

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	18/04/2023 10:15 (SGT)
Reported by	Actual Driver
Date of Accident	12/04/2023 09:25 (SGT)
Exact Location of Accident	CTE, Singapore
Additional Location Information	SLE/ TUAS AVE 12
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC2981U
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	COMFORT TRANSPORTATION PTE LTD
Company Reg No	199303821R
Email Address	fleetsafety@cdgtaxi.com.sg
Mobile Phone No	(Phone) +65-97254993
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 - Reporting only
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	VELOO S/O VILASAMY KUNCHI RAMA
NRIC No	S1193263J
Date Of Birth	03/12/1955
Occupation	Outdoor

Date Of Driving Pass	16/04/1996
Driving experience	27 YEARS
Gender	Male
Mobile Number	(Phone) +65-97254993
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	720 WOODLANDS AVE 6 # 10 - 602
Address complement	-
Postcode	730720
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 - Major/Minor Rd
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?	Yes
Was any injured conveyed to hospital by ambulance?	Yes
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?	Yes
Police Station Name	Bukit Panjang Neighbourhood Police Centre
Police Station Address	No.1 Segar Road #01-05 Singapore 677738
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT No.T/20230412/2059

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	TRD1158M
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-

Vehicle Category	Commercial vehicle
Name of Driver	A. ANANTH
Contact Number	(Phone) +65-83004288
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	XE5344P
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	-
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	VELOO S/O VILASAMY KUNCHI RAMA
Gender	Male
Phone No	(Phone) +65-97254993
Address	720 WOODLANDS AVE 6 # 10 - 602
Address Complement	-
Post Code	730720
Approximate Age Years Old	67
Injuries Sustained	BRUISE AT THE RIGHT UPPER ARM 3DAYS MC
Injured person in which vehicle?	SHC2981U
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 12.04.2023. 1710HRS

**FLASH ACCIDENT
REPORTING OFFICER
KYMI**



Witnessed by Reporting Centre Personnel



Describe Circumstances of the Accident

REFER TO POLICE REPORT
T/20230412/2059

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 12.04.2023. 1715HRS

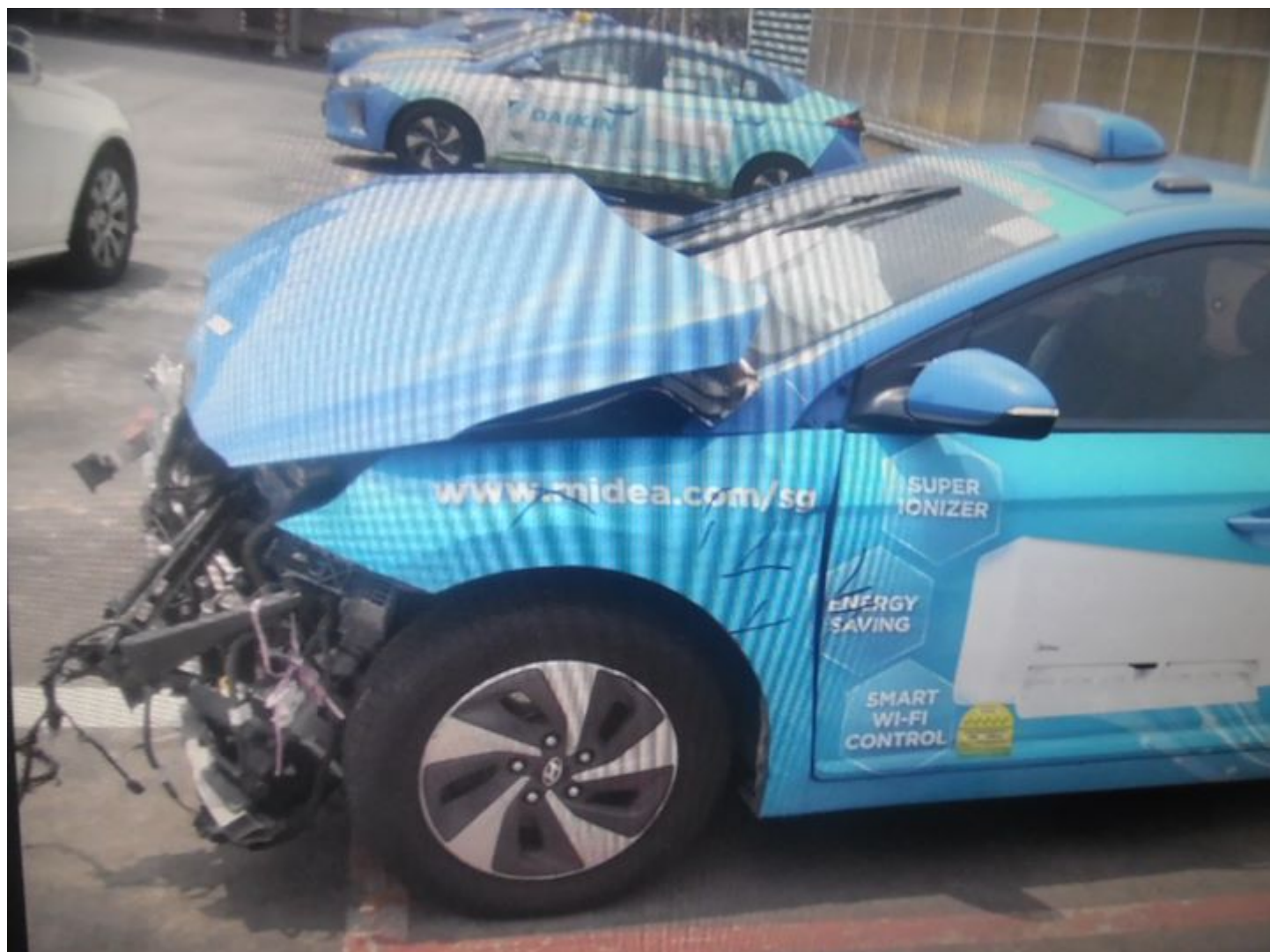
FLASH ACCIDENT
REPORTING OFFICER
KYMI

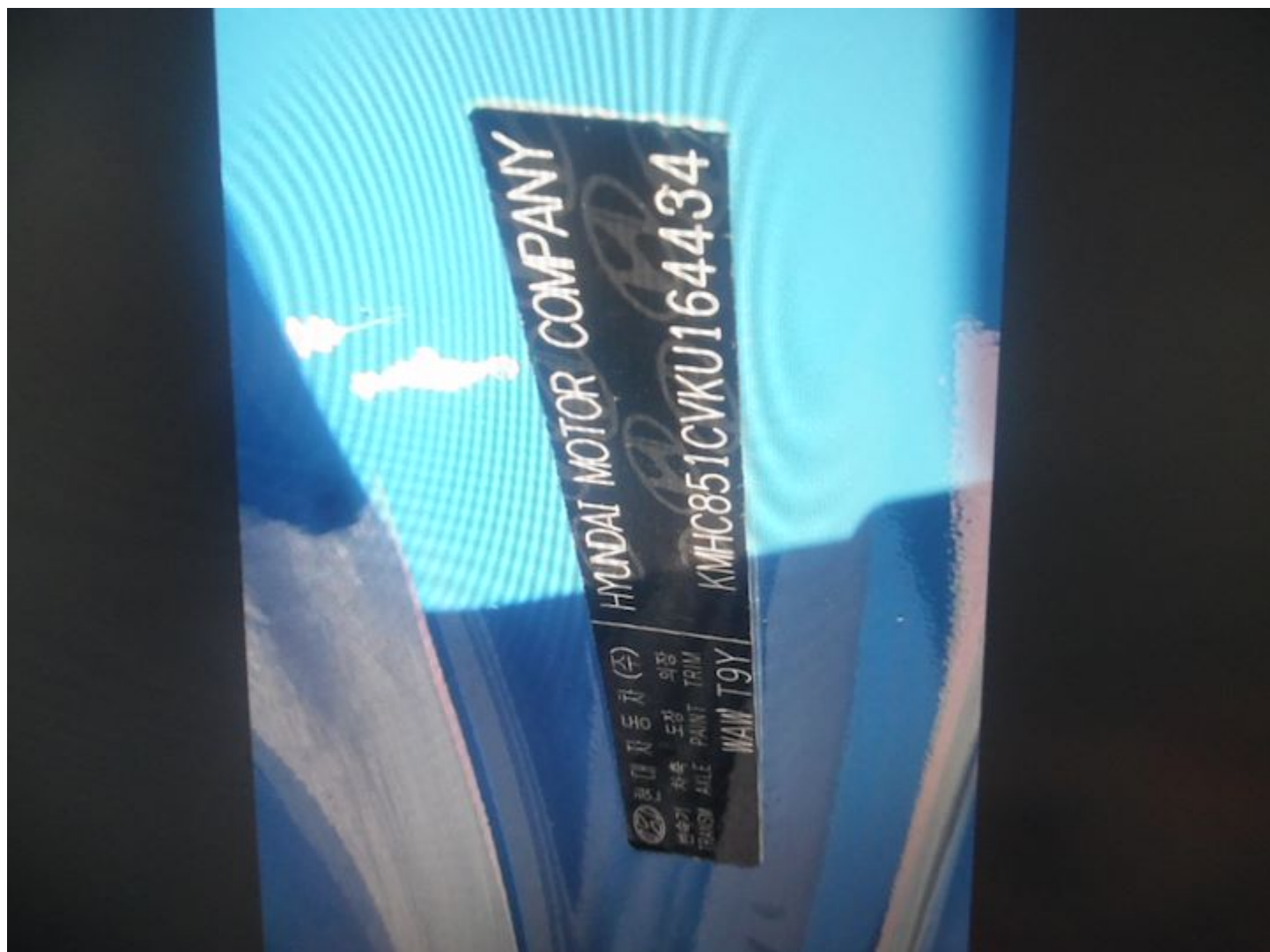


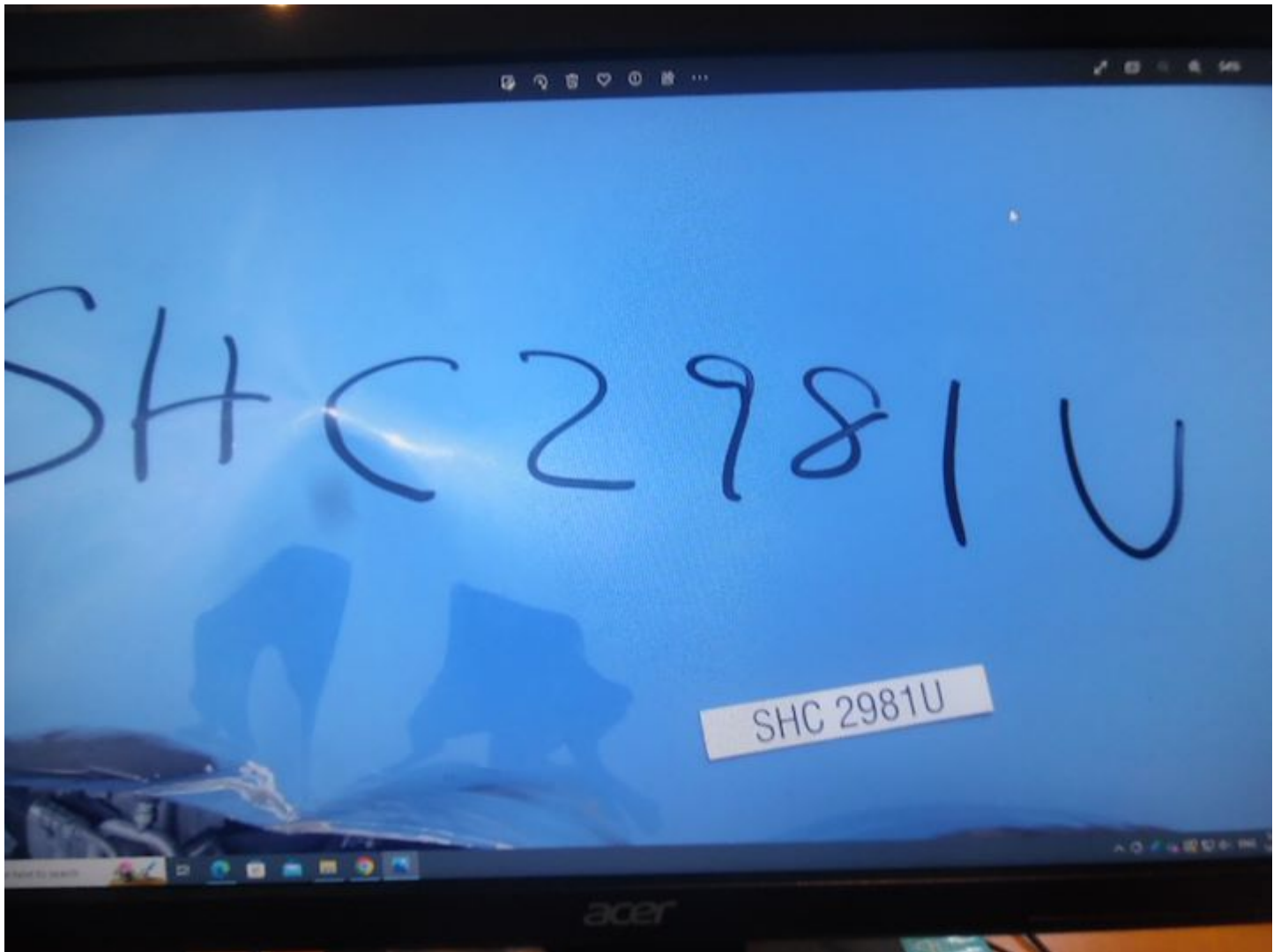
Witnessed by Reporting Centre
Personnel















SINGAPORE POLICE FORCE



T/20230412/2059

Police Station Of Origin:
Bukit Panjang N.P.C
1 Segar Road #01-05 SINGAPORE 677738
Tel No: 1800-8929999

1 of 3

Report No. T/20230412/2059

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 12/04/2023 14:55		Vide Report No.: J/20230412/0054		Station Diary No.: 54
Informant's Particulars				
Name of Informant: VELOO S/O VILASAMY KUNCHI RAMA		Address: APT BLK 720 WOODLANDS AVENUE 6 #10-602 SINGAPORE 730720		
ID Type / ID No.: NRIC NO / S1193263J		Contact No.: Home/Office: Mobile: 97254993		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 67	Date of Birth: 03/12/1955	Type of Informant: Driver	
Race: Indian		Language:		
Occupation: Taxi driver		Driving Licence Information: Class: 2B,2A,2,3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 12/04/2023 09:25	Type of Location: X-Junction
Location: TUAS AVENUE 12				
Weather: Clear		Road Surface: Dry		
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: No Traffic
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHC2981U	TAXI				Totally Damaged	0
TRD1158M	TRAILER				Slightly Damaged	0
XE5344P	Lorry				No Damage	0



**SINGAPORE
POLICE FORCE**



T/20230412/2059

Police Station Of Origin:
Bukit Panjang N.P.C
1 Segar Road #01-05 SINGAPORE 677738
Tel No: 1800-8929999

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Report No. T/20230412/2059

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	VELOO S/O VILASAMY KUNCHI RAMA	ID No.	S1193263J
Related Vehicle	SHC2981U (TAXI)	Contact No.	97254993
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	12/04/2023	Date Discharge	12/04/2023
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	A.ANANTH	ID No.	NIL
Related Vehicle	NIL	Contact No.	83004288
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 12th April 2023 at about 0925hrs, I was driving my taxi (SHC2981U) along Tuas Ave 12 going towards Pioneer Road. Upon approaching the X-Junction of Tuas Ave 12 and Tuas Ave 7, I look at both directions from afar and did not notice any vehicle, thus, I proceeded forward and did not stop at the stop line. All of a sudden, at the middle of the X-Junction of Tuas Ave 12 and Tuas Ave 7, I collided onto the left rear tyre of a trailer. My taxi then spin around after the collision.

Police then arrived shortly together with the ambulance. I was then conveyed to Ng Teng Fong General Hospital and was given 3 days MC. I suffered some bruise at the right upper arm. My taxi was then tolled by the police.

**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Bukit Panjang N.P.C
1 Segar Road #01-05 SINGAPORE 677738
Tel No: 1800-8929999



T/20230412/2059

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Report No. T/20230412/2059

CONTINUATION OF REPORT

Signature of Officer Recording The Report:

J/

SGT 3 AUSTIN TAN RI QUAN

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

STAFF SGT MOHAMED SUFIAN BIN

MOHAMED JUNID

Contact No.: 65476247

Signature Of Informant:

Date/Time:

12/04/2023 14:55

Classification Of Case:

NP168



IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SJ0G234I0009 Vehicle Registration No: SHC2981U
 Name (as shown in NRIC): Comfort Transportation Pte Ltd NRIC/FIN/Passport No: 1XXXXX821R
 (*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
 Address: _____ Singapore ()
 Contact (Tel): _____ Mobile No.: _____
 Email Address: _____
 Date of Accident: 12/04/2023 Time of Accident: 09:25
 Place of Accident: CTE, Singapore
 Insurance Company: HSBC Life (Singapore) Pte. Ltd

(B) ADDITIONAL INFORMATION /AMENDMENTS:

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

ATTACHED VEHICLE PHOTOS



Policyholder / Driver's Signature
Date:

Siti

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:
Date: 20.04.2023

GIARMC Addendum Form