SJ0421AP000E / JP Knights Pto Ltd ENTRY DATE & TIME: 25/10/2021 12:09 (SGT) SUBMITTED BY: Kavi VERSION: 1 (25/10/2021 12:09 (SGT))

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- The Form must be completed by the Policyholder and/or the Authorised Driver

 This Form must be completed by the Policyholder and/or the Authorised Driver

 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.

- Any false reporting may be referred to the Police for Investigation.
 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.

 But the Indempers of this report to the insurers with brother exceeds to the excellent of the contract of the contract of the report before made available aforesaid.
- 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

25/10/2021 12:09 (SGT) 23/10/2021 19:50 (SGT) Ang Mo Kio Ave 1, Singapore

Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SHC7951Z

INSURED/POLICYHOLDER

Is company?

Name Of Registered Owner

Company Reg No **Email Address**

Mobile Phone No

Alternative Phone No.

CITYCAB PTE LTD

1XXXXX839G

fleetsafety@cdgtaxi.com.sg

(Phone) +65-90909196

(Office) +65-65508768

VEHICLE PARTICULARS

Manufacturer

Model

Variant

Exact purpose for which vehicle was being used at time of

accident

Are you claiming under your own insurance policy for repair to

your vehicle? Vehicle Category

Transmission

CC

Hyundai

Ae ioniq

Private hire

No - Claiming third party

Taxi

Auto 1580

INSURANCE COMPANY

Name of Insurance Company

Type of Coverage

Fleet Policy Policy Number Cover Note Number AXA Insurance Pte Ltd ThirdPartyFireTheft Yes

VFX/P2419140

DRIVER

Name of Driver

NRIC No

KOH PECK LOO SXXXX489A



Date Of Birth Occupation

Date Of Driving Pass Driving experience

Gender Mobile Number

Alt. Phone Number

Email Address Address

Address complement

Postcode

Is the driver the policyholder? If No, Relationship of the Driver with the Insured

Does Driver Own Other Vehicles?

Vehicle Registration Number of Other Vehicle Owned by Driver

Insurance Company of Other Vehicle Owned by Driver

06/07/1955 Outdoor 12/01/1976

45 YEARS AND 9 MONTHS

Male

(Phone) +65-90909196

Collision - Head to Rear

fleetsafety@cdgtaxi.com.sg

BLK 359 HOUGANG AVENUE 5 #02-346

530359

No Hirer No

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident Weather Conditions

Road Surface

OTHER INFORMATION

Was any foreign vehicle involved in the accident? Number of vehicles involved in the accident Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged?

Number of Passengers (Including Driver) Has the driver been approached by unknown person(s)

soliciting/offering accident claims assistance?

DETAILS OF POLICE ACTION

Was the accident reported to the police? Was notice of intended Prosecution given?

If yes, against whom?

CIRCUMSTANCES OF ACCIDENT

No Yes

No

Clear Dry

No

No

No

ON THE 23/10/2021 AT AROUND 1950HRS, I VEHICLE A (SHC7951Z) WAS DRIVING ALONG ANG MO KIO AVE 1 TURNING LEFT TOWARDS UPPER THOMSON ROAD. AS THERE WERE VEHICLE APPROACHING, I STOP AT FILTER LANE AND WAIT, SUDDENLY I FELT AN IMPACT ON MY REAR AND REALISED THAT VEHICLE B (GBF5872L) HAS REAR ENDED ME. NO ONE WAS INJURED AT THAT POINT OF TIME.

ATTACHMENT(S)

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

Reasons for not uploading a video of the accident

Was there any audio recorded?

Yes

Yes

FILE IS NOT SUITABLE

No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

Vehicle Manufacturer

Vehicle Model

Vehicle Variant

Vehicle Colour

Vehicle Category

Name of Driver

GBF5872L

Commercial vehicle

Contact Number	
Address	
Address complement	
Postcode	
Insurance Company Name	-
Nature Of Damage	_
Details of property damaged in accident	
No. Of Passenger (Including Driver)	1

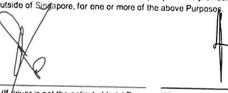
SKETCH PLAN

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
- 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 limbility on the part of the insurance companies.
- 5 Any false reporting may be referred to the Police for investigation.
- 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.
- 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 sottlement 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 mo;
- (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.

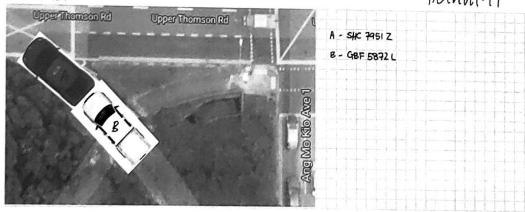


Policyholder's Signature / Date &

Driver's Signature (If priver is not the policyholder) / Date & Time 24/10/2021/ 1200

Witnessed by Reporting Centre
Personnel Nahula

Sketch Plan



Describe Circumstances of the Accident

ON THE 23/10/2021 AT AROUND 1950HRS, I VEHICLE A(SHC7951Z) WAS DRIVING ALONG ANG MO KIO AVE 1 TURNING LEFT TOWARDS UPPER THOMSON ROAD. AS THERE WERE VEHICLE APPROACHING, I STOP AT FILTER LANE AND WAIT, SUDDENLY I FELT AN IMPACT ON MY REAR AND REALISED THAT VEHICLE B(GBF5872L) HAS REAR ENDED ME. NO ONE WAS INJURED AT THAT POINT OF TIME.

Declaration

IfWe declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

Driver's Signature (1/driver is not the policyholder) / Date & Time 24/10/2021 (200

Personnel Pahula