

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	12/06/2023 08:44 (SGT)
Reported by	Actual Driver
Date of Accident	11/06/2023 17:50 (SGT)
Exact Location of Accident	CTE, Singapore
Additional Location Information	TOWARDS SLE UPPER THOMSON ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA1184X
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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) +65-98514746
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	M YAZID BIN MOHD ISHAK
NRIC No	S1721733Z
Date Of Birth	12/08/1965
Occupation	Outdoor

Date Of Driving Pass	28/01/1989
Driving experience	34 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98514746
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	20 WOODLANDS CRESCENT #03-46
Address complement	-
Postcode	738081
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	Chain Collision
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?	No
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	5
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	Muhammad Ridhwan Bin M Yazid
Gender	Male

PASSENGER 2

Name	Muhammad Syuqri Bin M Yazid
Gender	Male

PASSENGER 3

Name	Salawati Binte Abu Bakar
Gender	Female

PASSENGER 4

Name	Dian Natasha Binte M Yazid
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 11/06/23 AT ABOUT 1750HRS, I WAS DRIVING VEHICLE A (SHA1184X) ALONG SLEX BKE ON THE SECOND LANE. WHEN SUDDENLY VEHICLE C (SLC6562Y) JAMMED BRAKES DUE TO A MOTORCYCLIST FELL INFRONT OF SAID VEHICLE C. I MANAGED TO STOP IN TIME BUT VEHICLE B (GBJ1764X) COLLIDED INTO THE REAR OF VEHICLE A AND PUSHED TO COLLIDE INTO THE REAR OF VEHICLE C. PAX SUSTAINED MINOR 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 GBJ1764X
Vehicle Manufacturer Toyota
Vehicle Model Hiace
Vehicle Variant -
Vehicle Colour -
Vehicle Category Commercial vehicle
Name of Driver UNKNOWN
Contact Number -
Address -
Address complement -
Postcode -
Insurance Company Name -
Nature Of Damage -
Details of property damaged in accident -
No. Of Passenger (Including Driver) 1

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SLC6562Y
Vehicle Manufacturer Toyota
Vehicle Model Vios
Vehicle Variant -
Vehicle Colour -
Vehicle Category Private hire
Name of Driver UNKNOWN
Contact Number -
Address -
Address complement -
Postcode -
Insurance Company Name -
Nature Of Damage -
Details of property damaged in accident -
No. Of Passenger (Including Driver) 3

INJURED PERSONS DETAILS

INJURED 1

Name of injured person Salawati Binte Abu Bakar
Gender Female
Phone No (Phone) +65-96934273
Address -
Address Complement -
Post Code -
Approximate Age Years Old -
Injuries Sustained MINOR INJURIES
Injured person in which vehicle? SHA1184X
Were seat belts worn? Yes
Was this injured conveyed to hospital by ambulance? No

INJURED 2

Name of injured person	Dian Natasha Binte M Yazid
Gender	Female
Phone No	(Phone) +65-94238792
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	MINOR INJURIES
Injured person in which vehicle?	SHA1184X
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 3

Name of injured person	Muhammad Ridhwan Bin M Yazid
Gender	Male
Phone No	(Phone) +65-91142524
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	MINOR INJURIES
Injured person in which vehicle?	SHA1184X
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 4

Name of injured person	Muhammad Syuqri Bin M Yazid
Gender	Male
Phone No	(Phone) +65-90698349
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	MINOR INJURIES
Injured person in which vehicle?	SHA1184X
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

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")

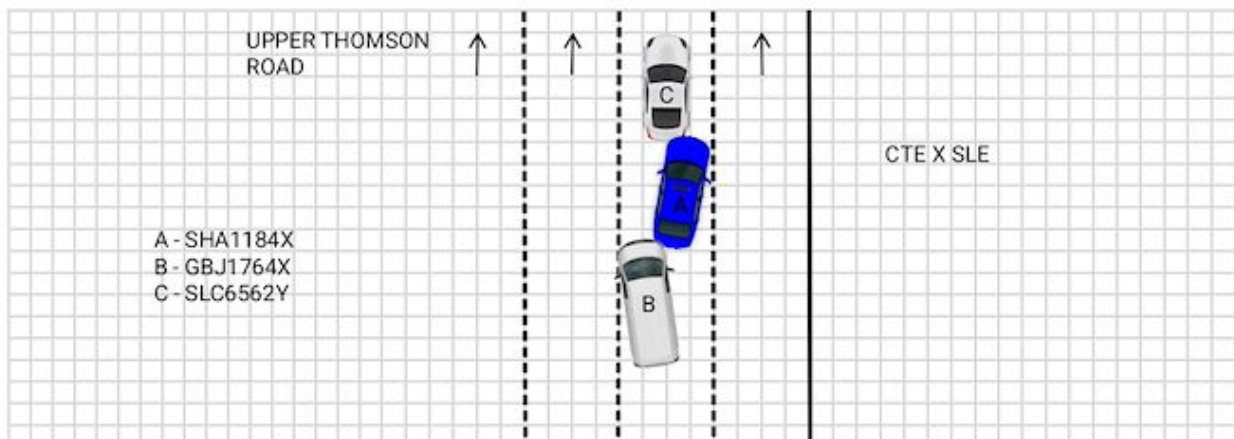
(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

(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

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

Witnessed by Reporting Centre Personnel

Sketch Plan

**FLASH ACCIDENT
REPORTING OFFICER**

FRO AMIN



Describe Circumstances of the Accident

ON 11/06/23 AT ABOUT 1750HRS, I WAS DRIVING VEHICLE A (SHA1184X) ALONG SLEX BKE ON THE SECOND LANE. WHEN SUDDENLY VEHICLE C (SLC6562Y) JAMMED BRAKES DUE TO A MOTORCYCLIST FELL INFRONT OF SAID VEHICLE C. I MANAGED TO STOP IN TIME BUT VEHICLE B (GBJ1764X) COLLIDED INTO THE REAR OF VEHICLE A AND PUSHED TO COLLIDE INTO THE REAR OF VEHICLE C. PAX SUSTAINED MINOR INJURIES.

Declaration

We declare the foregoing particulars are true in every respect.



110623 1900

Policyholder's Signature / Date & Time

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

FLASH ACCIDENT
REPORTING OFFICER

FRO AMIN



Witnessed by Reporting Centre Personnel

















