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 25/11/2024 09:23 (SGT) Reported by **Actual Driver** Date of Accident 22/11/2024 23:00 (SGT) Exact Location of Accident Sengkang W Rd, Singapore Additional Location Information Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

KMHC851CVLU189923

Vehicle Registration Number SHD4755M

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) +65-98445155 Alternative Phone No (Office) +65-65508768

VEHICLE PARTICULARS

Manufacturer Hyundai Model Ae ioniq Variant HEV FL 1.6 DCT 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 Vehicle Fuel Petrol-Electric First Regisration Date

Effective Date/Time of Ownership

INSURANCE COMPANY

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

DRIVER

Chassis no

Name of Driver LOW JOO CHAI NRIC No S1313038H Date Of Birth 15/11/1958 Occupation Outdoor Driving Pass Date 21/02/1978 Driving License Pass Class Driving License Validity Valid Driving experience 46 YEARS AND 9 MONTHS Gender Mobile Number (Phone) +65-98445155 Alt. Phone Number Email Address fleetsafety@cdgtaxi.com.sg Address BLK 223 SIMEI STREET 4 #10-12 Address complement Postcode 520223 Is the driver the policyholder? No If No, Relationship of the Driver with the Insured Hirer Does Driver Own Other Vehicles? 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 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 PASSENGER 1 Name **UNKNOWN** Gender Female PASSENGER 2 Name **UNKNOWN** Gender Female PASSENGER 3 Name UNKNOWN(KID) Gender Male 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 221124 AT AROUND 2300HRS, I WAS DRIVING VEHICLE A BEARING REGISTRATION NUMBER (SHD4755M) ALONG SENGKANG WEST ROAD. I WAS EN-ROUTE FROM FERNVALE CLOSE HEADED TOWARDS BAYSHORE PARK YO DROP OFF PASSENGERS FOR WORK PURPOSES. SUDDENLY, AS I WAS APPROACHING THE TRAFFIC JUNCTION TOWARDS YIO CHU KANG ROAD, THERE WAS AN IMPACT FROM THE FRONTAL OF VEHICLE A. AT THE TIME OF COLLISION, IT WAS A GREEN LIGHT FOR THE TWO LANES THAT WERE TURNING RIGHT. I WAS TRAVELLING ALONG LANE TWO WHEN VEHICLE B BEARING REGISTRATION NUMBER (SJV8095P) SUDDENLY STOP DURING THE GREEN ARROW LIGHT. I DID NOT MANAGE TO STOP MY VEHICLE ON TIME AND COLLIDED HEAD TO REAR OF VEHICLE B. DAMAGES WERE FOUND ON THE FRONTAL PORTION OF VEHICLE A AND REAR PORTION OF VEHICLE B. NO INJURIES WERE SUSTAINED AT THE TIME OF ACCIDENT.

ATTACHMENT(S)

Are accident photos available for attachment? Yes
Was there any video captured by Car Camera? No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SJV8095P Vehicle Manufacturer Nissan Vehicle Model SYLPHY 1.5L 4AT ABS D/AB 2WD 4DR Vehicle Variant . Vehicle Colour Vehicle Category Private car Name of Driver MR LEE Contact Number (Phone) +65-97682138 Address Address complement Postcode Insurance Company Name Nature Of Damage **REAR** 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.
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- 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.
- 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.

Policyholder's Signature / Date & Time Driver's Signature (If driver is not the policyholder) / Date & Time 23/11/2024 - 2000 HRS

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

ON 221124 AT AROUND 2300HRS, I WAS DRIVING VEHICLE A BEARING REGISTRATION NUMBER (SHD4755M) ALONG SENGKANG WEST ROAD. I WAS EN-ROUTE FROM FERNVALE CLOSE HEADED TOWARDS BAYSHORE PARK YO DROP OFF PASSENGERS FOR WORK PURPOSES. SUDDENLY, AS I WAS APPROACHING THE TRAFFIC JUNCTION TOWARDS YIO CHU KANG ROAD, THERE WAS AN IMPACT FROM THE FRONTAL OF VEHICLE A. AT THE TIME OF COLLISION, IT WAS A GREEN LIGHT FOR THE TWO LANES THAT WERE TURNING RIGHT. I WAS TRAVELLING ALONG LANE TWO WHEN VEHICLE B BEARING REGISTRATION NUMBER (SJV8095P) SUDDENLY STOP DURING THE GREEN ARROW LIGHT. I DID NOT MANAGE TO STOP MY VEHICLE ON TIME AND COLLIDED HEAD TO REAR OF VEHICLE B. DAMAGES WERE FOUND ON THE FRONTAL PORTION OF VEHICLE A AND REAR PORTION OF VEHICLE B. NO INJURIES WERE SUSTAINED 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

WIRA

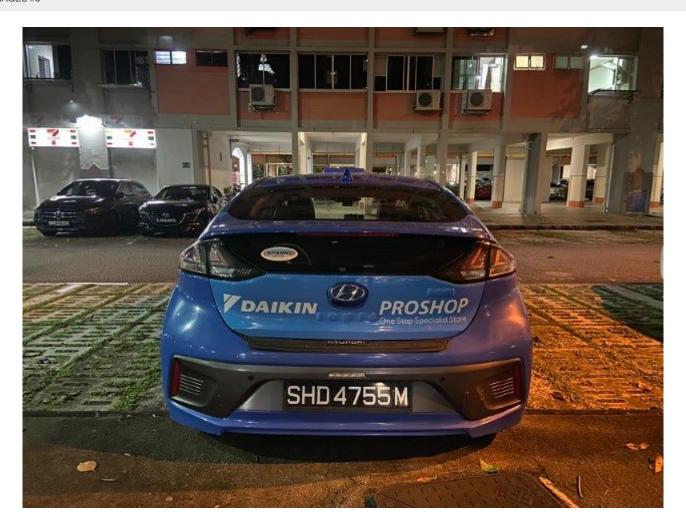
Witnessed by Reporting Centre Personnel











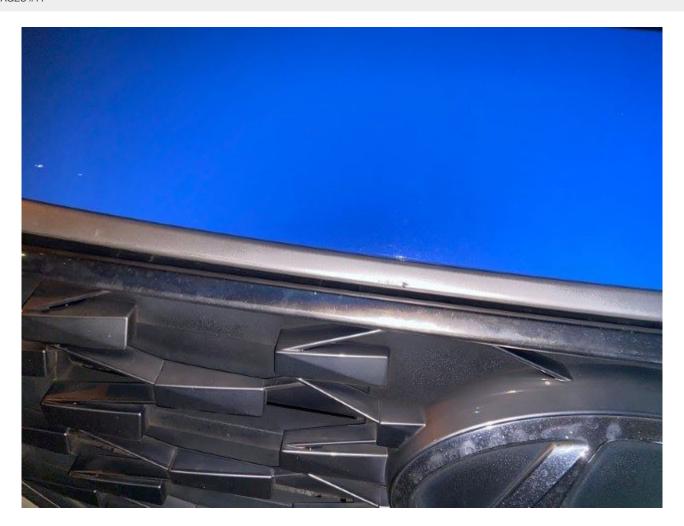






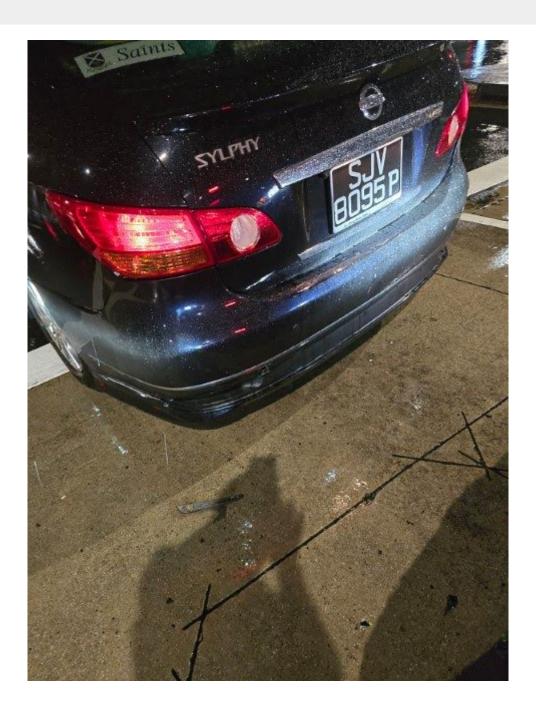


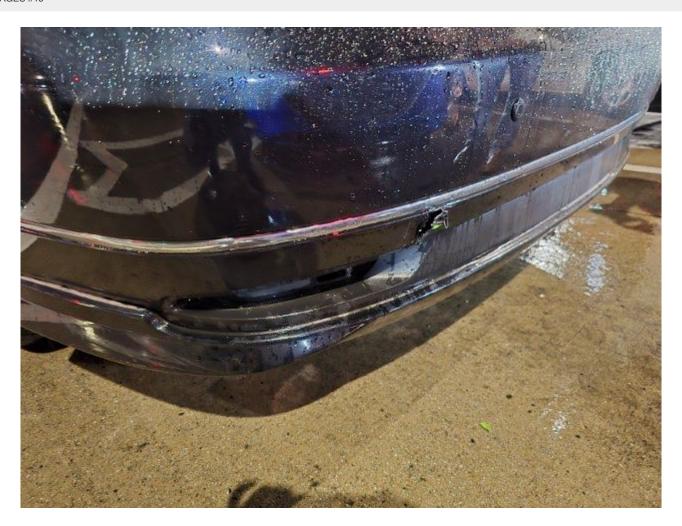














IMPORTANT NOTE: Please submit the completed Addendum form to the <u>same</u> Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS: Original Report No: SA1K24BP0006 _____ Vehicle Registration No: SHD4755M 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: 22/11/2024 ____ Time of Accident: 23:00 Place of Accident: Sengkang W Rd, Singapore 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 PASSENGER DETAILS Reporting Centre Personnel's Signature Policyholder / Driver's Signature Date:

NRIC/FIN No.: Date: 25.11.2024

GIARMC Addendum Form



