

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	24/06/2023 13:19 (SGT)
Reported by	Actual Driver
Date of Accident	24/06/2023 03:55 (SGT)
Exact Location of Accident	Bencoolen St, Singapore
Additional Location Information	TOWARDS ORCHARD ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC8790P
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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) +65-90279975
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	CHIAM HENG TONG PHILLIP
NRIC No	SXXXX257J
Date Of Birth	21/03/1959
Occupation	Outdoor

Date Of Driving Pass	01/08/1980
Driving experience	42 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90279975
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLK 352 HOUGANG AVE 7 #11-731
Address complement	-
Postcode	530352
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 - Change/cross lane
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
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 24/06/2023 AROUND 0355HRS I VEHICLE A BEARING REGISTRATION NUMBER SHC8790P WAS DRIVING ALONG BENCOOLEN STREET JUNCTION TURNING RIGHT TO ORCHARD ROAD, I WAS ON LANE 2 SLOWLY TURNING RIGHT BY KEEPING VEHICLE ON MY TRACK , SUDDENLY THERE WAS THIS VEHICLE B BEARING REGISTRATION NUMBER SMS7727L WHICH WAS ON LANE 1 ALSO MAKING THE RIGHT TURN TOWARDS ORCHARD ROAD WHERE HE EXCEEDED HIS LANE AND COLLIDED ONTO VEHICLE (A) RIGHT MIDDLE PORTION. I WAS INJURED AND CALLED FOR AMBULANCE BUT NOT CONVEYED I WILL SEE A DOCTOR SOON .

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	SMS7727L
Vehicle Manufacturer	Toyota
Vehicle Model	Sienta

Vehicle Variant	-
Vehicle Colour	Blue
Vehicle Category	Private hire
Name of Driver	SOH SENG CHYE FRANCIS
NRIC No	SXXXX373C
Contact Number	(Phone) +65-87761230
Address	BLK 107C EDGEFIELD PLAINS #10-132
Address complement	-
Postcode	823107
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	CHIAM HENG TONG PHILLIP
Gender	Male
Phone No	(Phone) +65-90279975
Address	BLK 352 HOUGANG AVE 7 #11-731
Address Complement	-
Post Code	530352
Approximate Age Years Old	64
Injuries Sustained	HEAD AND HEART PRESSURE
Injured person in which vehicle?	SHC8790P
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

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.

[Handwritten Signature]

FLASH ACCIDENT
REPORTING OFFICER
FRO VICKY

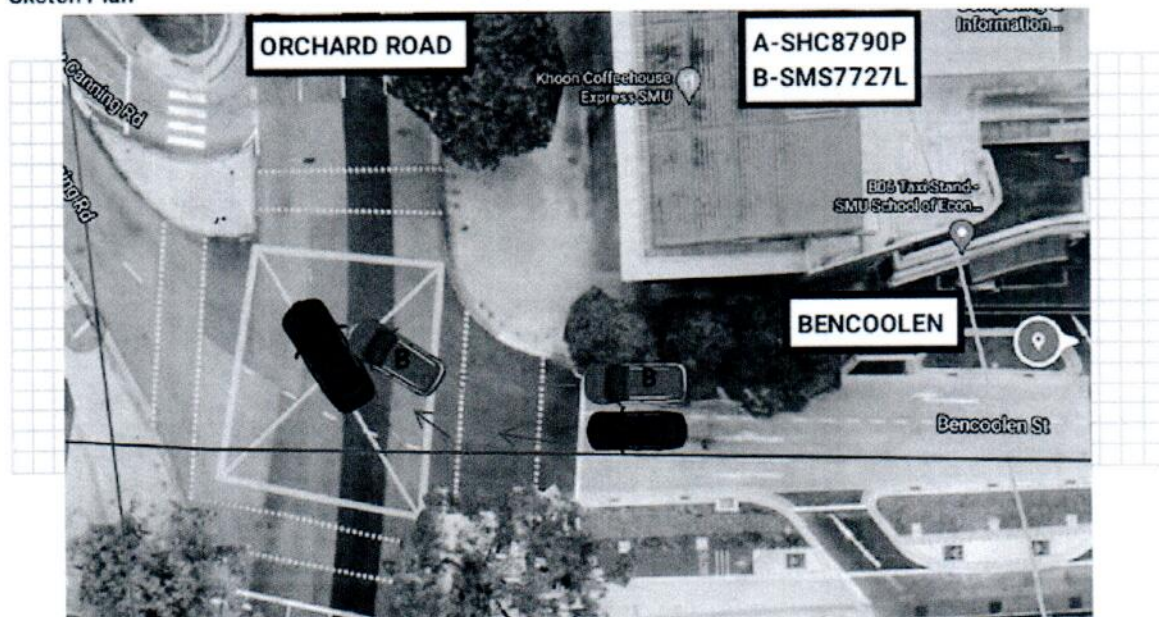
Policyholder's Signature / Date &
Time

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

Witnessed by Reporting Centre Personnel

24/06/2023 — 0600HRS

Sketch Plan



Describe Circumstances of the Accident

ON 24/06/2023 AROUND 0355HRS I VEHICLE A BEARING REGISTRATION NUMBER SHC8790P WAS DRIVING ALONG BENCOOLEN STREET JUNCTION TURNING RIGHT TO ORCHARD ROAD, I WAS ON LANE 2 SLOWLY TURNING RIGHT BY KEEPING VEHICLE ON MY TRACK, SUDDENLY THERE WAS THIS VEHICLE B BEARING REGISTRATION NUMBER SMS7727L WHICH WAS ON LANE 1 ALSO MAKING THE RIGHT TURN TOWARDS ORCHARD ROAD WHERE HE EXCEEDED HIS LANE AND COLLIDED ONTO VEHICLE (A) RIGHT MIDDLE PORTION. I WAS INJURED AND CALLED FOR AMBULANCE BUT NOT CONVEYED I WILL SEE A DOCTOR SOON.

Declaration

I/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

24/06/2023 —0600

FLASH ACCIDENT
REPORTING OFFICER
FRO VICKY



Witnessed by Reporting Centre Personnel

