

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 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 | 23/03/2021 10:24 (SGT) |
| Date of Accident | 22/03/2021 17:00 (SGT) |
| Exact Location of Accident | Jurong West Ave 1, Singapore |
| Additional Location Information | Towards Jurong East |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------|
| Vehicle Registration Number | SHD7283M |
|-----------------------------|----------|

INSURED/POLICYHOLDER

| | |
|--------------------------|--------------------------------|
| Is company? | Yes |
| Name Of Registered Owner | COMFORT TRANSPORTATION PTE LTD |
| Company Reg No | 1XXXXX821R |
| Email Address | fleetsafety@cdgtaxi.com.sg |
| Mobile Phone No | (Phone) +65-93639940 |
| 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 - Claiming third party |
| Vehicle Category | Taxi |
| Transmission | Auto |
| CC | 1580 |

INSURANCE COMPANY

| | |
|---------------------------|-----------------------|
| Name of Insurance Company | AXA Insurance Pte Ltd |
| Type of Coverage | ThirdPartyFireTheft |
| Fleet Policy | Yes |
| Policy Number | VFX/P2419138 |
| Cover Note Number | - |

DRIVER

| | |
|----------------|------------------------|
| Name of Driver | MOHAMAD SHAH BIN HARON |
| NRIC No | SXXXX246J |

| | |
|--|-----------------------------------|
| Date Of Birth | 11/11/1963 |
| Occupation | Outdoor |
| Date Of Driving Pass | 11/08/1999 |
| Driving experience | 21 YEARS AND 7 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-93639940 |
| Alt. Phone Number | - |
| Email Address | fleetsafety@cdgtaxi.com.sg |
| Address | BLK 418 TAMPINES STREET 41 #06-54 |
| Address complement | - |
| Postcode | 520418 |
| 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 material 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 |

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 22/03/2021 AT ABOUT 1700HRS, I WAS DRIVING VEHICLE A (SHD7283M) ALONG JURONG WEST AVE 1 TOWARDS JURONG EAST. I WAS AT RIGHT LANE. THERE WAS VEHICLE STOP IN FRONT OF MY VEHICLE. THAT VEHICLE WANTED TO TURN INTO BLK 484-491 ENTRANCE. SO I TURN INTO LEFT LANE. AS I WAS FILTERING INTO LEFT LANE, SUDDENLY VEHICLE B (SLF9162H) HIT ONTO MY VEHICLE REAR. MY VEHICLE REAR DAMAGED. EXCHANGED PARTICULARS. NO INJURY.

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 |
| Was there any audio recorded? | No |

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-----------------------------|--------------|
| Vehicle Registration Number | SLF9162H |
| Vehicle Manufacturer | Toyota |
| Vehicle Model | Prius |
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Private hire |

| | |
|---|----------------------|
| Name of Driver | LEE KIM HWEE |
| NRIC No | SXXXX811H |
| Contact Number | (Phone) +65-88292089 |
| Address | - |
| Address complement | - |
| Postcode | - |
| Insurance Company Name | - |
| Nature Of Damage | - |
| Details of property damaged in accident | - |
| No. Of Passenger (Including Driver) | 1 |



**SINGAPORE
POLICE FORCE**



T/20210323/2059

1 of 3

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

Report No. T/20210323/2059

REPORT OF A TRAFFIC ACCIDENT

| | | |
|--|------------------|--------------------------|
| Date/Time Report Made: 23/03/2021 14:11 | Vide Report No.: | Station Diary No.: 33 |
|--|------------------|--------------------------|

| | | | |
|--|------------|---|------------------------------|
| Informant's Particulars | | | |
| Name of Informant: MOHAMAD SHAH BIN HARON | | Address: APT BLK 418 TAMPINES STREET 41 #06-54 SINGAPORE 520418 | |
| ID Type / ID No.: NRIC NO / S1583246J | | Contact No.: Home/Office: Mobile: 93639940 | |
| Nationality: SINGAPORE CITIZEN | | Email: | |
| Sex: Male | Age: 57 | Date of Birth: 11/11/1963 | Type of Informant: Driver |
| Race: Malay | | Language: English | Institution / School Name: |
| Occupation: Taxi driver | | Driving Licence Information: Class: 2B,3 Date of Expiry: | |

| | | | | |
|--|------------------|------------------------------------|--|-------------------------------------|
| General Information of the Accident | | | | |
| Type of Accident: | Injury Others | Drink Drive: No | Date/Time of Accident: 22/03/2021 17:00 | Type of Location: Straight Road |
| Location: JURONG WEST AVENUE 1 | | | | |
| Weather: Clear | | Road Surface: Dry | | Road Speed Limit: |
| Traffic Flow: Two Way | | Traffic Control: Not Controlled | | Traffic Volume: Light |
| Type of Collision: Between Moving Vehicles - Head To Rear | | | | Anyone conveyed by ambulance: No |

| Details of Vehicle Involved | | | | | | |
|-----------------------------|------|---------|-------|-------|-------------------|-----------------|
| Vehicle No. | Type | Make | Model | Color | Condition | No of Passenger |
| SHD7283M | TAXI | HYUNDAI | | Blue | Seriously Damaged | 0 |
| SLF9162H | Car | TOYOTA | | White | Seriously Damaged | 0 |

| | |
|-----------------------------------|--------------------------------|
| Details of Person Involved | |
| Any Pedestrian Involved: No | |
| No. of Pedestrians Injured: NIL | Use of Pedestrian Crossing: NA |



Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

CONTINUATION OF REPORT

| | | | |
|-----------------------------------|-------------------------|--|------------------------------------|
| Driver | | | |
| Name | MOHAMAD SHAH BIN HARON | ID No. | S1583246J |
| Related Vehicle | SHD7283M (TAXI) | Contact No. | 93639940 |
| Hospital/Clinic | MOUNT ALVERNIA HOSPITAL | Class of Driving Licence & Expiry Date | Class: 2B,3 Date of Expiry: NIL |
| Date Treatment | 23/03/2021 | Date Discharge | NIL |
| No. of Days granted Medical Leave | 05 | Degree of Injury | Slight |
| Driver | | | |
| Name | LEE KIM HWEE | ID No. | S7935811H |
| Related Vehicle | SLF9162H (Car) | Contact No. | NIL |
| Hospital/Clinic | NIL | Class of Driving Licence & Expiry Date | Class: NIL Date of Expiry: NIL |
| Date Treatment | NIL | Date Discharge | NIL |
| No. of Days granted Medical Leave | NIL | Degree of Injury | NIL |

Brief Details.

On 22/03/2021 at about 5pm, I was driving Comfort taxi, vehicle plate number SHD7283M, travelling along Jurong West Avenue 1 towards Jurong East Avenue 1 with no passenger onboard. Near to Blk 491, a vehicle in front of me slowed down as there was another vehicle in front that wish to make a right turn into the carpark entrance. As such, I also slowed down, however suddenly there was a huge impact from the rear. I got down from my taxi to make a check and found that vehicle behind me SLF9162H did not manage to stop in time and collided into my taxi.

My taxi was badly damaged on the rear left portion and had to be towed away. There was no one injured at that point in time. Subsequently after the accident I felt unwell and went to see doctor. I was given 5 days medical leave. There is in-car camera in my taxi that captured the accident.



SINGAPORE
POLICE FORCE



T/20210323/2059

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

3 of 3



Report No. T/20210323/2059

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

| | |
|--|--|
| Signature Of Officer Recording The Report: G / Staff Sgt PATRICIA LOH YING YU  | Signature Of Informant:  |
| Signature Of Interpreter: Not applicable | Date/Time: 23/03/2021 14:11 |
| Officer In Charge Of Case: TP / AEIT / Sgt 3 MUHAMMAD RIZWAN BIN KAMALUDIN Contact No.: 65476185 | Classification Of Case: |

Authentication Stamp
NP168



SKETCH PLAN

IMPORTANT NOTICE

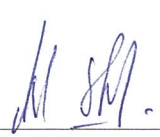
1. Please report **correctly** the details of the accident to speed up the claims process.
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7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

COMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 199303821R

Policyholder's Signature
Date & Time:


Driver's Signature
(If driver is not the policyholder)
Date & Time: 23.03.2021
@ 11:00 hrs


Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN

Amended on 23.03.2021



A - SHD 7283M
B - SLF 9162H

Along Jurong West Ave 1 TWDS Jurong East Ave 1

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

| |
|---|
| On 22.03.2021 at about 17:00 hours I was travelling along Jurong West Ave 1 |
| TWDS Jurong East Ave 1 with no passenger onboard . |
| While I saw the vehicle in front of me stop I followed too , suddenly veh B - |
| (SLF 9162H) lost control and collided into my taxi A - Left Rear Portion . |
| I have company video and photo to support my claims . |
| After the accident , I felt unwell will consult doctor later on . |
| Veh B (SLF 9162H) - Mr Lee Kin Hwee (Li JinHui) |
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DECLARATION

I/We declare the foregoing particulars are true in every respect.

COMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 199303821R

Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time: 23.03.2021
@ 11:00 hrs

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.: