SJ0421A9000C / JP Knights Pte Ltd
ENTRY DATE & TIME: 09/10/2021 16:37 (SGT)
SUBMITTED BY: Suria
VERSION: 1 (09/10/2021 16:37 (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.
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	09/10/2021 16:37 (SGT)
Date of Accident	09/10/2021 09:35 (SGT)
Exact Location of Accident	CTE, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SH7448D

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) +65-81390011
Alternative Phone No	(Office) +65-65508768

VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	Ae ioniq
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private hire
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Taxi
Transmission	Auto
CC	1580

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	SOO CHAH SERNG
NRIC No	S0007347D

Date Of Birth	02/04/1954
Occupation	Outdoor
Date Of Driving Pass	09/09/1977
Driving experience	44 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-81390011
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLK 413 YISHUN RING ROAD #09-1891
Address complement	-
Postcode	760413
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	RELIEF DRIVER
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	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	PASSENGER
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

ON 09/10/2021 AT ABOUT 0935HRS I WAS DRIVING MY VEHICLE A (SH7448D) ON THE MOST RIGHT LANE OF CTE/CITY. BEFORE ANG MO KIO AVE 1 EXIT TRAFFIC WAS HEAVY AND I STOP MY VEHICLE A BEHIND VEHICLE B (GBK8035R). VEHICLE C (SLS1465T) THEN REAR ENDED MY STATIONARY VEHICLE A CAUSING MY VEHICLE A TO MOVE FORWARD AND CONTACT VEHICLE B. GOT DOWN MY VEHICLE A TO REALISE THAT VEHICLE D (EN3000Y) HAD REAR ENDED VEHICLE C. MY PASSENGER IS NOT INJURED AT THAT POINT OF TIME. AS FOR MYSELF I FEEL STRAIN ON MY BACK. NO PARTICULARS EXCHANGED

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?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBK8035R

Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SLS1465T
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private hire
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	EN3000Y
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	SOO CHAH SERNG
Gender	Male
Phone No	(Phone) +65-81390011
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	STRAIN ON BACK
Injured person in which vehicle?	SH7448D
Were seat belts worn?	Yes

Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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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 workshop 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' lawyers/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 with 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.

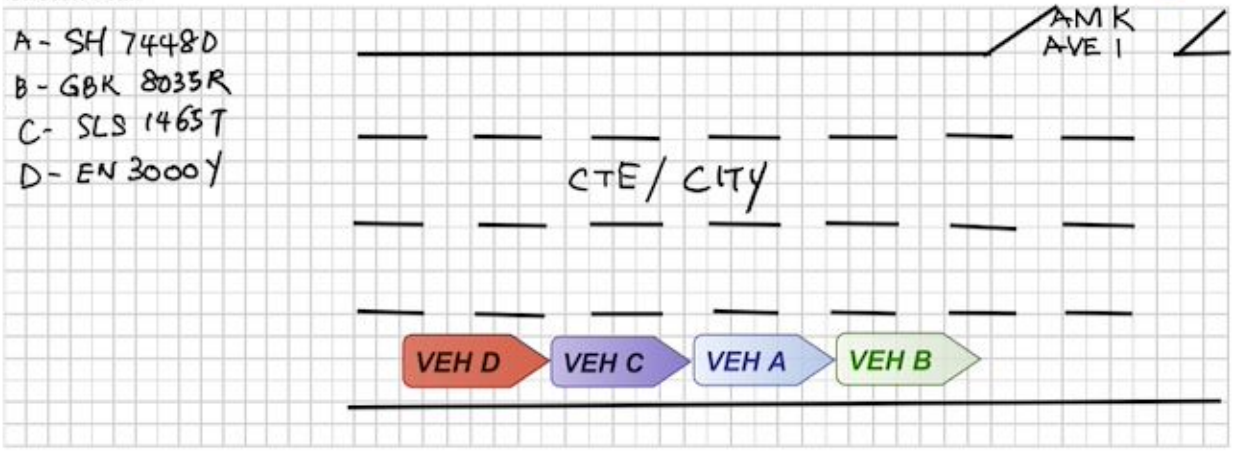
(collectively the "**Purposes**")

(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.

Policyholder's Signature / Date & Time	Driver's Signature (If driver is not the policyholder) / Date & Time	Witnessed by Reporting Centre Personnel
	09.10.2021 1140HRS	

Sketch Plan



Describe Circumstances of the Accident

ON 09/10/2021 AT ABOUT 0935HRS I WAS DRIVING MY VEHICLE A SH7448D ON THE MOST RIGHT LANE OF CTE/CITY.
BEFORE ANG MO KIO AVE 1 EXIT TRAFFIC WAS HEAVY AND I STOP MY VEHICLE A BEHIND VEHICLE B GBK8035R. VEHICLE C SLS1465T THEN REAR ENDED MY STATIONARY VEHICLE A CAUSING MY VEHICLE A TO MOVE FORWARD AND CONTACT VEHICLE B. GOT DOWN MY VEHICLE A TO REALISE THAT VEHICLE D EN3000Y HAD REAR ENDED VEHICLE C. MY PASSENGER IS NOT INJURED AT THAT POINT OF TIME. AS FOR MYSELF I FEEL STRAIN ON MY BACK. 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 Personnel
	09.10.2021 1155HRS	Kyan Yong

IMAGES

IMAGES #2

IMAGES #3

IMAGES #4

IMAGES #5

IMAGES #6

IMAGES #7

IMAGES #8

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IMAGES #10

IMAGES #11

IMAGES #12

IMAGES #13

IMAGES #14

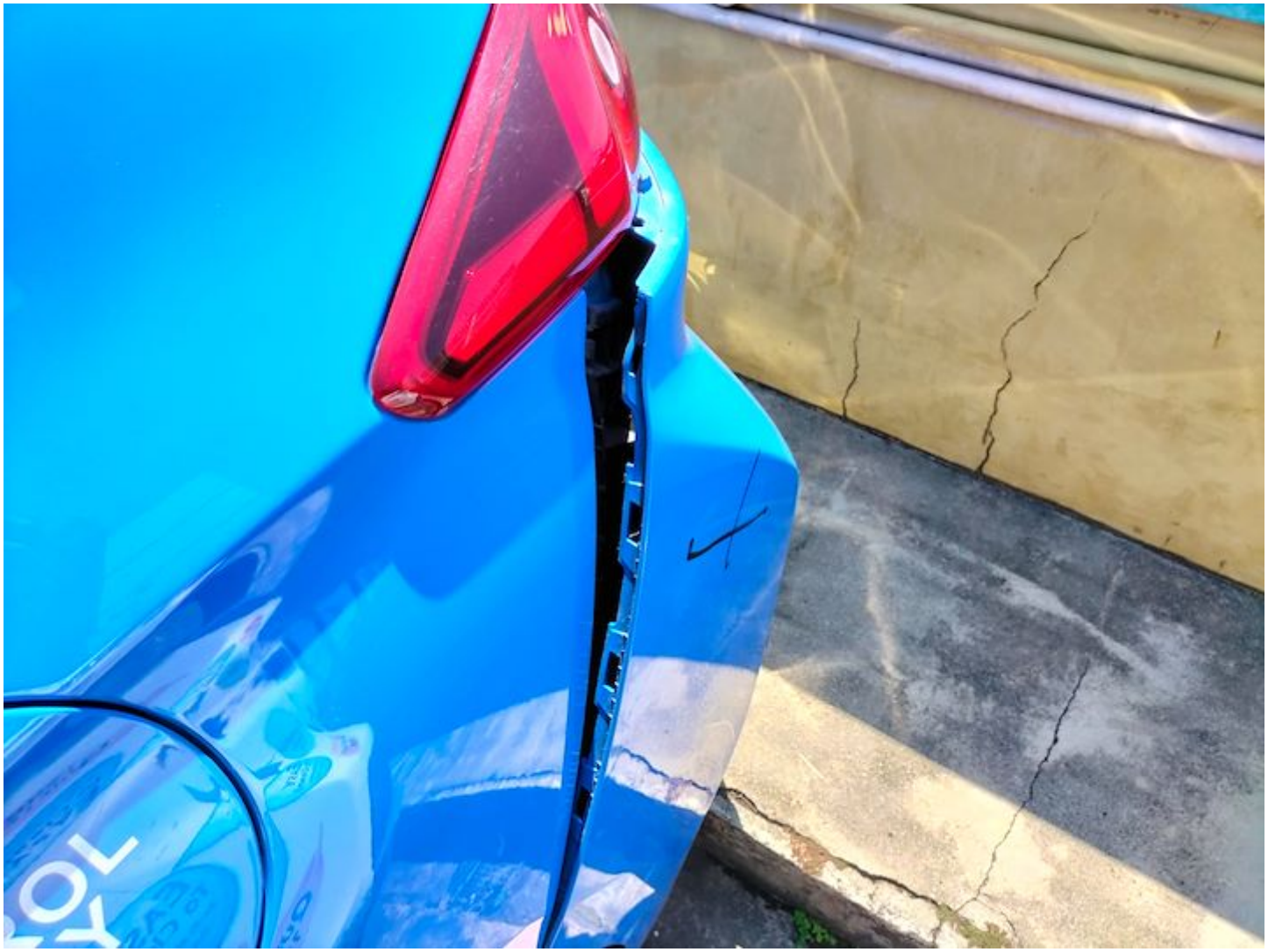
IMAGES #15

IMAGES #16

IMAGES #17

IMAGES #18

IMAGES #19



IMAGES #20

IMAGES #21

UPHOLSTERY
CLEANING
SPECIALIST
70
km/h
GBK 8035R
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IMAGES #22

IMAGES #23

IMAGES #24

IMAGES #25

IMAGES #26

100
120
80
km/h
140
60
160
40
180
900km
20
200
220
0
1/2
1
P
Key not in
vehicle
EV
33 °C
260367 km
1
0