

# 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	24/07/2023 11:28 (SGT)
Reported by	Actual Driver
Date of Accident	23/07/2023 12:40 (SGT)
Exact Location of Accident	155 Bishan Street 13, Singapore
Additional Location Information	CARPARK
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD4543H
-----------------------------	----------

### 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) +65-97381861
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 - Reporting only
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	KOH CHYE HEE (XU CAIXI)
NRIC No	S7346140E
Date Of Birth	17/12/1973
Occupation	Outdoor

Date Of Driving Pass .....	12/09/1995
Driving experience .....	27 YEARS AND 10 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-97381861
Alt. Phone Number .....	-
Email Address .....	fleetsafety@cdgtaxi.com.sg
Address .....	BLK 601A PUNGGOL CENTRAL #02-622
Address complement .....	-
Postcode .....	821601
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 .....	Collision - Head to Rear
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 23/07/2023 AT ABOUT 1240HRS, I WAS DRIVING VEHICLE A(SHD4543H) PICKING UP PASSENGER AT THE SAID LOCATION. AFTER CHECKING FOR MY SURROUNDINGS, I THEN ENGAGE TO REVERSE GEAR AND REVERSE SLOWLY. I WAS REVERSING OUT FROM A LOT, ALL OF A SUDDEN VEHICLE B(SNJ3978R) DROVE PAST AND THE LEFT PORTION OF VEHICLE B GRAZED ONTO THE REAR PORTION OF VEHICLE A. NO ONE WAS INJURED AT THE TIME OF ACCIDENT.

#### 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 .....	SNJ3978R
Vehicle Manufacturer .....	Honda
Vehicle Model .....	Odyssey
Vehicle Variant .....	-
Vehicle Colour .....	Black

Vehicle Category .....	Private car
Name of Driver .....	SAMUEL LEONG ZHONG WAI (LIANG ZHONGWEI)
NRIC No .....	S9115569I
Contact Number .....	-
Address .....	BLK 156 BISHAN STREET 13 #21-102
Address complement .....	-
Postcode .....	570156
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

**SKETCH PLAN****IMPORTANT NOTICE**

1. Please correctly report the details of the accident to speed up the claims process.
2. This Form must be **completed by the Policyholder and/or the Authorized Driver.**
3. Information provided must be as **truthful and accurate as possible.** Any willful 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. The 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 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

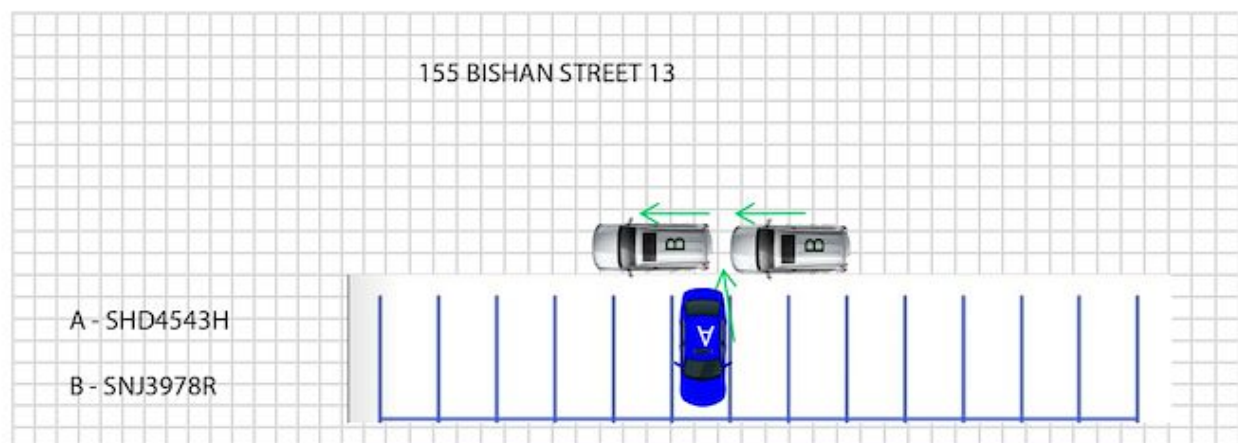
Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

**Sketch Plan**

23/07/2023

1930hrs



## Describe Circumstances of the Accident

ON 23/07/2023 AT ABOUT 1240HRS, I WAS DRIVING VEHICLE A(SHD4543H) PICKING UP PASSENGER AT THE SAID LOCATION. AFTER CHECKING FOR MY SURROUNDINGS, I THEN ENGAGE TO REVERSE GEAR AND REVERSE SLOWLY. I WAS REVERSING OUT FROM A LOT, ALL OF A SUDDEN VEHICLE B(SNJ3978R) DROVE PAST AND THE LEFT PORTION OF VEHICLE B GRAZED ONTO THE REAR PORTION OF VEHICLE A. NO ONE WAS INJURED AT THE TIME OF ACCIDENT.

## 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

23/07/2023

1930hrs

Witnessed by Reporting Centre Personnel

FLASH ACCIDENT  
REPORTING OFFICER  
FRO FIRDAUS



