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 30/09/2021 14:38 (SGT) Date of Accident 29/09/2021 15:05 (SGT) Exact Location of Accident Beach Rd, Singapore Additional Location Information Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Hyundai

Vehicle Registration Number SH7226C

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner COMFORT TRANSPORTATION PTE LTD Company Reg No 1XXXXX821R **Email Address** fleetsafety@cdgtaxi.com.sg Mobile Phone No (Phone) +65-96940394 Alternative Phone No (Office) +65-65508768

VEHICLE PARTICULARS

Manufacturer

Model 140 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 No - Claiming third party your vehicle? Vehicle Category Taxi Transmission Auto CC 1685

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 TOH GUAN KHENG NRIC No. SXXXX070D

Date Of Birth 20/09/1950 Occupation Outdoor Date Of Driving Pass 28/06/1972 Driving experience 49 YEARS AND 3 MONTHS Gender Mobile Number (Phone) +65-96940394 Alt. Phone Number Email Address fleetsafety@cdgtaxi.com.sg Address BLK 326 HOUGANG AVENUE 7 #09-339 Address complement Postcode 530326 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? Yes Was any injured conveyed to hospital by ambulance? Nο 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? Yes Police Station Name Changkat Neighbourhood Police Post Police Station Phone No (Phone) +65-18007819999 Alt. Police Station Phone No (Fax) +65-67832722 Police Station Address Blk 109 Tampines Street 11 #01-261 Singapore 521109 Was notice of intended Prosecution given? Nο If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER TO POLICE REPORT. 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 IS NOT SUITABLE Was there any audio recorded? **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number GZ6431E Vehicle Manufacturer

Vehicle Model
Vehicle Variant
Vehicle Colour

Vehicle Category	Commercial vehicle
Name of Driver	TAY KIM KWEE
Contact Number	(Phone) +65-96675123
Address	<u>-</u>
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

INJURED PERSONS DETAILS

INJURED 1

Name of injured person Gender Phone No Address	TOH GUAN KHENG Male (Phone) +65-96940394
Address Complement Post Code Approximate Age Years Old Injuries Sustained	- - - INJURY - 5 DAYS MC
Injured person in which vehicle? Were seat belts worn? Was this injured conveyed to hospital by ambulance?	SH7226C - No

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.
- 3. 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.
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- 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' 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 Time & Time Sketch Plan

Sketch Plan

A SH 2776 C

B GZ 6431E

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

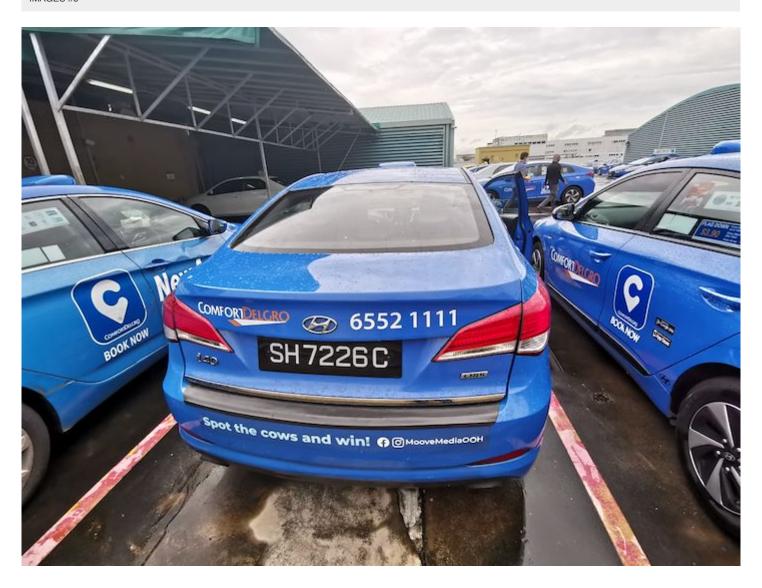
Sketch Plan

Rugger

A SH 2776 C







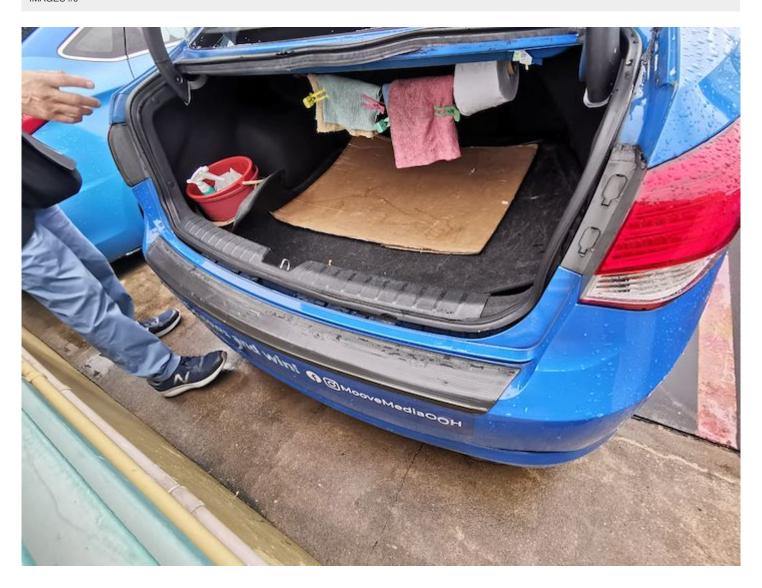




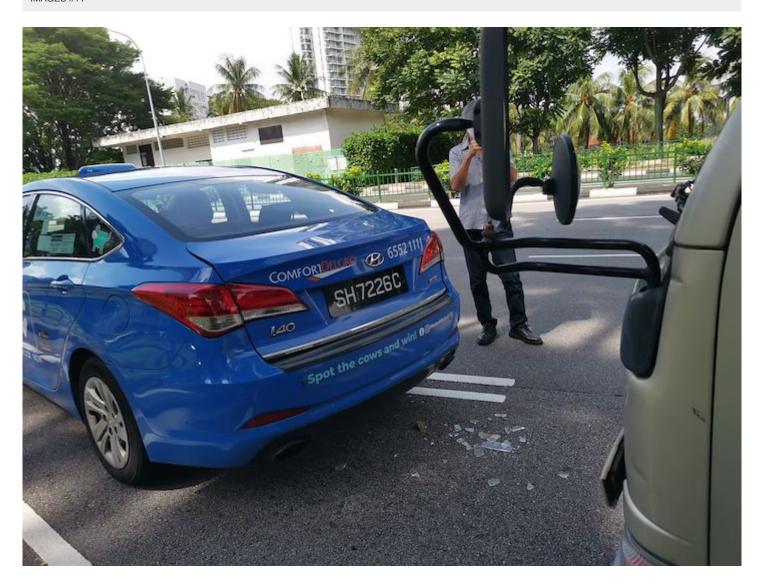


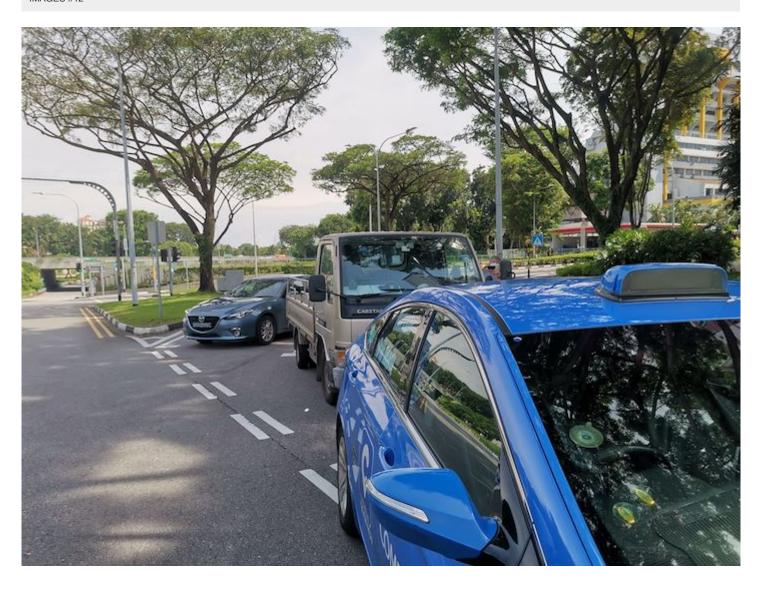


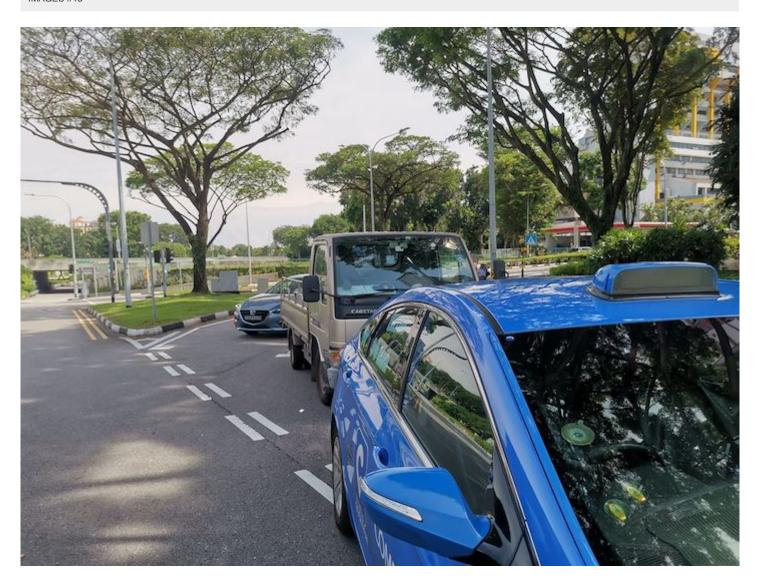






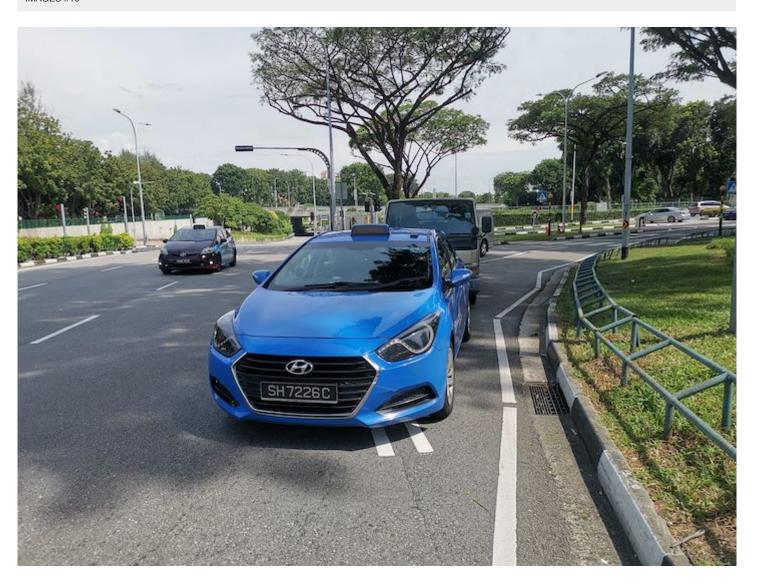


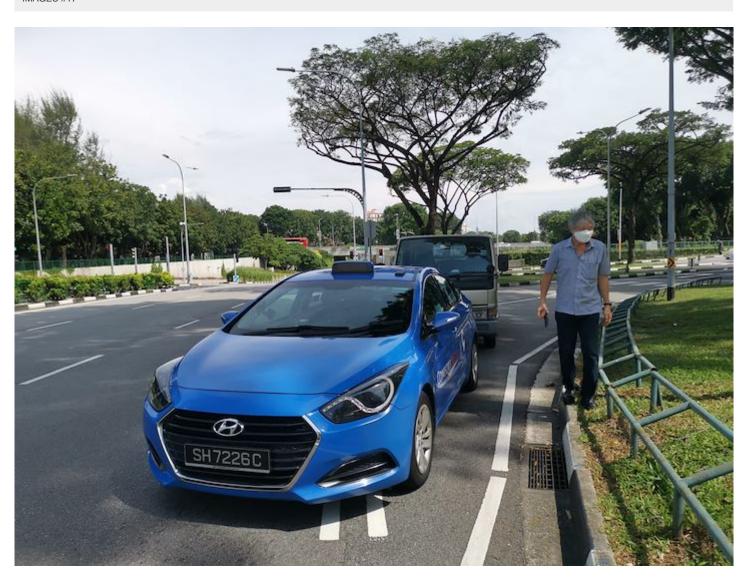




















Police Station Of Origin: Changkat NPP 109 Tampines Street 11 #01-261 SINGAPORE 521109 Tel No: 1800-7819999

1 of 3 Report No. T/20210929/2109

REPORT OF A TRAFFIC ACCIDENT

Date/Tim 29/09/20	e Report Made: 21 20:44		Vide Report No.:	Station Diary No.	
Informa	nt's Particu	ulars			
	Informant: JAN KHENC		Address: APT BLK 326 HOUGANG 530326	G AVENUE 7 #09-339 SINGAPORE	
	/ ID No.: O / S00940	70D	Contact No.: Home/Office: Mobile: 96940394		
National SINGAP	ity: PORE CITIZ	EN	Email:		
Sex: Male	Age:	Date of Birth: 20/09/1950	Type of Informant: Driver		
Race: Chinese		Language: English	Institution / School Name:		
Occupation: TAXI DRIVER		Driving Licence Informati	on: Date of Expiry:		

General Infor	mation of the Accid	lent		
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 29/09/2021 15:05	Type of Location Bend
Location: BEACH ROA Weather:	D	Road Surface:		Road Speed Limit:
Clear Traffic Flow:	Statement of the	Dry Traffic Control:		Traffic Volume:
One Way		Not Controlled		Moderate
Type of Collis				Anyone conveyed by

icle Invol	ved				
Гуре	Make	Model	Color	Condition	No of Passenger
orry	NISSAN		Beige		0
Car	HYUNDAI		Blue	Slightly	0
	ype orry	orry NISSAN	ype Make Model orry NISSAN	ype Make Model Color orry NISSAN Beige	ype Make Model Color Condition orry NISSAN Beige

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



T/20210929/2109

Police Station Of Origin: Changkat NPP 109 Tampines Street 11 #01-261 SINGAPORE 521109 Tel No: 1800-7819999

Report No. T/20210929/2109

CONTINUATION OF REPORT

Name	TAY KIM KWEE		ID No		NIII	
				ID IVO.		NIL
Related Vehicle	GZ6431E (Lorry)			Contact No.		96675123
Hospital/Clinic	NIL			Class Drivin Licend Expiry	g ce &	Class: NIL Date of Expiry: NIL
Date Treatment	NIL Date Disc				NIL	
	ted Medical Leave	NIL	Degree of	f Injury	NIL	
Driver		St. Confidence	75		100000	CHIEF THE STREET
Name	TOH GUAN KHENG		ID No		S0094070D	
Related Vehicle	SH7226C (Car)			Contact No.		96940394
Hospital/Clinic	SUNSHINE CLINIC FAMILY PRACTICE & SURGERY			Class Drivin Licend Expin	g	Class: 3 Date of Expiry: NIL
Date Treatment	29/09/2021 Date Disc				29/09	/2021
No. of Days gran	ted Medical Leave	05	Degree of			

Brief Details.

On the 29/09/2021 at about 1506hrs, I was travelling along the 1st lane of the slip road along Beach Road towards Crawford Street. I then stopped before the give way line to check for upcoming traffic from Crawford Street. As I was checking my right blind spot, I felt a sudden impact from the rear. I then made a check and discovered that a Lorry had collided onto the rear of my vehicle. I then exchanged details with the driver and proceeded to see the doctor. I was given 5 day MC. My vehicle has in built recording that managed to record the accident. The booth of my vehicle is dented due to the accident.



T/20210929/2109

Police Station Of Origin: Changkat NPP 109 Tampines Street 11 #01-261 SINGAPORE 521109 Tel No: 1800-7819999 3 of 3 Report No. T/20210929/2109

CONTINUATION OF REPORT

Sketch Plan

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 C	Officer Recording The Report
Staff Sgt SIVA CHINNAPAN	A BALAN S/O
Signature Of Not applicable	
Officer In Cha	
Contains se	O ZULFAZDLI BIN ABDULLAH BEARBEO4 DILICE FORCE
Authentication NP168	
	SIGNATURE
	In Control of the Con

Signature Of Informant:	
Date/Time: 29/09/2021 20:44	
Classification Of Case:	

