SJ04216Q000H / JP Knights Pte Ltd ENTRY DATE & TIME: 26/06/2021 16:08 (SGT) SUBMITTED BY: Khin VERSION: 1 (26/06/2021 16:08 (SGT))

# **SINGAPORE ACCIDENT STATEMENT**

#### **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
- 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.

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   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 26/06/2021 16:08 (SGT) Date of Accident 23/06/2021 22:20 (SGT) Exact Location of Accident Yishun Street 81, Singapore Additional Location Information AT BLK 824 YISHUN ST 81 CARPARK Country/State of Loss Singapore

### **DETAILS OF OWN VEHICLE**

Vehicle Registration Number SH6608R

#### INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner COMFORT TRANSPORTATION PTE LTD Company Reg No 199303821R **Email Address** fleetsafety@cdgtaxi.com.sg Mobile Phone No (Phone) +65-91515030 Alternative Phone No (Office) +65-65508768

#### VEHICLE PARTICULARS

Manufacturer

Toyota Model Prius Variant Exact purpose for which vehicle was being used at time of Private hire accident Are you claiming under your own insurance policy for repair to your vehicle? No - Reporting only Vehicle Category Taxi Transmission Auto CC 1798

#### **INSURANCE COMPANY**

Name of Insurance Company AXA Insurance Pte Ltd Type of Coverage ThirdPartyFireTheft Fleet Policy Yes Policy Number VFX/P2419138 Cover Note Number

## DRIVER

Name of Driver LOW HOCK HUAT NRIC No. S0171864I

Date Of Birth 14/07/1952 Occupation Outdoor Date Of Driving Pass 16/07/1971 Driving experience 49 YEARS AND 11 MONTHS Gender Mobile Number (Phone) +65-91515030 Alt. Phone Number Email Address fleetsafety@cdgtaxi.com.sg Address APT BLK 612 ANG MO KIO AVENUE 4 Address complement #11-1125 Postcode SINGAPORE 560612 Is the driver the policyholder? Nο If No. Relationship of the Driver with the Insured Hirer Does Driver Own Other Vehicles? Nο 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 Was anybody injured in the Accident? Nο Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Yes Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? Nο **DETAILS OF POLICE ACTION** Was the accident reported to the police? Nο Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT ON 23/06/21 AT 2220HRS I WAS DRIVING VEHICLE (SH6608R)AT BLK824 YISHUN ST 81 CARPARK.I REVERSED MY VEHICLE BECAUSE ITS WAS DEAD END.AS I WAS REVERSING MY VEHICLE FRONT LEFT HIT ONTO MOTORCYCLE B FRONT TYRE.MOTORCYCLE B FALL DOWN SO I CARRY THAT MOTORCYCLE AND PUT BACK TO SAME POSITION. UNABLETO EXCHANGE PARTICULAR AS NO ONE THERE.NO INJURIES. 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 FILE NOT SUITABLE Was there any audio recorded? **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category

Motorcycle

Name of Driver

| Contact Number                          | (Phone) +65-96364623 |
|---|----------------------|
| Address                                 | <u>-</u>             |
| Address complement                      | -                    |
| Postcode                                | -                    |
| Insurance Company Name                  | -                    |
| Nature Of Damage                        | -                    |
| Details of property damaged in accident | PARKED MOTORCYCLE    |
| No. Of Passenger (Including Driver)     | -                    |

### SKETCH PLAN

## IMPORTANT NOTICE

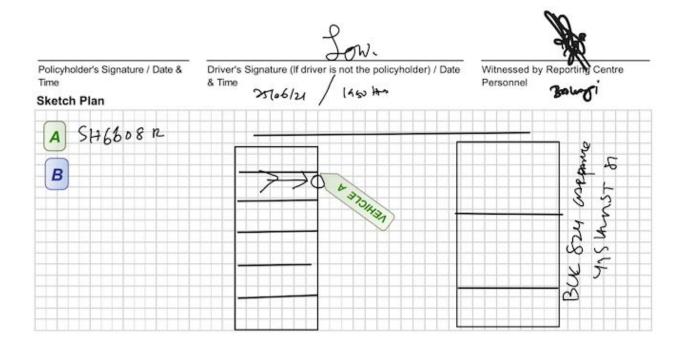
- Please report <u>correctly</u> the details of the accident to speed up the claims process.
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- By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made 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' 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.



Describe Circumstances of the Accident

ON 23/06/21 AT 2220HRS I WAS DRIVING VEHICLE SH6608R AT BLK824 YISHUN ST 81 CARPARK.I REVERSED MY VEHICLE BECAUSE ITS WAS DEAD END.AS I WAS REVERSING MY VEHICLE FRONT LEFT HIT ONTO MOTORCYCLE B FRONT TYRE.MOTORCYCLE B FALL DOWN SO I CARRY THAT MOTORCYCLE AND PUT BACK TO SAME POSITION. UNABLE TO EXCHANGE PARTICULAR AS NO ONE THERE.NO INJURIES.

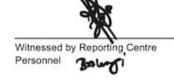
## Declaration

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

Policyholder's Signature / Date & Driver's Signature

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

STOHEL /1950 has





Time



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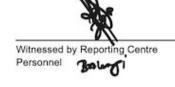
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