SJ0G234O000S / JP Knights Pte Ltd ENTRY DATE & TIME: 24/04/2023 12:12 (SGT) SUBMITTED BY: Weine Chieng VERSION: 1 (24/04/2023 12:12 (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 24/04/2023 12:12 (SGT) Reported by **Actual Driver Date of Accident** 23/04/2023 14:55 (SGT) **Exact Location of Accident** Serangoon Rd, Singapore Additional Location Information

Singapore

1580

## **DETAILS OF OWN VEHICLE**

Vehicle Registration Number SHC3171J

#### INSURED/POLICYHOLDER

Country/State of Loss

Is company? Name Of Registered Owner COMFORT TRANSPORTATION PTE LTD Company Reg No 1XXXXX821R **Email Address** fleetsafety@cdgtaxi.com.sg Mobile Phone No (Phone) +65-97703858 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

#### INSURANCE COMPANY

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

#### DRIVER

Name of Driver **LEE TAI BOON** NRIC No SXXXX396D Date Of Birth 16/01/1951 Occupation Outdoor



Date Of Driving Pass
Driving experience
Gender
Mobile Number
Alt. Phone Number
Email Address
Address

Email Address fleetsafety@cdgtaxi.com.sg
Address BLK 230E TAMPINES STREET 24#07-47
Address complement Postcode 528230
Is the driver the policyholder? No

Is the driver the policyholder?

If No, Relationship of the Driver with the Insured

Does Driver Own Other Vehicles?

Vehicle Resistation Number of Other Vehicle Quand by Priver

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 Chain Collision
Weather Conditions Clear
Road Surface Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident 3 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?

Was notice of intended Prosecution given?

No
If yes, against whom?

#### CIRCUMSTANCES OF ACCIDENT

ON 23.04.2023 AT ABOUT 1455HRS I WAS DRIVING MY VEHICLE A SHC3171J ON THE 2ND LEFT LANE OF SERANGOON ROAD. BEFORE WHAMPOA WEST VEHICLE B SMQ3896T REAR ENDED MY VEHICLE A. VEHICLE C CB8058K THEN REAR ENDED VEHICLE B.

SCENE PHOTOS TAKEN.

18/10/1976

Male

Hirer

No

46 YEARS AND 6 MONTHS

(Phone) +65-97703858

PARTICULARS TAKEN WITH VEHICLE B ONLY. 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 NOT SUITABLE

#### **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number SMQ3896T
Vehicle Manufacturer Honda
Vehicle Model -



Vehicle Variant	
Vehicle Colour	-
Vehicle Category	-
Name of Driver	Private hire
NRIC No	ANDREW NICHOLAS
Contact Number	SXXXX008I
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	FRONT AND BACK
Details of property damaged in accident	FRONT AND BACK
No. Of Passenger (Including Driver)	- 2
The division (morading birtor)	2

## DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	CB8058K
Vehicle Manufacturer	Toyota
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	
Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	
Address	-
Address complement	-
Postcode	•
Insurance Company Name	•
Notice Of Domesia	- FDONT
	FRONT
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	_

#### SKETCH PLAN

#### IMPORTANT NOTICE

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- 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. 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.
- (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 envel opes/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 24.04.2023.

Sketch Plan

0955HRS

Witnessed by Reporting Centre Personnel

FLASH ACCIDENT REPORTING OFFICER KYMI

A - SHC3171J

B-SM03896T

C-CB8058K



## Describe Circumstances of the Accident

ON 23.04.2023 AT ABOUT 1455HRS I WAS DRIVING MY VEHICLE A SHC3171J ON THE 2ND LEFT LANE OF SERANGOON ROAD. BEFORE WHAMPOA WEST VEHICLE B SMQ3896T REAR ENDED MY VEHICLE A. VEHICLE C CB8058K THEN REAR ENDED VEHICLE B. SCENE PHOTOS TAKEN. PARTICULARS TAKEN WITH VEHICLE B ONLY. NO HANDPHONE EXCHANGED.

#### **Declaration**

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

A STATE OF THE STA

Driver's Signature (If driver is not the policyholder) / Date  $\& \ Time \ 24.04.2023. \ 1000HRS$ 



Witnessed by Reporting Centre Personnel

Policyholder's Signature / Date & Time