

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Please report <u>correctly</u> 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 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

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner COMFORT TRANSPORTATION PTE LTD Company Reg No 1XXXXXX821R **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

24/02/1981 **Date Of Driving Pass** 42 YEARS AND 2 MONTHS Driving experience Male Gender (Phone) +65-97371280 Mobile Number Alt. Phone Number fleetsafety@cdgtaxi.com.sg **Email Address** BLK 462C YISHUN AVENUE 6 # 07 - 1103 Address Address complement 763462 Postcode No Is the driver the policyholder? 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 No Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Yes Number of Passengers (Including Driver) 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?

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

Vehicle Manufacturer

YN8391Z

Mitsubishi



Vehicle Model	Fuso
Vehicle Variant	=
Vehicle Colour	-
Vehicle Category	Ci-l
Name of Driver	Commercial vehicle
NRIC No	SOH KIM LIANG
	SXXXX681A
Contact Number	-
Address	_
Address complement	
Postcode	
Insurance Company Name	
Nature Of Damage	
	LEFT REAR
Details of property damaged in accident	3-3
No. Of Passenger (Including Driver)	2

SKETCH PLAN

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- 5. Any false reporting may be referred to the Police for investigation
- 6. The 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 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 sited outside of Singapore, for one or more of the above Purposes.

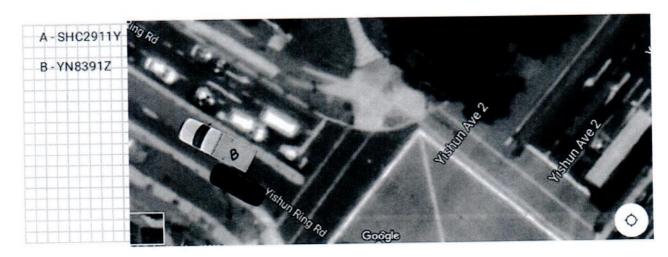
Policyholder's Signature / Date &

Driver's Signature (if driver is not the policyholder) / Date & Time 17.04.2023. 1510HRS

FLASH ACCIDENT REPORTING OFFICER KYMI

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

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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