SJ042138000Q / JP Knights Pte Ltd ENTRY DATE & TIME: 08/03/2021 19:19 (SGT) SUBMITTED BY: Ashikin VERSION: 1 (08/03/2021 19:19 (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 Authorised 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.

 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 08/03/2021 19:19 (SGT) Date of Accident 03/03/2021 07:53 (SGT) Exact Location of Accident TPE, Singapore Additional Location Information Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHD6900Y

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) +65-96680848 Alternative Phone No (Office) +65-65508768

VEHICLE PARTICULARS

Manufacturer Hyundai Model **I**40 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

INSURANCE COMPANY

Name of Insurance Company Type of Coverage ThirdPartyFireTheft Fleet Policy Policy Number VFX/P2419138 Cover Note Number

DRIVER

Name of Driver LEE CHOON MENG NRIC No S6922400H Date Of Birth 29/06/1969 Occupation Outdoor

Date Of Driving Pass 23/06/1988 Driving experience 32 YEARS AND 9 MONTHS Gender Mobile Number (Phone) +65-96680848 Alt. Phone Number Email Address fleetsafety@cdgtaxi.com.sg Address BLK 163 GANGSA ROAD #14-86 Address complement Postcode 670163 Is the driver the policyholder? Nο 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 No 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 Was anybody injured in the Accident? No Was any injured conveyed to hospital by ambulance? Was any other material or property damaged? Yes Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No PASSENGER 1 Name **FARIDAH** Gender Female DETAILS OF POLICE ACTION Was the accident reported to the police? Nο Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT ON 03/03/2021 @ 0753HRS. I WAS DRIVING MY CAB SHD6900Y ALONG WITH 1 PASSENGER. I WAS ENTERING TPE AT THE SLIP ROAD WHEN A BLACK CAR HAD SQUEEZED INTO MY LANE ON THE LEFT SHOULDER RD LANE AND AS A RESULT I WAS FORCED TO DRIVE ON THE CHEVRON MARKING TRYING TO AVOID COLLISION WITH THE BLACK CAR. THERE WAS NO COLLISION BETWEEN MY CAB AND ANY VEHICLE. AT THIS POINT THE CAR IN FRONT OF ME SLJ8774C HAD SUDDENLY STOPPED AND I HAD ALSO MANAGED TO STOP QUITE A DISTANCE FROM THE CAR IN FRONT. THE OWNER STEPPED OUT TO INSPECT AND I TOO STEPPED OUT. IN FRONT OF SLJ8774C WAS ANOTHER CAR SKX6038X. IT APPEAR THAT SLJ8774C HAD REAR ENDED CAR SKX6038X AND THE OWNER OF SLJ8774C HAD ACCUSED ME OF REAR ENDING HIS CAR WHICH RESULTED TO HIM COLLIDING ONTO SKX6038X REAR BUMPER. I WISH TO STATE THAT MY CAB HAD NO CONTACT AT ALL WITH ANY OF THE VEHICLES MENTIONED ABOVE. I HAVE MY PASSENGER MS FARIDAH TO BE MY WITNESS. ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? Nο Was there any audio recorded? Nο

DETAILS OF OTHER VEHICLE PROPERTY 1

SLJ8774C

CACCIDENT REPORT SJ042138000Q

Vehicle Registration Number

Vehicle Manufacturer	Volvo
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number Vehicle Manufacturer Vehicle Model	SKX6038X Mitsubishi
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
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)	-

WITNESS DETAILS

WITNESS 1

 Name
 FARIDAH

 Phone
 (Phone) +65-91999637

 Email

SKETCH PLAN

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- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance
- 5. Any false reporting may be referred to the Police for investigation.
- 6. The report will be forwarded by the insurers of the GA Records Management Centre established by the General Insurance Association 6. The report will be for a chiving 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.
- 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' 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 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' law yers/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 Purposes,

Policyholder's Signature / Date &

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

Witnessed by Reporting Centre Personnel

Sketch Plan

	On 3/3/21 (a) 0753/4rs, lune driving my on 5
540	269009 dong with gassinger. I was entering
TRE	at the slip road when a black our had
Sque	exect into my lone on the left shoulder in
lane	and as a result the front two rors I was
force	of to drive on the cheeron marking trying to
avei	of collision withe the block car. There was no
rellis.	ion between my rob and any volicle. At this
poin	the ar infront of me had sollinly stopped and
I ha	d also managed to stop quite a distance from
the	cor infrant. The owner stepped out to inspect and
100	Stepped out . Infront of SLJE774C was another
	SKX6038x. It appear that SLJ8774C bad rear
ndeal	car stx6038x and the owner of 5258774C ho
cu se	ed me of rear ending his car which resulted to
n	
de de	colliding onto stx6038x sear tumper. I wish to
, ,	that there was no contact at all with any of the
	s mentioned above. I have my passenger Ms faile
do	my witness.

Declaration

tWe declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

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

Witnessed by/Reporting Centre/

CSI blumpi with Carolicanne



















