

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	21/04/2023 15:32 (SGT)
Reported by	Actual Driver
Date of Accident	21/04/2023 03:10 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	TOWARDS CTE(SLE)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SH8955A
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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) +65-83764118
Alternative Phone No	(Office) +65-65508768

VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	I40
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	1685

INSURANCE COMPANY

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

DRIVER

Name of Driver	CHOO MEE FATT
NRIC No	SXXXX168C
Date Of Birth	04/04/1970
Occupation	Outdoor

Date Of Driving Pass	26/07/1990
Driving experience	32 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-83764118
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLK 14 TAMAN HO SWEE #06-37
Address complement	-
Postcode	161014
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	RELIEF DRIVER
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	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)	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	MUHAMMAD HAIDEE
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 21/04/2023 AT ABOUT 0310HRS MY VEHICLE A BEARING REGISTRATION SH8955A WAS STATIONARY ALONG PIE JURONG TOWARDS CTE(SLE) DUE TO POWER FAILURE. WHILE WAITING FOR THE TOW TRUCK, VEHICLE B(SMN7543B) REAR ENDED ME.

NO OTHER VEHICLES INVOLVED
1 MALE PASSENGER FROM VEHICLE A CONVEYED TO HOSPITAL

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
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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	SMN7543B
Vehicle Manufacturer	Bluecar
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	JIM
Contact Number	(Phone) +65-82014494
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	MUHAMMAD HAIDEE
Gender	Male
Phone No	(Phone) +65-91907443
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	Injured
Injured person in which vehicle?	SH8955A
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	Yes

SKETCH PLAN**IMPORTANT NOTICE**

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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

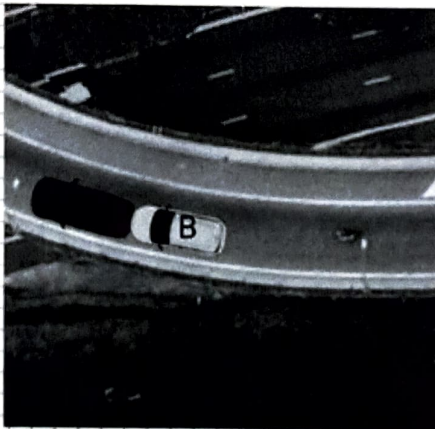
Sketch Plan

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

21/04/2023 1300HRS

Witnessed by Reporting Centre Personnel
DHIYAA

A - SH8955A
B - SMN7543B
PIE JURONG
TOWARDS CTE(SLE)



Describe Circumstances of the Accident

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NO OTHER VEHICLES INVOLVED

1 MALE PASSENGER FROM VEHICLE A CONVEYED TO HOSPITAL

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

21/04/2023 1300HRS



Witnessed by Reporting Centre
Personnel DHIYAA