SJ042165000B / JP Knights Pte Ltd ENTRY DATE & TIME: 05/06/2021 17:32 (SGT) SUBMITTED BY: Ashikin VERSION: 1, (05/06/2021 17:32 (SGT))

© SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 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
- 2. This committee of the companies to repudiate 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.
- 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 Date of Accident **Exact Location of Accident** Additional Location Information Country/State of Loss

05/06/2021 17:32 (SGT) 04/06/2021 10:47 (SGT) Ang Mo Kio Ave 1, Singapore

Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SHA2927M

INSURED/POLICYHOLDER

Is company?

Name Of Registered Owner

Company Reg No

Email Address

Mobile Phone No

Alternative Phone No

Yes

COMFORT TRANSPORTATION PTE LTD

1XXXXX821R

fleetsafety@cdgtaxi.com.sg

(Phone) +65-92991152

(Office) +65-65508768

VEHICLE PARTICULARS

Manufacturer

Model

Variant

Exact purpose for which vehicle was being used at time of

Are you claiming under your own insurance policy for repair to

your vehicle?

Vehicle Category

Transmission

Toyota Prius

Private hire

No - Claiming third party

Taxi

Auto

1798

INSURANCE COMPANY

Name of Insurance Company

Type of Coverage

Fleet Policy

Policy Number

Cover Note Number

DRIVER

AXA Insurance Pte Ltd ThirdPartyFireTheft

Yes

VFX/P2419138

Name of Driver NRIC No

GOH KIN YONG SXXXX725B



Date Of Birth Occupation

Date Of Driving Pass
Driving experience

Gender

Mobile Number

Alt. Phone Number Email Address

Address

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

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?

DETAILS OF POLICE ACTION

Was the accident reported to the police?

Was notice of intended Prosecution given?

If yes, against whom?

CIRCUMSTANCES OF ACCIDENT

04062021 1048HRS I WAS DRIVING ALONG AMK AVE 1.I NOTICED INFRONT CAR APPLIED BRAKE AND I MANAGED TO SLOW DOWN AND STOP IN TIME.HOWEVER VEH B DID NOT MANAGE TO STOP AND HIT MY TAXI REAR PORTION.NO SERIOUS INJURY BUT I WILL SEEK MEDICAL CHECK UP AS I FEEL PAIN AFTER IMPACT.

07/08/1957

25/06/1977

44 YEARS

(Phone) +65-92991152

Collision - Head to Rear

fleetsafety@cdgtaxi.com.sg

BLK 778 WOODLANDS DRIVE 60 #07-106

BLK 778 WOODLANDS DRIVE 60 #07-106

Outdoor

Male

Hirer

No

Clear

Dry

No

Yes

No

Yes

1

No

No

No

2

ATTACHMENT(S)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

Reasons for not uploading a video of the accident

Was there any audio recorded?

Yes

Yes

FILE IS NOT SUITABLE

No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

Vehicle Manufacturer

Vehicle Model

Vehicle Variant

Vehicle Colour

Vehicle Category

Name of Driver

SKL686C

-

Private car

TAN WEE BOON

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NRIC No SXXXX072D
Contact Number Address Address complement Postcode Insurance Company Name Nature Of Damage Details of property damaged in accident -

INJURED PERSONS DETAILS

INJURED 1

Name of injured person

Address

Address Complement

Post Code

Approximate Age Years Old Injuries Sustained

Injured person in which vehicle?

No. Of Passenger (Including Driver)

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

GOH KIN YONG

BLK 778 WOODLANDS DRIVE 60 #07-106

BLK 778 WOODLANDS DRIVE 60 #07-106

FEEL PAIN SHA2927M

-No

Accident report SJ042165000B

SKETCH PLAN

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- 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.
- 8 Consent under the Personal Data Protection Act (PDPA)

Lunderstand, acknowledge, agree and consent that

- (a) My insurer , my w orkshop 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) w ho have insured vehicle(s) involved in this accident (all insurer(s) w ho 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 w ith 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 Witness Tarne & Time Sketch Plan

Describe Circumstances of the Accident

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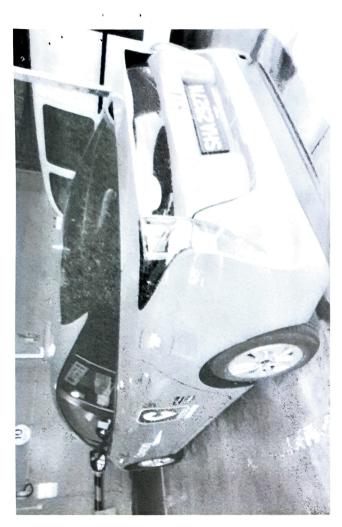
Declaration

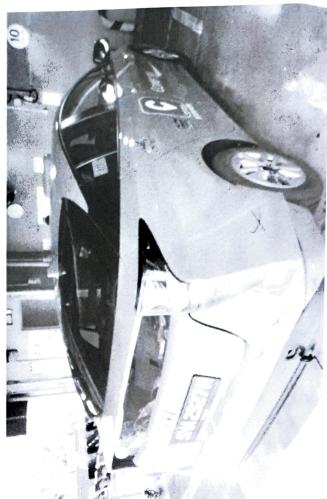
I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date &

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

Witnessed by Repulting Centre

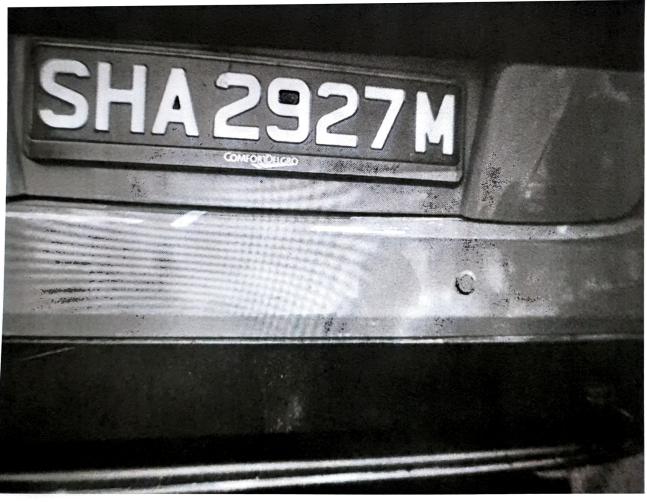












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