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
- 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

21/06/2021 12:54 (SGT) 19/06/2021 19:10 (SGT) PIE, Singapore **TOWARDS BKE** Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SHC3955P

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) +65-94756722

(Office) +65-65508768

VEHICLE PARTICULARS

Manufacturer

Model

Variant

Exact purpose for which vehicle was being used at time of

accident

CC

Are you claiming under your own insurance policy for repair to

your vehicle?

Vehicle Category

Transmission

Ae ioniq

Hyundai

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

WANG ZHI MING SXXXX940B



Date Of Bifth 27/05/1981 Occupation Outdoor 09/05/2016 Date Of Driving Pass

Driving experience **5 YEARS AND 1 MONTH**

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

Collision - Head to Rear

(Phone) +65-94756722

fleetsafety@cdgtaxi.com.sg

BLK 148 POTONG PASIR AVENUE 1 #03-37

Clear Wet

350148

No

Nο

Hirer

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?

No

2

Yes

Nο Yes

No

DETAILS OF POLICE ACTION

Was the accident reported to the police?

Was notice of intended Prosecution given?

If yes, against whom?

No

No

CIRCUMSTANCES OF ACCIDENT

ON 190621 AT AROUND 1915HRS, I WAS DRIVING MY VEHICLE A SHC3955P ALONG PIE TOWARDS BKE ON THE 4TH LANE INTENDING TO MERGE INTO BKE. TRAFFIC WAS MODERATE AND THE ROADS WERE WET. SUDDENLY THE VEHICLES IN FRONT OF ME MADE AN EMERGENCY BRAKE AS THERE WAS ROAD WORKS FURTHER AHEAD. I WAS ABLE TO STOP MY VEHICLE ON TIME. HOWEVER VEHICLE B SJQ9078J REAR ENDED MY VEHICLE. THERE WAS DAMAGE TO THE BACK BUMPER OF MY CAR. I FEEL SOME NECK PAIN DUE TO THE IMPACT.

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

SJQ9078J

Kia

Private car

C Accident report SJ04216L0004

Page 2 of 14

INJURED PERSONS DETAILS

No

INJURED 1

Was this injured conveyed to hospital by ambulance?

Name of injured person

Address

BLK 148 POTONG PASIR AVENUE 1 #03-37

Address Complement

Post Code

350148

Approximate Age Years Old

Injuries Sustained

NECK PAIN

Injured person in which vehicle?

Were seat belts worn?

SKETCH PLAN

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.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

700

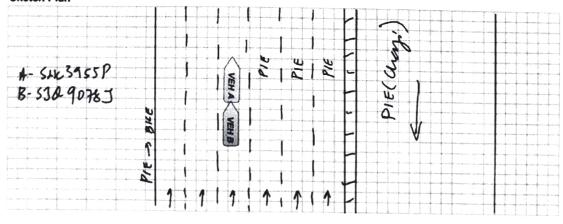
Driver's Signature (If driver is not the policyholder) / Date & Time 201/121 1150

Witnessed by Reporting Centre Personnel KHAIRW

Sketch Plan

Time

Policyholder's Signature / Date &



6/9

Describe Circumstances of the Accident

ON 190621 AT AROUND 1915HRS, I WAS DRIVING MY VEHICLE A SHC3955P ALONG PIE TOWARDS BKE ON THE 4TH LANE INTENDING TO MERGE INTO BKE. TRAFFIC WAS MODERATE AND THE ROADS WERE WET. SUDDENLY THE VEHICLES IN FRONT OF ME MADE AN EMERGENCY BRAKE AS THERE WAS ROAD WORKS FURTHER AHEAD. I WAS ABLE TO STOP MY VEHICLE ON TIME. HOWEVER VEHICLE B SJQ9078J REAR ENDED MY VEHICLE. THERE WAS DAMAGE TO THE BACK BUMPER OF MY CAR. I FEEL SOME NECK PAIN DUE TO THE IMPACT.

Declaration

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

Driver's Signature (if driver is not the policyholder) / Date & Time 21 12 130

Witnessed by Reporting Centre Personnel KHMPUL

7 / 9 Jlicyholder's Signature / Date &