

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	06/06/2023 16:17 (SGT)
Reported by	Actual Driver
Date of Accident	06/06/2023 09:50 (SGT)
Exact Location of Accident	Lower Delta Rd, Singapore
Additional Location Information	TOWARDS ALEXANDRA ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SH9489Y
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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) +65-96239636
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	YEOW KWOK YEONG
NRIC No	SXXXX983I
Date Of Birth	09/07/1954
Occupation	Outdoor

Date Of Driving Pass	08/05/1978
Driving experience	45 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-96239636
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLK 315C YISHUN AVENUE 9 #12 - 182
Address complement	-
Postcode	763315
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	RELIEF DRIVER
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 - Cross Junction
Weather Conditions	Raining
Road Surface	Wet

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	Yes
Number of vehicles involved in the accident	3
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)	2
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	-

FOREIGN VEHICLE 1

Vehicle Registration Number	JSF5073
Vehicle Category	Motorcycle

PASSENGER 1

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 06.06.2023 AT ABOUT 0950HRS I WAS DRIVING VEHICLE A SH9489Y FETCHING MY PASSENGER TO TAKASHIMAYA. VEHICLE A WAS DRIVING ALONG LOWER DELTA ROAD TOWARDS DELTA ROAD. AT THE TRAFFIC JUNCTION OF ALEXANDRA ROAD, VEHICLE B SLQ8117M WAS ON THE OPPOSITE DIRECTION TURNING RIGHT AND COLLIDED VEHICLE B FRONT ONTO VEHICLE A RIGHT FRONT.

I GOT OUT FROM VEHICLE A AND SAW VEHICLE B, C JSF5073 MOTORCYCLIST FELL ON VEHICLE A RIGHT SIDE. VEHICLE C HAVE NO CONTACT WITH VEHICLE A BUT THERE WERE OIL SPILL ON THE ROAD.

AMBULANCE CAME BUT NO ONE WAS CONVEYED.

AFTER IMPACT I HURT MY NECK AND BACK.

MY PASSENGER IS NOT INJURED AT THAT POINT OF TIME AND SHE DECIDED TO TAKE ANOTHER TAXI.

SCENE PHOTO 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 IS NOT SUITABLE

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SLQ8117M
 Vehicle Manufacturer Honda
 Vehicle Model Vezel
 Vehicle Variant -
 Vehicle Colour -
 Vehicle Category Private hire
 Name of Driver YUS NIZAM BIN AHMAD JAMIL
 NRIC No SXXXX657A
 Contact Number (Phone) +65-89214179
 Address -
 Address complement -
 Postcode -
 Insurance Company Name -
 Nature Of Damage FRONT
 Details of property damaged in accident -
 No. Of Passenger (Including Driver) 2

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number JSF5073
 Vehicle Manufacturer -
 Vehicle Model -
 Vehicle Variant -
 Vehicle Colour -
 Vehicle Category Motorcycle
 Name of Driver DAVANDRAN A/L BULOGANATHAN
 Passport No/FIN GXXXX869T
 Contact Number -
 Address -
 Address complement -
 Postcode -
 Insurance Company Name -
 Nature Of Damage -
 Details of property damaged in accident -
 No. Of Passenger (Including Driver) 1

INJURED PERSONS DETAILS

INJURED 1

Name of injured person YEOW KWOK YEONG
 Gender Male
 Phone No (Phone) +65-96239636
 Address BLK 315C YISHUN AVENUE 9 #12 - 182
 Address Complement -
 Post Code 763315
 Approximate Age Years Old 68
 Injuries Sustained NECK AND BACK
 Injured person in which vehicle? SH9489Y
 Were seat belts worn? Yes
 Was this injured conveyed to hospital by ambulance? No

INJURED 2

Name of injured person DAVANDRAN A/L BULOGANATHAN
 Gender Male
 Phone No -

Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	ARMS
Injured person in which vehicle?	JSF5073
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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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.

Policyholder's Signature / Date & Time

Sketch Plan

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

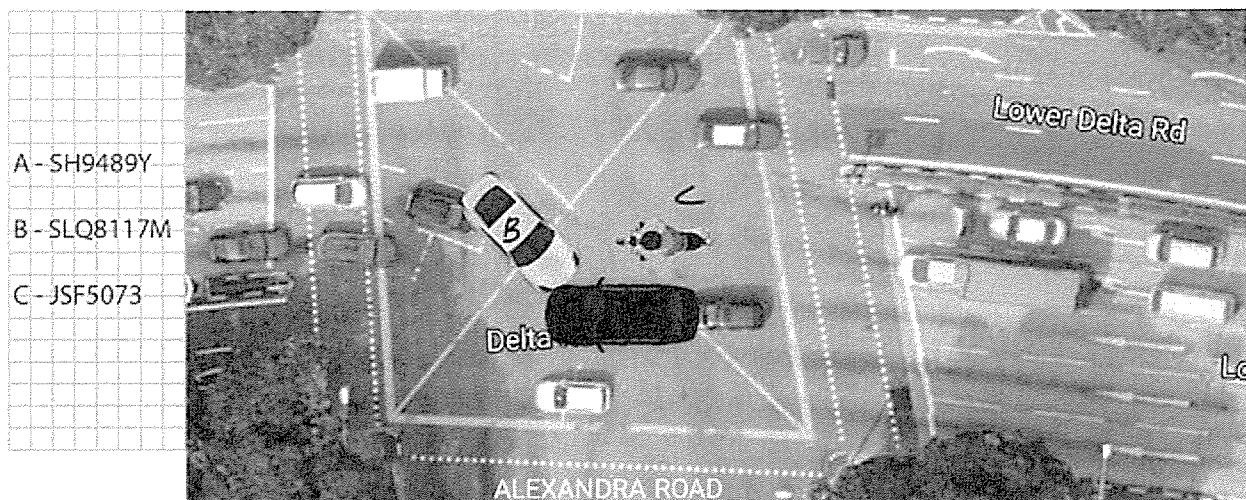
06.06.2023.

1455HRS

FLASH ACCIDENT
REPORTING OFFICER
KYMI



Witnessed by Reporting Centre Personnel




Describe Circumstances of the Accident

ON 06.06.2023 AT ABOUT 0950HRS I WAS DRIVING VEHICLE A SH9489Y FETCHING MY PASSENGER TO TAKASHIMAYA.
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 MY PASSENGER IS NOT INJURED AT THAT POINT OF TIME AND SHE DECIDED TO TAKE ANOTHER TAXI.
 SCENE PHOTO 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

 06.06.2023. 1500HRS

FLASH ACCIDENT
 REPORTING OFFICER
 KYMI



Witnessed by Reporting Centre Personnel