

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	17/07/2023 16:07 (SGT)
Reported by	Actual Driver
Date of Accident	15/07/2023 23:20 (SGT)
Exact Location of Accident	Bedok North Ave 4, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD3514Z
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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) +65-96945103
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 - Reporting only
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	TAY BAN HOCK
NRIC No	S0060130F
Date Of Birth	09/09/1950
Occupation	Outdoor

Date Of Driving Pass	08/01/1971
Driving experience	52 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96945103
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLK 458 TAMPINES STREET 42 # 10 - 290
Address complement	-
Postcode	520458
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 - Head on 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	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 15.07.2023 AT ABOUT 2320HRS I WAS DRIVING VEHICLE A SHD3514Z ALONG BEDOK NORTH AVE 4 . AT THE TRAFFIC LIGHTS JUNCTION OF BEDOK INDUSTRIAL PARK EAST, VEHICLE A ACCIDENTALLY COLLIDED ONTO OPPOSITE DIRECTION VEHICLE B GBB7689H FRONT.
DRIVER OF VEHICLE B HURT HIS LEG BUT NO AMBULANCE WAS CALLED.
SCENE PHOTOS TAKEN AND 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	GBB7689H
Vehicle Manufacturer	Toyota
Vehicle Model	Dyna
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	JOHN
Contact Number	(Phone) +65-84443323
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	FRONT
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	2

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	UNKNOWN
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	LEG
Injured person in which vehicle?	GBB7689H
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

Describe Circumstances of the Accident

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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 17.07.2023. 1000HRS

FLASH ACCIDENT REPORTING OFFICER
KYMI



 Witnessed by Reporting Centre Personnel



























