SJ04216E000G / JP Knights Pte Ltd ENTRY DATE & TIME: 14/06/2021 19:38 (SGT) SUBMITTED BY: Ashikin VERSION: 1 (14/06/2021 19.38 (SGT))



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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 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 Date of Accident Exact Location of Accident Additional Location Information Country/State of Loss

14/06/2021 19:38 (SGT) 12/06/2021 22:05 (SGT) Unity St, Singapore

Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SHC1854K

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) +65-87002596 (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

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

LENG LIANG YEW SXXXX538D

Date Of Birth 13/02/1965 Occupation Outdoor Date Of Driving Pass 07/10/1983 Driving experience 37 YEARS AND 8 MONTHS Gender Male Mobile Number (Phone) +65-87002596 Alt. Phone Number Email Address fleetsafety@cdgtaxi.com.sg Address BLK 220 SERANGOON AVENUE 4 #07-224 Address complement Postcode 550220 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? Yes Police Station Name Serangoon Neighbourhood Police Centre Police Station Address 50 Serangoon Avenue 2 #01-02 Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER TO POLICE REPORT T/ 20210613/ 2013 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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category Name of Driver

SMP9537X

Private car

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

SKETCH PLAN

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- 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.
- 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.
- 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)

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) 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' 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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time Sketch Plan	Driver's Signature (If driver is not & Time (4.06 20 ×	t the policyholder) / Date	Witnessed by Reporting Centre
Á: 94 C 1854X B: 9mp 9537 X		→ VEH B	EHA
UNITY	STREET	←	MERBAU ROAD_

Describe Circumstances of the Accident	
REFER TO POLICE REPORT T/20210613/2013	
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 14-06 2021 1005 HRS

Witnessed by Reporting Centre Personnel Ryn or





Police Station Of Origin:

Serangoon N.P.C

50 Serangoon Avenue 2 #01-02 SINGAPORE

556129

Tel No: 1800-4880999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 13/06/2021 10:42

Vide Report No.:

Station Diary No.:

Report No. T/20210613/2013

1 of 3

13/03/2021 10:42				25			
Informa	nt's Partic	ulars		1-0			
Name o	f Informant IANG YEW		Address:	= 4 #07 204 QUNG 1 =			
NRIC NO	/ ID No.: D / \$17025	38D	Contact No.: Home/Office:	E 4 #07-224 SINGAPORE 550220			
Nationality: SINGAPORE CITIZEN		'EN	Email: Mobile: 87002596				
Sex: Male	Age: 56	Date of Birth: 13/02/1965	Type of Informant:				
Race: Chinese			Language: English	Institution / School Name:			
Occupation: Faxi driver			Driving Licence Information: Class: 3,4	Date of Expiry:			

Type of Accident:	Injury Conveyed By Ambu	lance	Drink Drive:	Date/Time of Accident:		Type of Location X-Junction
Location: UNITY STRE	ΞT		No	12/06/2021 22:05		
		Road	Surface:		Road	Spood Limit
Clear Traffic Flow:		Dry Traffic	Control:			Speed Limit:
Weather: Clear Traffic Flow: Two Way Type of Collisi	on:	Dry Traffic				Volume:

Vehicle No.	ehicle Invo					
		Make	Model	Color	Condition	NCD
SHC1854K Car	HYUNDAI	IONIQ	2717	Cortainon	No of Passenger	
	THOMBAI		Blue	Seriously	0	
SMP9537X Car	LIGHT.			Damaged	340	
Car Car	HONDA		Black	- minagou	0	
					0	

Details of Person Involved	
Any Pedestrian Involved: No	E CONTRACTOR OF THE CONTRACTOR
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA
	The state of the s





2 of 3

Report No. T/20210613/2013

Police Station Of Origin: Serangoon N.P.C 50 Serangoon Avenue 2 #01-02 SINGAPORE

556129 Tel No: 1800-4880999

CONTINUATION OF REPORT

Driver				PASSING B	AC	
Name	LENG LIANG YEW			ID No		S1702538D
Related Vehicle	SHC1854K (Car)			Conta	ct No.	87002596
Hospital/Clinic	SINGAPORE GENERAL HOSPITAL		Class Drivin Licend Expiry	g ce &	Class: 3,4 Date of Expiry: NIL	
Date Treatment	12/06/2021		Date Di	scharge	NIL	
11 (5)		04		of Injury	Sligh	t

Brief Details.

I am working as a taxi driver for Comfort taxi for the past 15 years.

On 12/6/2021 at about 2205hrs, I was driving my taxi (registration plate number: SHC1854K) along Unity Street and I wanted to turn right towards Merbau Road. When I was about to make the right turn, I suddenly heard a loud 'bang' sound coming from the rear of my vehicle and I also felt the impact of collision as I jerked forward. I then realized that the vehicle (registration plate number SMP9537X) behind my vehicle has knocked onto the rear of my vehicle. I then slowed down and stopped my vehicle. The vehicle behind me also came to a stop and when I came out of my taxi, the driver of the said vehicle winded down his window to ask if I am okay and he also told me to stop at the side. I told him that I will take photos of the vehicles first. After I took the photos, he then drove his vehicle in front of mine and came to a stop at the side. After I stopped my taxi behind his vehicle, I walked towards the other vehicle. However, before I reach the said vehicle, the driver drove off his vehicle and did not come out of his vehicle at all. As such, I called for police.

Shortly after, ambulance arrived and at about 2235hrs, I was being brought to Singapore General Hospital as I felt giddy and some pain in my neck and shoulder areas. I would like to state that when I was conveyed, traffic police have yet to reach. After seeking medical treatment, I was given 4 days of MC from 12/6/2021 to 15/6/2021.

I would like to state that due to this incident, my taxi sustained a big dent at the rear and the car plate is also damaged. I have informed my company about the incident. There are in-car cameras in my taxi facing both front and back however only my company can access to the footages.

On12/6/2021 at about 2300hrs, an Investigation officer namely Muhammad Noor from Traffic Police messaged me via WhatsApp and asked me to lodge a police report about the incident. As such, I am lodging this police report.





3 of 3 Report No. T/20210613/2013

Police Station Of Origin: Serangoon N.P.C 50 Serangoon Avenue 2 #01-02 SINGAPORE 556129

Tel No: 1800-4880999

CONTINUATION OF REPORT

Sketch	Plan
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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:	Signature Of Informant:
Sgt 2 POH WAN XUAN, GLORIS	Jaguer Land
Signature Of Interpreter:	Date/Time:
Not applicable	13/06/2021 10:42
Officer In Charge Of Case:	Classification Of Case:
Sgt 2 DAVID YAP	
Contact No. 96 95 FALSE SN 156	
Authentication Stamp	
SIGNATURE	