOWED DOWN AND STOP. VEHICLE B FBR9485G THEN REAR ENDED MY STATIONARY VEHICLE A. MY PASSENGER IS NOT INJURED AND I PROCEEDED TO SEND HER TO DESTINATION. AFTER TAKING SCENEPHOTOS, MOTORCYCLIST ROAD OFF. NO HANDPHONE EXCHANGED.

#### ATTACHMENT(S)

Are accident photos available for attachment?
Was there any video captured by Car Camera?
Reasons for not uploading a video of the accident

Yes Yes

FILE NOT SUITABLE

# **DETAILS OF OTHER VEHICLE PROPERTY 1**



Vehicle Registration Number	EBB04050
Vehicle Manufacturer	FBR9485G
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	
Name of Driver	Motorcycle
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Matura Of Daniera	- FDONT
	FRONT
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

## SKETCH PLAN

## **IMPORTANT NOTICE**

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- 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 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)

Lunderstand, 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.
- (ii) 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 sted outside of Singapore, for one or more of the above Purposes.

REPORTING OFFICER
KYMI

Witnessed by Reporting Centre

Personnel

Policyholder's Signature / Date & Time

Driver's Signature (if driver is not the policyholder) / Date & Time 05.04.2023. 1150HR\$

a time U5,U4,2U25. I I SUFINS

**Sketch Plan** 

# Describe Circumstances of the Accident

ON 05.04.2023 AT ABOUT 0825HRS I WAS DRIVING MY VEHICLE A SHA3787T FETCHING MY PASSENGER TO NUS. MY VEHICLE A WAS ON THE 2ND LANE OF LORNIE ROAD TOWARDS FARRER ROAD, VEHICLES IN FRONT STOP AND I SLOWED DOWN AND STOP. VEHICLE B FBR9485G THEN REAR ENDED MY STATIONARY VEHICLE A. MY PASSENGER IS NOT INJURED AND I PROCEEDED TO SEND HER TO DESTINATION. AFTER TAKING SCENEPHOTOS, MOTORCYCLIST ROAD OFF. NO HANDPHONE EXCHANGED.

## 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 05.04.2023. 1200HRS

FLASH ACCIDENT REPORTING OFFICER

KYMI

Witnessed by Reporting Centre Personnel