

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 withholding 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 | 14/10/2021 17:19 (SGT) |
| Date of Accident | 13/10/2021 16:15 (SGT) |
| Exact Location of Accident | Ang Mo Kio Ave 10, Singapore |
| Additional Location Information | - |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------|
| Vehicle Registration Number | SHA1780A |
|-----------------------------|----------|

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) +65-98671928 |
| Alternative Phone No | (Office) +65-65508768 |

VEHICLE PARTICULARS

| | |
|--|---------------------------|
| Manufacturer | Hyundai |
| Model | I40 |
| 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 | 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 | SIEOW YEW LEE |
| NRIC No | SXXXX931G |

| | |
|--|-----------------------------------|
| Occupation | Outdoor |
| Date Of Driving Pass | 29/12/1979 |
| Driving experience | 41 YEARS AND 10 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-98671928 |
| Alt. Phone Number | - |
| Email Address | fleetsafety@cdgtaxi.com.sg |
| Address | BLK 428B YISHUN AVENUE 11 #05-166 |
| Address complement | - |
| Postcode | 762428 |
| Is the driver the policyholder? | No |
| If No, Relationship of the Driver with the Insured | Hirer |
| 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 | 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 | 2 |
| 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) | 1 |
| Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? | No |

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 13/10/2021 AT ABOUT 1615HRS I WAS DRIVING MY VEHICLE A (SHA1780A) ON THE MOST LEFT LANE OF ANG MO KIO AVENUE 10 TOWARDS AVENUE 1. SLOWED DOWN AND ON MY HAZARD LIGHTS NEAR LAMP POST 14 INTENDING TO PICK A ROAD FLAG PASSENGER. VEHICLE B (FBC3930G) THEN REAR ENDED MY VEHICLE A. VEHICLE B RIDER FELL OVER TO HIS RIGHT SIDE. BEFORE I COULD GET DOWN MY VEHICLE A , THE RIDER RAN OVER TO MY SIDE AND CONFRONT ME. HE THEN CALLED THE TRAFFIC POLICE AND AMBULANCE BUT HE WAS NOT CONVEYED. THE ROAD FLAG PASSENGER MR WANG HANDPHONE 91043691 VOLUNTEER TO BE WITNESS IF NECESSARY

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 | FBC3930G |
| Vehicle Manufacturer | - |
| Vehicle Model | - |
| Vehicle Variant | - |
| Vehicle Colour | - |

Name of Driver
 Contact Number (Phone) +65-88799872
 Address
 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 RIDER
 Gender Male
 Phone No (Phone) +65-88799872
 Address
 Address Complement
 Post Code
 Approximate Age Years Old
 Injuries Sustained
 Injured person in which vehicle? FBC3930G
 Were seat belts worn? No
 Was this injured conveyed to hospital by ambulance? No

WITNESS DETAILS

WITNESS 1
 Name MR WANG
 Phone (Phone) +65-91043691
 Email

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 truthful and accurate as possible. Any wilful misrepresentation or withholding 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. 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 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.

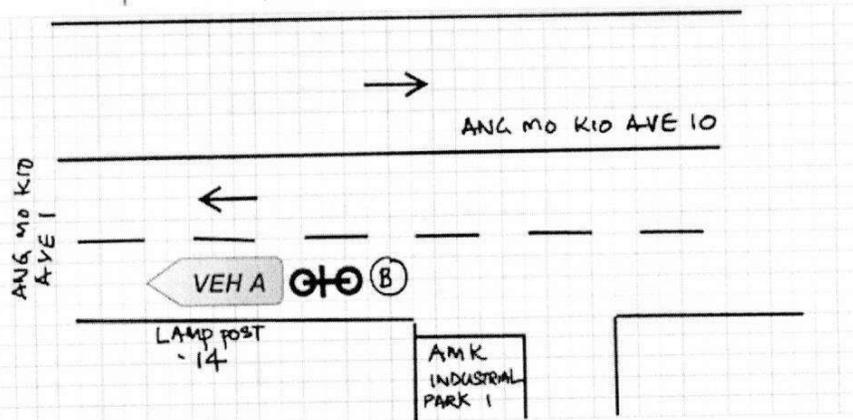
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

A - SHA 1780A
B - FBC 3930G



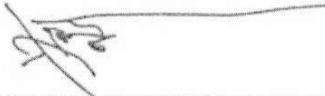
Describe Circumstances of the Accident

ON 13/10/2021 AT ABOUT 1615HRS I WAS DRIVING MY VEHICLE A SHA1780A ON THE MOST LEFT LANE OF ANG MO KIO AVENUE 10 TOWARDS AVENUE 1. SLOWED DOWN AND ON MY HAZARD LIGHTS NEAR LAMP POST 14 INTENDING TO PICK A ROAD FLAG PASSENGER. VEHICLE B FBC3930G THEN REAR ENDED MY VEHICLE A. VEHICLE B RIDER FELL OVER TO HIS RIGHT SIDE. BEFORE I COULD GET DOWN MY VEHICLE A , THE RIDER RAN OVER TO MY SIDE AND CONFRONT ME. HE THEN CALLED THE TRAFFIC POLICE AND AMBULANCE BUT HE WAS NOT CONVEYED. THE ROAD FLAG PASSENGER MR WANG HANDPHONE 91043691 VOLUNTEER TO BE WITNESS IF NECESSARY

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
14-10-2021 1225HRS



Witnessed by Reporting Centre Personnel
Kyan Yong