SJ04214P0009-01 / JP Knights Pte Ltd ENTRY DATE & TIME: 25/04/2021 16:13 (SGT) SUBMITTED BY: Ashikin VERSION: 2 (26/04/2021 17:23 (SGT))



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver
 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 25/04/2021 16:13 (SGT) Date of Accident 24/04/2021 19:24 (SGT) **Exact Location of Accident** Pasir Panjang Rd, Singapore Additional Location Information Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Private hire

Yes

Vehicle Registration Number SHD7104Y

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) +65-93899804 Alternative Phone No (Office) +65-65508768

VEHICLE PARTICULARS

Manufacturer Toyota Model Prius

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?

No - Claiming third party Vehicle Category Taxi

Transmission Auto

CC 1798

INSURANCE COMPANY

Name of Insurance Company AXA Insurance Pte Ltd Type of Coverage ThirdPartyFireTheft

Fleet Policy

Policy Number VFX/P2419138

Cover Note Number

DRIVER

Name of Driver RAMAN S/O GOVINDASAMY SXXXX467F

NRIC No

Date Of Birth 29/05/1977 Occupation Outdoor Date Of Driving Pass 20/02/2004 Driving experience 17 YEARS AND 2 MONTHS Gender Mobile Number (Phone) +65-93899804 Alt. Phone Number **Email Address** fleetsafety@cdgtaxi.com.sg Address BLK 135 SIMEI STREET 1 #08-70 Address complement Postcode 520135 Is the driver the policyholder? Nο 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 - Major/Minor Rd 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? Yes Was any injured conveyed to hospital by ambulance? No 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? Yes Police Station Name Changi Neighbourhood Police Centre Police Station Phone No (Phone) +65-18005872999 Alt. Police Station Phone No. (Fax) +65-65872900 Police Station Address 9 Simei Street 2 Singapore 529914 Was notice of intended Prosecution given? If yes, against whom? CIRCUMSTANCES OF ACCIDENT ON 240421 AT AROUND 1924HRS, I WAS DRIVING MY VEHICLE A SHD7104Y ALONG PASIR PANJANG ROAD JUST BEFORE

HAW PAR VILLA MRT STATION. I WAS DRIVING STRAIGHT WHEN SUDDENLY VEHICLE B GX3722P CAME OUT FROM A SMALL SERVICE ROAD FROM WEST COAST HIGHWAY AND TURNED RIGHT. HE DID NOT SEE ME COMING AND I WAS TOO CLOSE TO AVOID HIM. HE CAME OUT OF THE SMALL SERVICE ROAD AND HIT MY FRONT LEFT BUMPER. THERE WAS DAMAGE TO MY FRONT LEFT BUMPER. I FEEL PAIN ON MY SHOULDER, BACK, NECK AND RIGHT LEG.

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 SD CARD WITH WORKSHOP

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

No

Vehicle Registration Number GX3277P Vehicle Manufacturer

Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	AMIN MD AL
Contact Number	(Phone) +65-98228222
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	RAMAN S/O GOVINDASAMY
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	PAIN ON SHOULDER, BACK, NECK AND RIGHT LEG
Injured person in which vehicle?	SHD7104Y
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

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SKETCH PLAN

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- 7. By the Sodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of thereport being made available aforesaid.
- 8. Consent under the Personal Data Protection Act (POPA) 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;
- (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
- (iv) admiresteristic my claims finctuding the malies of correspondence, statements, invoices, reports or notices to me, which pould involvedisclosure of certain personal data about me to brine about delivery of the same as well as on the external cover of envelopes/mail packagesh and/or
- (V) complying with applicable law in administering, processing, handling and/or dealing with my claims. (collectively the "Purposes")
- 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
- my Personal Information may/can be disclosed by any of the Insurent and/or GIA to their third party service providers or agents (including their Inwyers/line (c) firms), which may be sited outside of Singapore, for one or more of the above Pug

Oriver's Signature (if driver is not the policyholden)/ Date & Time 24 /4/21 20 45

Witnessed by Reporting Personnel
KHM1 FUL

Policyholder's Signature / Date & Lime

Sketch Plan

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holder's Signature / Date & time	4	is not the policyholder)/ Date & Time	Witnessed by Reporting Personnel LUBI PUL
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