SJ0421A4000X / JP Knights Pte Ltd ENTRY DATE & TIME: 04/10/2021 19:28 (SGT) SUBMITTED BY: Suria VERSION: 1 (04/10/2021 19:28 (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 for this report will, for a fee, be made available upon application by interested parties.
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

04/10/2021 19:28 (SGT) 03/10/2021 18:55 (SGT) Tampines North Drive 2, Singapore

Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SHC8688C

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner Company Reg No **Email Address** Mobile Phone No Alternative Phone No

COMFORT TRANSPORTATION PTE LTD 1XXXXX821R fleetsafety@cdgtaxi.com.sg (Phone) +65-81861869 (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

Private hire

Hyundai

140

No - Claiming third party

Taxi Auto 1685

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

CHUA MUI HONG SXXXX460D



02/11/1959 Date Of Birth Outdoor Occupation 02/10/1979 Date Of Driving Pass 42 YEARS Driving experience Male Gender (Phone) +65-81861869 Mobile Number Alt. Phone Number fleetsafety@cdgtaxi.com.sg BLK 211 PASIR RIS STREET 21 #02-252 **Email Address** Address Address complement 510211 Postcode Is the driver the policyholder? RELIEF DRIVER If No, Relationship of the Driver with the Insured No 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 Collision - Head to Rear Type of Accident Clear Weather Conditions Dry Road Surface OTHER INFORMATION Was any foreign vehicle involved in the accident? No 2 Number of vehicles involved in the accident No Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? Yes Was any other vehicle or property damaged? Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) No soliciting/offering accident claims assistance? PASSENGER 1 PASSENGER Name Male Gender PASSENGER 2 PASSENGER Name Female Gender PASSENGER 3 PASSENGER CHILD Name Female Gender DETAILS OF POLICE ACTION

PRIVATE TO SERVICE STATE OF THE SERVICE STATE OF TH

Was the accident reported to the police?
Was notice of intended Prosecution given?
If yes, against whom?

CIRCUMSTANCES OF ACCIDENT

ON 03/10/2021 AT ABOUT 1855HRS I WAS DRIVING MY VEHICLE A (SHC8688C) ALONG TAMPINES NORTH DRIVE 2 TURNING LEFT ONTO TAMPINES LINK, I STOPPED MY VEHICLE A AT THE GIVE WAY LINES, VEHICLE B (SJN1453C) THEN REAR ENDED MY STATIONARY VEHICLE A, CHECK WITH PASSENGERS THEY ARE NOT INJURED AT THAT POINT OF TIME, NO PARTICULARS EXCHANGED

No

No

ATTACHMENT(S)

Are accident photos available for attachment? Was there any video captured by Car Camera?

Yes Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

and the second	SJN1453C
Vehicle Registration Number	
Vehicle Manufacturer	<u> </u>
Vehicle Model	A
Vehicle Variant	-
Vehicle Colour	Private car
Vehicle Category	
Name of Driver	-
Contact Number	-
Address	-
Address complement	2
Postcode	
Insurance Company Name	
Natura Of Damage	
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	

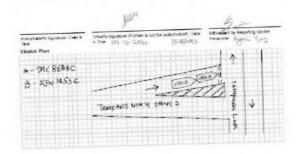
SKETCH PLAN

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