SJ04216A000G / JP Knights Pte Ltd ENTRY DATE & TIME: 10/06/2021 16:14 (SGT) SUBMITTED BY: Ashikin VERSION: 1 (10/06/2021 16:14 (SGT))

© SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- 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
- 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 Date of Accident **Exact Location of Accident** Additional Location Information Country/State of Loss

10/06/2021 16:14 (SGT) 10/06/2021 06:50 (SGT) 1 Pasir Ris Dr 1, Singapore TOWARDS LOYANG AVENUE Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SHD4830D

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner Company Reg No **Email Address**

Mobile Phone No Alternative Phone No

COMFORT TRANSPORATION PTE LTD

1XXXXX821R

fleetsafety@cdgtaxi.com.sg (Phone) +65-90287750 (Office) +65-65508768

VEHICLE PARTICULARS

Manufacturer

Model 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? Vehicle Category Transmission

CC

Hyundai Ae ioniq

Private hire

No - Claiming third party

Taxi Auto 1580

INSURANCE COMPANY

Name of Insurance Company Type of Coverage Fleet Policy **Policy Number** Cover Note Number

AXA Insurance Pte Ltd ThirdPartyFireTheft Yes VFX/P2419138

DRIVER

Name of Driver NRIC No

OH CHIN ENG SXXXX570I

Date Of Birth 31/10/1958 Occupation Outdoor Date Of Driving Pass 08/01/1980 Driving experience 41 YEARS AND 5 MONTHS Gender Mobile Number (Phone) +65-90287750 Alt. Phone Number **Email Address** fleetsafety@cdgtaxi.com.sg Address **BLK 891A TAMPINES AVE 8 #15-72** Address complement Postcode 521891 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 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 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?

DETAILS OF POLICE ACTION

Was the accident reported to the police?

Was notice of intended Prosecution given?

No
If yes, against whom?

CIRCUMSTANCES OF ACCIDENT

ON 10062021 AT ABOUT 0650HRS I WAS DRIVING MY VEHICLE A SHD4830D ON THE MIDDLE LANE OF PASIR RIS DRIVE 1 TOWARDS LOYANG AVENUE. NEAR THE TRAFFIC JUNCTION OF PASIR RIS DRIVE 2 VEHICLE B SGY6507B WHICH WAS 9N TYE MOST LEFT LANE ENCROACH ONTO MY LANE AND SIDE SWIPE MY VEHICLE A LEFT REAR WITH HIS VEHICLE B FRONT RIGHT.

NO ONE WAS INJURED AND NO PARTICULARS EXCHANGED.

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

SGY6507B

Honda

Vehicle Model

Vehicle Variant

Vehicle Category

Private car

Name of Driver	UNKNOWN
Contact Number	-
Address	_
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

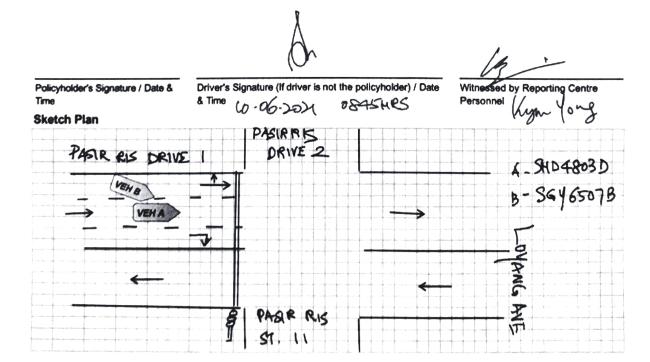
SKETCH PLAN

IMPORTANT NOTICE

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

I understand, 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 the claims:
- (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' 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.



Describe Circumstances of the Accident

ON 10062021 AT ABOUT 0650HRS I WAS DRIVING MY VEHICLE A
SHD4830D ON THE MIDDLE LANE OF PASIR RIS DRIVE 1 TOWARDS
SHU483UU UN THE MIDDLE LANE OF TASIK TION OF PASIR RIS DRIVE 2
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ENCROACH ONTO MY LANE AND SIDE SWIPE MY VEHICLE A LEFT
ENCRUACH UNTO MIT LANE AND SIDE STATE TO STATE AND SIDE STATE S
REAR WITH HIS VEHICLE B FRONT RIGHT.
NO ONE WAS INJURED AND NO PARTICULARS EXCHANGED.

Declaration

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

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre