

# 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	31/03/2023 23:15 (SGT)
Reported by	Actual Driver
Date of Accident	31/03/2023 13:40 (SGT)
Exact Location of Accident	Ceylon Rd, Singapore
Additional Location Information	TOWARDS EAST COAST ROAD
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SHA7575L

### 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) +65-94504197
Alternative Phone No	(Office) +65-65508768

### VEHICLE PARTICULARS

Manufacturer	Byd
Model	E6(ME-2)
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	0

### INSURANCE COMPANY

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

### DRIVER

Name of Driver	JASNI BIN SALLEH
NRIC No	SXXXX242H
Date Of Birth	22/02/1963
Occupation	Outdoor

Date Of Driving Pass .....	09/03/1982
Driving experience .....	41 YEARS
Gender .....	Male
Mobile Number .....	(Phone) +65-94504197
Alt. Phone Number .....	-
Email Address .....	fleetsafety@cdgtaxi.com.sg
Address .....	BLK 97 BEDOK NORTH AVENUE 4 # 06-1515
Address complement .....	-
Postcode .....	460097
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 - Major/Minor Rd
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) .....	3
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 .....	JOE
Gender .....	Male

#### PASSENGER 2

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 31/03/2023 AT ABOUT 1340HRS , I WAS DRIVING VEHICLE A (SHA7575L) ALONG CEYLON RD TOWARDS EAST COAST RD . SUDDENLY VEHICLE B (SGW8812S) DASH OUT FROM PENNEFATHER RD TURNING LEFT TOWARD DUNMAN RD WITHOUT STOPPING AND GIVE WAY .EVENTUALLY COLLIDED/T-BONE ONTO RIGHT SIDE OF MY VEHICLE A(SHA7575L).AT THE POINT OF TIME ,DUE TO THE FORCE OF IMPACT BY THE VEHICLE B(SGW8812S), MY VEHICLE LEFT SIDE TYRE HIT ONTO THE CURB .NOW IM HAVING A NECK PAIN . PASSENGER NO INJURY. EXCHANGE PARTICULARS.

#### ATTACHMENT(S)

Are accident photos available for attachment? .....	Yes
Was there any video captured by Car Camera? .....	Yes

## DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SGW8812S
Vehicle Manufacturer .....	Toyota
Vehicle Model .....	Wish
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private hire
Name of Driver .....	WONG HONG LIN
NRIC No .....	SXXXX361C
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 .....	JASNI BIN SALLEH
Gender .....	Male
Phone No .....	(Phone) +65-94504197
Address .....	BLK 97 BEDOK NORTH AVENUE 4 # 06-1515
Address Complement .....	-
Post Code .....	460097
Approximate Age Years Old .....	60
Injuries Sustained .....	NECK PAIN
Injured person in which vehicle? .....	SHA7575L
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.

*[Handwritten Signature]*

FLASH ACCIDENT  
REPORTING OFFICER  
FRO MING



Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

31/03/2023-1500HRS



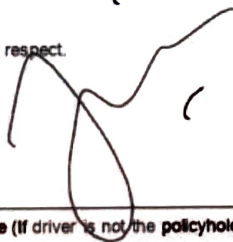
## Describe Circumstances of the Accident

ON 31/03/2023 AT ABOUT 1340HRS , I WAS DRIVING VEHICLE A (SHA7575L) ALONG CEYLON RD TOWARDS EAST COAST RD . SUDDENLY VEHICLE B (SGW8812S) DASH OUT FROM PENNEFATHER RD TURNING LEFT TOWARD DUNMAN RD WITHOUT STOPPING AND GIVE WAY .EVENTUALLY COLLIDED/ T-BONE ONTO RIGHT SIDE OF MY VEHICLE A(SHA7575L).AT THE POINT OF TIME ,DUE TO THE FORCE OF IMPACT BY THE VEHICLE B(SGW8812S), MY VEHICLE LEFT SIDE TYRE HIT ONTO THE CURB .NOW IM HAVING A NECK PAIN . PASSENGER NO INJURY. EXCHANGE PARTICULARS.



## Declaration

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



FLASH ACCIDENT  
REPORTING OFFICER

FRO MING



Policyholder's Signature / Date &  
Time

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

31/03/2023-1500HRS

Witnessed by Reporting Centre  
Personnel