

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 10/04/2023 09:42 (SGT)
Reported by Actual Driver
Date of Accident 09/04/2023 10:30 (SGT)
Exact Location of Accident 726 Clementi West Street 2, Singapore 120726
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHA4024E

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) +65-91402296
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 LIU DONG PING
NRIC No SXXXX714G
Date Of Birth 29/07/1957
Occupation Outdoor

ASSIGNMENT

1800B Yr Reg: 8/11/2016
Yr 1 Pkiss Nov 1

Vehicle Category
Name of Driver
NRIC No
Contact Number
A-4-Trans

Date Of Driving Pass 13/05/1977
 Driving experience 45 YEARS AND 11 MONTHS
 Gender Male
 Mobile Number (Phone) +65-91402296
 Alt. Phone Number -
 Email Address fleetsafety@cdgtaxi.com.sg
 Address BLK 421 CLEMENTI AVENUE 1 #09-375
 Address complement -
 Postcode 120421
 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 Side Swipe
 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 09/04/23 AT ABOUT 1030HRS, I WAS DRIVING VEHICLE A (SHA4024E) OUT FROM MY PARKING LOT NEAR 726 CLEMENTI WEST STREET 2 WHEN SUDDENLY VEHICLE B (SJQ4649U) RUSHED IN TO TAKE THE SPOT AND COLLIDED INTO THE RIGHT PORTION OF MY VEHICLE. NO INJURIES.

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 SJQ4649U
 Vehicle Manufacturer Hyundai
 Vehicle Model Avante
 Vehicle Variant -
 Vehicle Colour -

Vehicle Category	Private car
Name of Driver	PUSPANATHAN GOPAL
NRIC No	SXXX308E
Contact Number	(Phone) +65-91999729
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN

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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.

Lien

FLASH ACCIDENT REPORTING OFFICER
 FRO AMIN



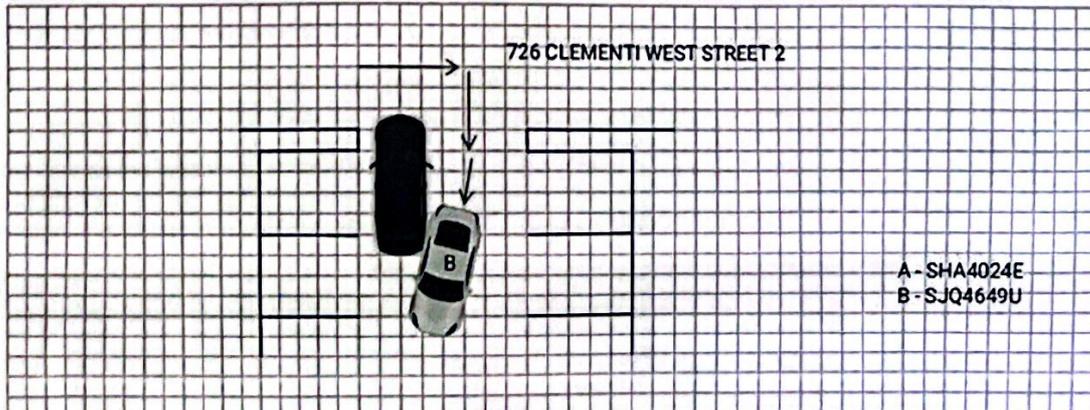
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

090423 1320



AMING GEAR

SKETCH PLAN #2

Describe Circumstances of the Accident

ON 09/04/23 AT ABOUT 1030HRS, I WAS DRIVING VEHICLE A (SHA4024E) OUT FROM MY PARKING LOT NEAR 726 CLEMENTI WEST STREET 2 WHEN SUDDENLY VEHICLE B (SJQ4649U) RUSHED IN TO TAKE THE SPOT AND COLLIDED INTO THE RIGHT PORTION OF MY VEHICLE. NO INJURIES.

Declaration

We declare the foregoing particulars are true in every respect.

Lien

FLASH ACCIDENT
REPORTING OFFICER
FRO AMIN



Policyholder's Signature / Date & Time

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

090423 1320

Witnessed by Reporting Centre Personnel