

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	17/04/2023 21:19 (SGT)
Reported by	Actual Driver
Date of Accident	17/04/2023 12:25 (SGT)
Exact Location of Accident	Yishun Ring Rd, Singapore
Additional Location Information	YISHUN AVE 2
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC2911Y
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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) +65-97371280
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	NEO SWEE KEE
NRIC No	SXXXX442G
Date Of Birth	08/05/1960
Occupation	Outdoor

Date Of Driving Pass	24/02/1981
Driving experience	42 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97371280
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLK 462C YISHUN AVENUE 6 # 07 - 1103
Address complement	-
Postcode	763462
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)	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 17.04.2023 AT ABOUT 1225HRS I WAS DRIVING MY VEHICLE A SHC2911Y ALONG YISHUN AVE 2 TOWARDS YISHUN RING ROAD. AS MY VEHICLE A WAS ON THE LEFT LANE OF YISHUN RING ROAD, VEHICLE B YN8391Z ON MY RIGHT SIDE SWIPE HIS VEHICLE B LEFT REAR ONTO MY VEHICLE A RIGHT FRONT CAUSING MY VEHICLE A TO MOUNT THE LEFT ROAD KERB. NO ONE WAS INJURED.
SCENE PHOTOS TAKEN.
PARTICULARS EXCHANGED.
NO 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 IS NOT SUITABLE

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	YN8391Z
Vehicle Manufacturer	Mitsubishi

Vehicle Model	Fuso
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	SOH KIM LIANG
NRIC No	SXXXX681A
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	LEFT REAR
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	2


Describe Circumstances of the Accident

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NO ONE WAS INJURED.
SCENE PHOTOS TAKEN.
PARTICULARS EXCHANGED.
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 17.04.2023. 1515HRS

**FLASH ACCIDENT
REPORTING OFFICER**
KYMI



Witnessed by Reporting Centre
Personnel