/te Ltd /2/2021 09:52 (SGT)

09:52 (SGT))

JAPORE ACCIDENT STATEMENT

NOTICE

or correctly the details of the accident to speed up the claims process.

must be completed by the Policyholder and/or the Authorised Driver

on provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate lifty.

sue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies also reporting may be referred to the Police for investigation.

report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving nat copies of this report will, for a fee, be made available upon application by interested parties.

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
Date of Accident
Exact Location of Accident
Additional Location Information
Country/State of Loss

18/02/2021 09:52 (SGT) 17/02/2021 16:51 (SGT) TPE, Singapore TOWARDS PASIR RIS DRIVE 8 (SLIP ROAD) Singapore

DETAILS OF OWN VEHICLE

Yes

Vehicle Registration Number

SHC8247S

INSURED/POLICYHOLDER

Is company?
Name Of Registered Owner
Company Reg No
Email Address
Mobile Phone No
Alternative Phone No

COMFORT TRANSPORTATION PTE LTD 1XXXXX821R fleetsafety@cdgtaxi.com.sg (Phone) +65-83331275 (Office) +65-65508768

VEHICLE PARTICULARS

Manufacturer Model Variant

Exact purpose for which vehicle was being used at time of accident
Are you claiming under your own insurance policy for repair to

your vehicle? Vehicle Category Hyundai Ae ionia

Private hire

No - Claiming third party

INSURANCE COMPANY

Name of Insurance Company Type of Coverage Fleet Policy Policy Number Cover Note Number

Axa ThirdPartyFireTheft Yes VFX/P2419138

DRIVER

Name of Driver NRIC No Date Of Birth Occupation

MOHAMMAD ASHIK BIN DASUKE SXXXX547F 14/12/1975 Outdoor

Driving Pass a experience

ile Number

Phone Number

nail Address

ddress

Address complement

Postcode

is the driver the policyholder?

If No. Relationship of the Driver with the Insured

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 Weather Conditions

Road Surface

Collision - Head to Rear

Clear Dry

No

2

No

Yes

3

No

12/08/2006

Male

520205

Nο Hirer

No

14 YEARS AND 6 MONTHS

fleetsafety@cdgtaxi.com.sg

BLK 205 TAMPINES STREET 21 #03-1299

(Phone) +65-83331275

OTHER INFORMATION

Was any foreign vehicle involved in the accident? Number of vehicles involved in the accident

Was anybody injured in the Accident?

Was any injured conveyed to hospital by ambulance?

Was any other material or property damaged? Number of Passengers (Including Driver)

Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?

PASSENGER 1

Name Gender

PASSENGER 2

Name Gender UNKNOWN Female

UNKNOWN Female

DETAILS OF POLICE ACTION

Was the accident reported to the police? Was notice of intended Prosecution given?

If yes, against whom?

No

No

CIRCUMSTANCES OF ACCIDENT

ON 17/02/2021 AT ABOUT 1651HRS, I WAS DRIVING MY VEHICLE SHC8247S ALONG TPE TOWARDS PASIR RIS DR 8. UPON REACHING SLIP ROAD JUNCTION, I STOPPED MY VEHICLE AND GAVE WAY TO ONCOMING VEHICLE ON MAJOR RD. WHILE MY VEHICLE WAS STATIONARY, VEHICLE SKB5264G REAR ENDED ONTO MY REAR BUMPER. EXCHANGED CONTACT NUMBER. NOBODY WAS INJURED AT THE MOMENT OF THE ACCIDENT.

ATTACHMENT(S)

Are accident photos available for attachment? Was there any video captured by Car Camera?

Was there any audio recorded?

Yes

No No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SKB5264G

Manufacturer
Model
e Variant
Le Colour
de Category
ne of Driver
tIC No
ontact Number
Address
Address complement
Postcode
Insurance Company Name
Nature Of Damage
Details of property damaged in accident

No. Of Passenger (Including Driver)

Private car
YANG ZHANYUAN, GARRY
SXXXX019G
(Phone) +65-91373902
-

Mercedes

SKETCH PLAN

IMPORTANT NOTICE

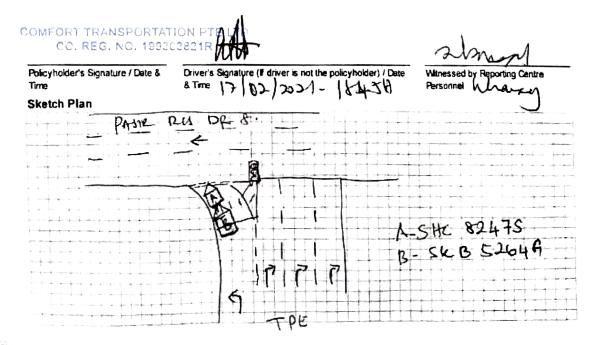
- 1. Please report correctly the details of the accident to speed up the claims process. 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the pert of the insurance
- 5. Any false reporting may be referred to the Police for Investigation.
- 6. The report w 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
- 8. Consent under the Personal Oata Protection Act (POPA)

l 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' law yers/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
- (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' law yeis/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Rurposes.



cribe Circumstances of the Accident
a late to the title of way
On 17/2/2021 at about 1651hrs, I was
driving my vehicle SH< 82475 gloney TPE towards
1 mg 1 mca 3 pt 8 - 41 3 21 mcg 1
part Ru Dr 8. upon reading slip road junctiony
I stoffed my which and gave way to on coming
which on major fet which my vehicle was strictery
white SKB 52649 was rear ended out my new bringer.
Exchanged contact member. No body was rejused at the
moment of the accident
Declaration

WWe declare the foregoing particulars are true in every respect.

CO. REG. NO. 199303821R

Policyholder's Signature / Date & Time

Driver's Signature (If driver is not the policyholder) / Date 8 Time 17 | 02 | 20 21 - 18454

Witnessed by Reporting Centre