

## 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 ..... 02/05/2023 15:35 (SGT)  
Reported by ..... Actual Driver  
Date of Accident ..... 01/05/2023 03:00 (SGT)  
Exact Location of Accident ..... Ang Mo Kio Ave 5, Singapore  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SHD4880J

#### 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) +65-97973476  
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 ..... POH ENG TAT (FU YONGDA)  
NRIC No ..... SXXXX077G  
Date Of Birth ..... 14/03/1972  
Occupation ..... Outdoor



Date Of Driving Pass ..... 09/05/1992  
 Driving experience ..... 31 YEARS  
 Gender ..... Male  
 Mobile Number ..... (Phone) +65-97973476  
 Alt. Phone Number ..... -  
 Email Address ..... fleetsafety@cdgtaxi.com.sg  
 Address ..... BLK 706 PASIR RIS DRIVE 10#02-149  
 Address complement ..... -  
 Postcode ..... 510706  
 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 - 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? ..... 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 ..... UNKNOWN  
 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 01.05.2023 AT ABOUT 0300HRS I WAS DRIVING MY VEHICLE A SHD4880J FETCHING MY PASSENGERS TO ANG MO KIO .  
 MY VEHICLE A STOP ON THE 2ND LANE OF ANG MO KIO AVE 5 INTENDING TO THURN RIGHT ONTO ANG MO KIO AVE 6.  
 LIGHTS TURN GREEN FOR GOING STRAIGHT AND VEHICLE B SLL13H MOVE OFF AND REAR ENDED MY STATIONARY  
 VEHICLE A.  
 MY PASSENGERS ARE NOT INJURED AND I PROCEEDED TO SEND THEM TO DESTINATION.  
 AFTER IMPACT I HURT MY BACK.  
 SCENE PHOTOS TAKEN.  
 PARTICULARS 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 ..... SLL13H  
 Vehicle Manufacturer ..... Toyota  
 Vehicle Model ..... -  
 Vehicle Variant ..... -  
 Vehicle Colour ..... -  
 Vehicle Category ..... Private car  
 Name of Driver ..... CHLOE ANG (HONG KENI)  
 NRIC No ..... TXXXX248F  
 Contact Number ..... (Phone) +65-96608232  
 Address ..... -  
 Address complement ..... -  
 Postcode ..... -  
 Insurance Company Name ..... -  
 Nature Of Damage ..... FRONT  
 Details of property damaged in accident ..... -  
 No. Of Passenger (Including Driver) ..... 2

#### INJURED PERSONS DETAILS

##### INJURED 1

Name of injured person ..... PONG ENG TAT  
 Gender ..... Male  
 Phone No ..... (Phone) +65-97973476  
 Address ..... BLK 706 PASIR RIS DRIVE 10# 02-149  
 Address Complement ..... -  
 Post Code ..... 510706  
 Approximate Age Years Old ..... 51  
 Injuries Sustained ..... BACK  
 Injured person in which vehicle? ..... SHD4880J  
 Were seat belts worn? ..... Yes  
 Was this injured conveyed to hospital by ambulance? ..... No

**SKETCH PLAN****IMPORTANT NOTICE**

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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.

**FLASH ACCIDENT  
REPORTING OFFICER**  
**KYMI**

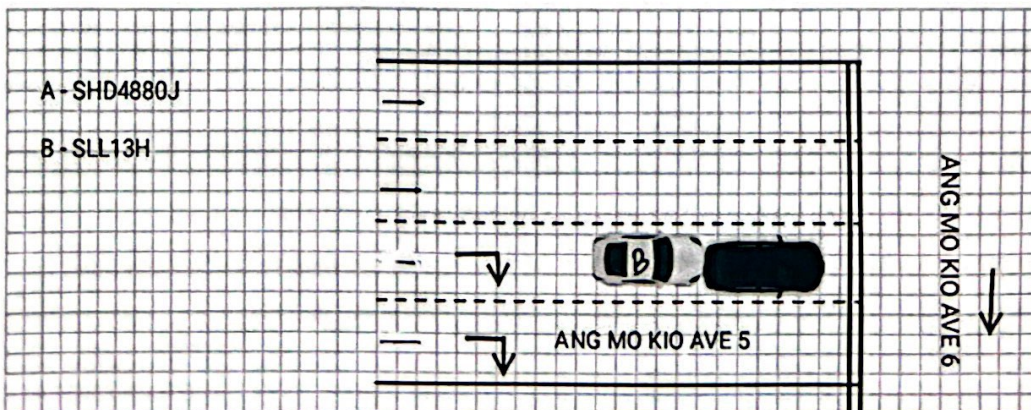


Policyholder's Signature / Date & Time

Sketch Plan

Driver's Signature (If driver is not the policyholder) / Date & Time  
02.05.2023. 0955HRS

Witnessed by Reporting Centre Personnel





Describe Circumstances of the Accident

ON 01.05.2023 AT ABOUT 0300HRS I WAS DRIVING MY VEHICLE A SHD4880J FETCHING MY PASSENGERS TO ANG MO KIO. MY VEHICLE A STOP ON THE 2ND LANE OF ANG MO KIO AVE 5 INTENDING TO THURN RIGHT ONTO ANG MO KIO AVE 6. LIGHTS TURN GREEN FOR GOING STRAIGHT AND VEHICLE B SLL13H MOVE OFF AND REAR ENDED MY STATIONARY VEHICLE A. MY PASSENGERS ARE NOT INJURED AND I PROCEEDED TO SEND THEM TO DESTINATION. AFTER IMPACT I HURT MY BACK.  
SCENE PHOTOS TAKEN.  
PARTICULARS EXCHANGED.

Declaration

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  
02.05.2023. 1000HRS

FLASH ACCIDENT  
REPORTING OFFICER  
KYMI



Witnessed by Reporting Centre Personnel