

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 11/05/2023 14:23 (SGT)
Reported by Actual Driver
Date of Accident 11/05/2023 09:45 (SGT)
Exact Location of Accident Marina Blvd, Singapore
Additional Location Information TOWARDS BAYFRONT AVENUE
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHB4197J

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) +65-92712079
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 YOO HO HIN (YANG HEXING)
NRIC No SXXXX303D
Date Of Birth 01/05/1973
Occupation Outdoor

Date Of Driving Pass 11/02/1993
 Driving experience 30 YEARS AND 3 MONTHS
 Gender Male
 Mobile Number (Phone) +65-92712079
 Alt. Phone Number -
 Email Address fleetsafety@cdgtaxi.com.sg
 Address BLK 127D KIM TIAN ROAD #40-553
 Address complement -
 Postcode 164127
 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 2
 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? No
 Was notice of intended Prosecution given? No
 If yes, against whom? -

CIRCUMSTANCES OF ACCIDENT

ON 11/05/2023 AT AROUND 0945HRS, I WAS DRIVING VEHICLE A (SHB4197J) ALONG MARINA BOULEVARD. WHILE MAKING A LEFT TURN INTO BAYFRONT AVENUE, VEHICLE B (GBD8643Y) COLLIDED ONTO THE LEFT PORTION OF VEHICLE A.

NOBODY WAS INJURED AND NO OTHER VEHICLES INVOLVED.

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 GBD8643Y
 Vehicle Manufacturer Toyota
 Vehicle Model -
 Vehicle Variant -
 Vehicle Colour -

Vehicle Category
Name of Driver
NRIC No
Contact Number
Address
Address complement
Postcode
Insurance Company Name
Nature Of Damage
Details of property damaged in accident
No. Of Passenger (Including Driver)

Commercial vehicle
CHONG NAM FATT
SXXXX705B
(Phone) +65-84287397

SKETCH PLAN

IMPORTANT NOTICE

1. Please correctly report the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorized Driver.
3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts may allow insurance companies to reputate 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. 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)

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
FRO SUFIYAN



Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

11/05/2023 1045HRS



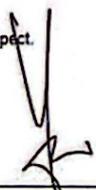
Describe Circumstances of the Accident

ON 11/05/2023 AT AROUND 0945HRS, I WAS DRIVING VEHICLE A (SHB4197J) ALONG MARINA BOULEVARD. WHILE MAKING A LEFT TURN INTO BAYFRONT AVENUE, VEHICLE B (GBD8643Y) COLLIDED ONTO THE LEFT PORTION OF VEHICLE A.

NOBODY WAS INJURED AND NO OTHER VEHICLES INVOLVED.

Declaration

We declare the foregoing particulars are true in every respect.



**FLASH ACCIDENT
REPORTING OFFICER
FRO SUFIYAN**



Policyholder's Signature / Date &
Time

Driver's Signature (If driver is not the policyholder) / Date
& Time
11/05/2023 1045HRS

Witnessed by Reporting Centre
Personnel