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 5. Intermitted in provided midst be as it dufficing and accurate as possible. Any white misteries estimation of witholding of material facts may allow insurance companies to reputing 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 20/03/2021 12:42 (SGT) Date of Accident 19/03/2021 13:00 (SGT) Exact Location of Accident Pasir Panjang Rd, Singapore Additional Location Information PASIR PANJANG RD Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SH7318X

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner COMFORT TRANSPORTATION PTE LTD Company Reg No 199303821R Email Address FLEETSAFETY@CDGETAXI.COM.SG Mobile Phone No (Phone) +65-65508768 Alternative Phone No (Office) +65-65508768

VEHICLE PARTICULARS

Manufacturer Hyundai Model 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 No - Claiming third party your vehicle? Vehicle Category Taxi Transmission Auto 1700

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 TAY LIN WEE NRIC No S1142848G

Date Of Birth 08/01/1955 Occupation Outdoor Date Of Driving Pass 15/02/1975 Driving experience 46 YEARS AND 1 MONTH Gender Mobile Number (Phone) +65-94529685 Alt. Phone Number Email Address FLEETSAFETY@CDGETAXI.COM.SG Address **BLK 30 JALAN BAHAGIA** Address complement #03-382 Postcode 320030 Is the driver the policyholder? No If No. Relationship of the Driver with the Insured Other 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 Side Swipe 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) 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 REFER ATTACHED 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 Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SMJ3991M Vehicle Manufacturer Honda Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category Private car Name of Driver UNKNOWN Contact Number (Phone) +65-90690731

| Address complement | = |
|---|--|
| Postcode | - |
| nsurance Company Name | NTUC Income Insurance Co-operative Ltd |
| lature Of Damage | <u>-</u> |
| Details of property damaged in accident | LEFT FRONT |
| lo, Of Passenger (Including Driver) | _ |

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- By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies o the report being made available aforesaid.
- Consent under the Personal Data Protection Act (PDPA)

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 setout 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)
 - 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 my be sited outlisde 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, investigation, 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 our orders.

CO. REG. NO. 199303821R

olicyholder's Signature Date & Time:

Driver's Signature (if driver is not the palicyholder) Date & Time:

Reporting Centre Name: NRIC/Fin No.:

| KETCH PLAN | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | |
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| DECLARATION | 100 100 100 100 100 100 100 100 100 100 | | |
| We declare the foregoing particulars a | are true in every respect. | | |
| COMPORT TRUMSPORTATION PTE CO. REG. NO. 1993038218 | 125 | 4 | bat 293/21 |
| olicyholder's Signature Date & Time: | Driver's Signature (if driver is not the policyholder Date & Time: | | g Centre Personnel's Signati n No. HMJ WM WW |

Driver's Signature (if driver is not the policyholder) Date & Time:

























