SA1K246D0008-01 / Aspectus Consultancy Pte Ltd ENTRY DATE & TIME: 13/06/2024 12:07 (SGT) SUBMITTED BY: Flash Reporting VERSION: 2 (13/06/2024 14:56 (SGT))

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 witholding 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.

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 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 First Submission 13/06/2024 12:07 (SGT) Reported by **Actual Driver** Date of Accident 12/06/2024 07:30 (SGT) Exact Location of Accident Tampines Street 33, Singapore Additional Location Information **TOWARDS TAMPINES STREET 34** Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHD4140L

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) +65-98220268 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 Private hire accident Are you claiming under your own insurance policy for repair to No - Reporting only your vehicle? Vehicle Category Taxi Transmission Auto CC 1580

INSURANCE COMPANY

Name of Insurance Company MS First Capital Insurance Ltd Policy Number / Cover Note Number D-24101861MFCT

DRIVER

Name of Driver ADANAN BIN ABDUL WAHAB NRIC No S1485373A Date Of Birth 12/05/1961 Occupation Outdoor

Driving Pass Date 03/11/1986 Driving experience 37 YEARS AND 7 MONTHS Gender Mobile Number (Phone) +65-98220268 Alt. Phone Number Email Address fleetsafety@cdgtaxi.com.sg Address **BLK 283 TAMPINES STREET 22 #04-123** Address complement Postcode 520283 Is the driver the policyholder? No If No, Relationship of the Driver with the Insured Hirer Does Driver Own Other Vehicles? Nο 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 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) 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? Nο Was notice of intended Prosecution given? Nο If yes, against whom? CIRCUMSTANCES OF ACCIDENT

ON 12/06/2024 AT ABOUT 0730HRS I WAS DRIVING VEHICLE (A) BEARING REGISTRATION NUMBER SHD4140L DRIVING ALONG SERACHING FOR PASSENGERS. WHILE SLOWLY INCHING FORWARD TO THE STOP LINE IN LANE 1 OF TAMPINES STREET 33 WAITING FOR THE RED ARROW TO TURN GREEN TO TURN RIGHT INTO TAMPINES STREET 34, WHEN ALL OF A SUDDEN VEHICLE (B) BEARING REGISTRATION NUMBER FBR53D IN LANE 2 BEHIND ME SUDDENLY CUT INFRONT ME AND HIT ONTO THE FRONT LEFT OF MY VEHICLE. NOBODY WAS INJURED.

ATTACHMENT(S)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

Yes

Yes

Reasons for not uploading a video of the accident FILE IS NOT SUITABLE

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number FBR53D

Vehicle Manufacturer Yamaha

Vehicle Model CZD 300 A / XMAX 300 TECH MAX

Vehicle Variant -



Vehicle Colour	_
Vehicle Category	Motorcycle
Name of Driver	-
Contact Number	_
Address	_
Address complement	_
Postcode	_
Insurance Company Name	_
Nature Of Damage	_
Details of property damaged in accident	_
No. Of Passenger (Including Driver)	-

SKETCH PLAN

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- 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.
- 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)

Lunderstand, 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.
- (ii) 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.

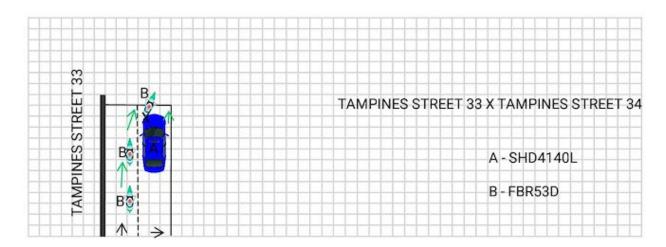
AM.

Policyholder's Signature / Date & Time

Driver's Signature (If driver is not the policyholder) / Date & Time 13/06/2024 1035HRS

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

ON 12/06/2024 AT ABOUT 0730HRS I WAS DRIVING VEHICLE (A) BEARING REGISTRATION NUMBER SHD4140L DRIVING ALONG SERACHING FOR PASSENGERS. WHILE SLOWLY INCHING FORWARD TO THE STOP LINE IN LANE 1 OF TAMPINES STREET 33 WAITING FOR THE RED ARROW TO TURN GREEN TO TURN RIGHT INTO TAMPINES STREET 34, WHEN ALL OF A SUDDEN VEHICLE (B) BEARING REGISTRATION NUMBER FBR53D IN LANE 2 BEHIND ME SUDDENLY CUT INFRONT ME AND HIT ONTO THE FRONT LEFT OF MY VEHICLE. NOBODY WAS INJURED.	

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 $^{\& Time}$ 13/06/2024 1035HRS Witnessed by Reporting Centre Personnel







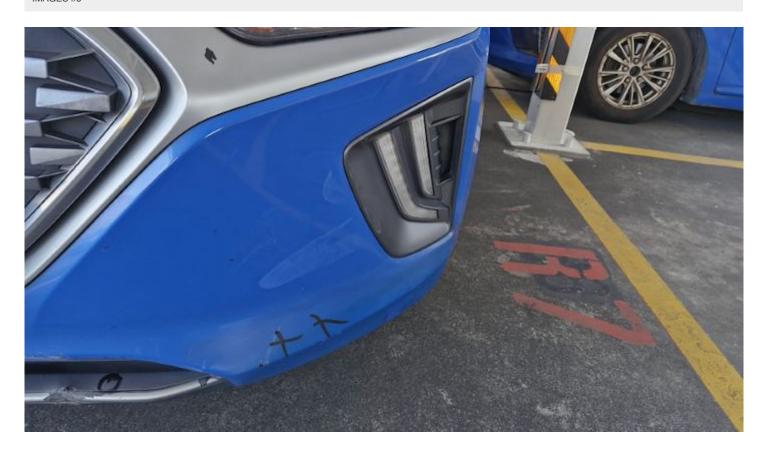














IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS: Original Report No: SA1K246D0008 _____ Vehicle Registration No: SHD4140L Name (as shown in NRIC): Comfort Transportation Pte Ltd NRIC/FIN/Passport No: 1XXXXX821R (*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate Address: _____ Singapore (Mobile No.: Contact (Tel):__ Email Address: _ Date of Accident: 12/06/2024 _____ Time of Accident: 07:30 Place of Accident: __Tampines Street 33, Insurance Company: MS First Capital Insurance Ltd (B) ADDITIONAL INFORMATION / AMENDMENTS: I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments: UPDATE CLAIM STATUS UPDATE DATE OF ACCIDENT Reporting Centre Personnel's Signature Policyholder / Driver's Signature Date:

GIARMC Addendum Form



Name:

NRIC/FIN No.: Date: 13.06.2024

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