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.

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 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 15/11/2021 15:55 (SGT) Date of Accident 14/11/2021 16:55 (SGT) Exact Location of Accident South Bridge Rd, Singapore Additional Location Information SOUTH BRIDGE ROAD Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Private hire

Vehicle Registration Number SHC2741X

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

VEHICLE PARTICULARS

Manufacturer Toyota Model Prius Variant

Exact purpose for which vehicle was being used at time of

Are you claiming under your own insurance policy for repair to

No - Claiming third party your vehicle? Vehicle Category Taxi Transmission Auto CC 1798

INSURANCE COMPANY

Name of Insurance Company AXA Insurance Pte Ltd Type of Coverage ThirdPartyFireTheft Fleet Policy Policy Number VFX/P2419138

Cover Note Number

DRIVER

Name of Driver ONG POH KIONG(WANG BAOQIANG) NRIC No. SXXXX361C

Date Of Birth 14/06/1981 Occupation Outdoor Date Of Driving Pass 03/09/2002 Driving experience 19 YEARS AND 2 MONTHS Gender Mobile Number (Phone) +65-90623668 Alt. Phone Number Email Address fleetsafety@cdgtaxi.com.sg Address BLK 100 BEDOK NORTH AVENUE 04 #06-1932 Address complement Postcode 460100 Is the driver the policyholder? No If No. Relationship of the Driver with the Insured Hirer Does Driver Own Other Vehicles? Nο 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 Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Yes Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? Nο PASSENGER 1 Name **UNKNOWN** Gender Female 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 14/11/21 AT ABOUT 1655HRS I WAS DRIVING VEHICLE A SHC2741X ALONG SOUTH BRIDGE ROAD WITH ONE FEMALE PASSENGER.I WAS THIRD LANE FROM EXTREME RIGHT AND AT STATIONARY POSITION DUE TO THE TRAFFIC.SUDDENLY VEHICLE B SLQ4876G REAR ENDED MY VEHICLE.EXCHANGED PARTICULAR AND NO INJURIES AT POINT OF TIME. 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 NOT SUITABLE Was there any audio recorded? **DETAILS OF OTHER VEHICLE PROPERTY 1**

SLQ4876G

Toyota

Sienta

Accident report SJ0421BF000I

Vehicle Model

Vehicle Registration Number

Vehicle Manufacturer

Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	NADESON S/O GOVINDASAMY
NRIC No	SXXXX157E
Contact Number	(Phone) +65-84195792
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	2

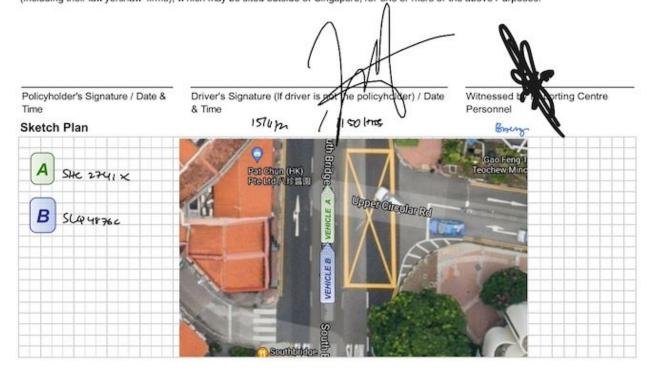
SKETCH PLAN

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.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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)

l 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;
- (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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.



Describe Circumstances of the Accident

ON 14/11/21 AT ABOUT 1655HRS I WAS DRIVING VEHICLE A SHC2741X ALONG SOUTH BRIDGE ROAD WITH ONE FEMALE PASSENGER.I WAS THIRD LANE FROM EXTREME RIGHT AND AT STATIONARY POSITION DUE TO THE TRAFFIC.SUDDENLY VEHICLE B SLQ4876G REAR ENDED MY VEHICLE.EXCHANGED PARTICULAR AND NO INJURIES AT POINT OF TIME. Declaration I/We declare the foregoing particulars are true in every respect. Policyholder's Signature / Date & Driver's Signature (If driver is not the rting Centre Personnel /1150Hm

Ollha





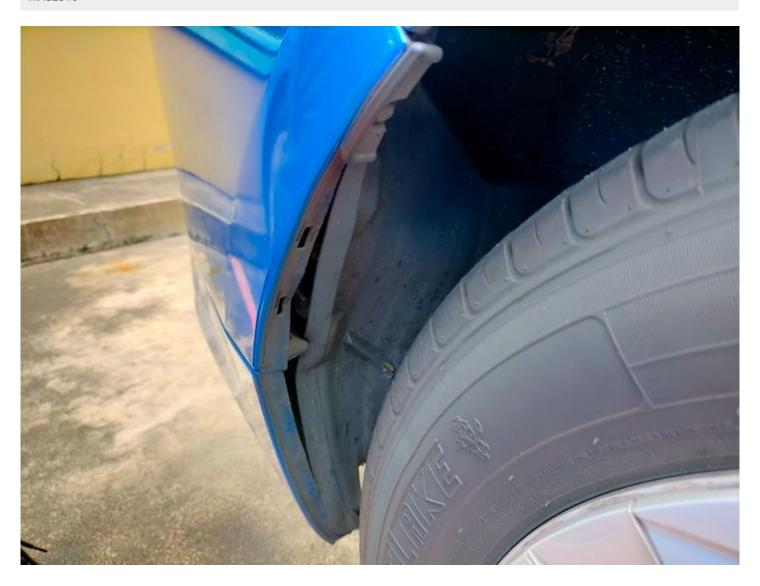




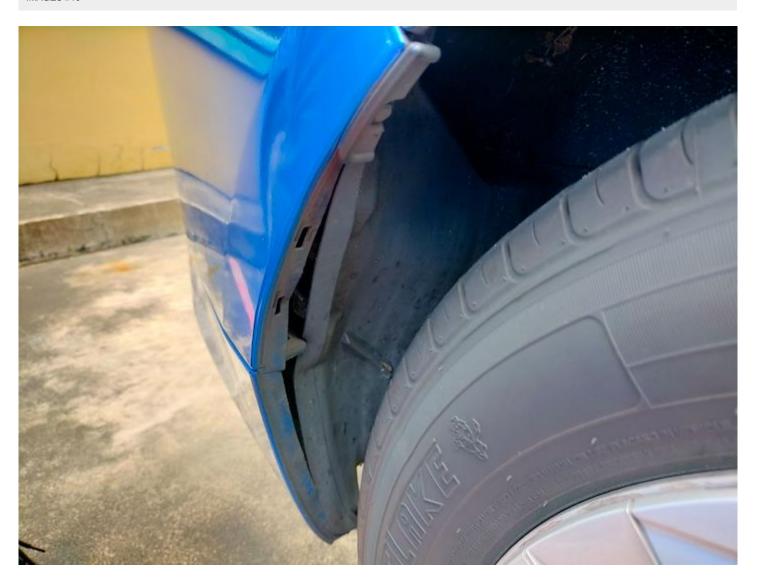




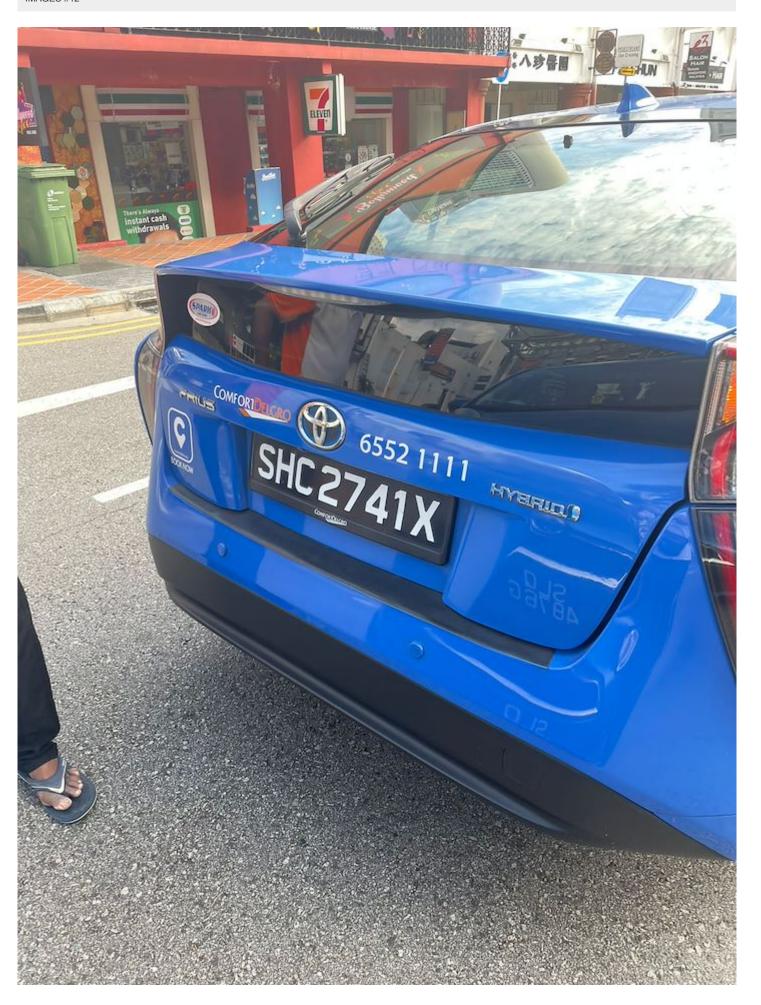














<u>IMPORTANT NOTE:</u> Please submit the completed Addendum form to the <u>same</u> Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS: Original Report No: SJ0421BF0001 Vehicle Registration No: SHC2741X Name (as shown in NRIC): Comfort Transportation Pte Ltd NRIC/FIN/Passport No: 1XXXXX821R (*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate Address: Singapore (Mobile No.: Contact (Tel): Email Address: __ ____ Time of Accident: 16:55HRS Date of Accident: 14/11/2021 Place of Accident: South Bridge Rd, Singapore Insurance Company: AXA Insurance Singapore Pte Ltd (B) ADDITIONAL INFORMATION / AMENDMENTS: I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments: - AMEND TP VEHICLE kavi Policyholder / Driver's Signature Reporting Centre Personnel's Signature Name: KAVI Date: NRIC/FIN No.:

Date: 16.11.2021

GIARMC Addendum Form

