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© SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Please report <u>correctly</u> 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

- 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 Date of Accident	22/10/2021 18:32 (SGT)
Exact Location of Accident	22/10/2021 13:50 (SGT) CTE, Singapore
Additional Location Information	
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	 SHB6604M	

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner Company Reg No Email Address Mobile Phone No Alternative Phone No	Yes COMFORT TRANSPORTATION PTE LTD 1XXXXX821R fleetsafety@cdgtaxi.com.sg (Phone) +65-93871188 (Office) +65-65508768
The state of the s	(Office) +65-65508768

VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	
Variant	Ae ioniq
Exact purpose for which vehicle was being used at time of	*1
Are you claiming under your own insurance policy for repair to	Private hire
	No - Claiming third party
Vehicle Category Transmission	Taxi
	Auto
CC	1580

INSURANCE COMPANY

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

DRIVER

Name of Driver	
NDIC Na	
INIC NO	SXXXX744D

of Birth	15/10/1962
ccupation	Outdoor
Date Of Driving Pass	20/12/1982
Driving experience	38 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93871188
Alt. Phone Number	(1 110110) 100 000 11100
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLK 531 CHOA CHU KANG STREET 51 #08-315
Address complement	-
Postcode	680531
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	Chain Collision
Weather Conditions	Clear
Road Surface	Dry
OTHER INFORMATION	
Was any foreign vehicle involved in the accident?	W.
Number of vehicles involved in the accident	No
Was anybody injured in the Accident?	5
Was any injured in the Accident? Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle or property damaged?	5.
Number of Passengers (Including Driver)	Yes
Has the driver been approached by unknown person(s)	2
soliciting/offering accident claims assistance?	No
PASSENGER 1	
TAGGETTAGETT	
Name	UNKNOWN
Gender	Female
DETAILS OF POLICE ACTION	
	and the second of the second o
Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	NO
CIRCUMSTANCES OF ACCIDENT	
ON THE 22/10/2021 AT ADOLLND 4050 PD	The Boston Control of the Control of
FIRST LANE MY SPEED WAS ADOLING SOLVATION AS IT WAS	6604M) WAS TRAVELLING ALONG CTE TOWARDS AYE ON THE
	ELT AN IMPACT ON MY REAE AND REALISED THAT VEHICLE B (SMZ2827M) THEN VEHICLE D (SMG4965Z) AND ENDING WITH
VEHICLE E (SNA7788T). NO ONE WAS INJURED AT THAT PO	INT OF TIME.
ATTACHMENT(S)	
Are accident photos available for attachment?	No.
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	Yes
Was there any audio recorded?	FILE IS NOT SUITABLE
3, 200 , 000	No
DETAILS OF OTHER	VEHICLE PROPERTY 1
/ehicle Registration Number	
Vehicle Registration Number	SMF7507Z

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SKETCH PLAN

IMPORTANT NOTICE

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- 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 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;
- (w) 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
- (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 law yers/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 no the policyholder) / Date & Time 20 | 10/2001 1530

Witnessed by Reporting Centre Personnel Mhma

Sketch Plan

