SJ0421CG0009 / JP Knights Pte Ltd ENTRY DATE & TIME: 16/12/2021 13:39 (SGT) SUBMITTED BY: KAVI VERSION: 1 (16/12/2021 13 39 (SGT))

© SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process
- 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 willul misrepresentation or witholding of material facts may allow insurance companies to reputitate policy liability
- 4. The issue and acceptance of this Form by Insurance companies is not an admission of policy kability on the part of the insurance companies

5. 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, he 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

16/12/2021 13:39 (SGT) 15/12/2021 17:00 (SGT) Serangoon Rd. Singapore

Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SH7101D

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) +65-90250608 (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 vour vehicle?

Vehicle Category Transmission

CC

Toyota Prius

Private hire

No - Claiming third party

Taxi Auto 1798

INSURANCE COMPANY

Name of Insurance Company Type of Coverage Fleet Policy Policy Number Cover Note Number

AXA Insurance Pte Ltd Comprehensive

Yes

VFX/P2419138

DRIVER

Name of Driver NRIC No

CHEW SWEE MIN SXXXX317J



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

02/10/1961 Outdoor

25/05/1979

42 YEARS AND 7 MONTHS

(Phone) +65-90250608

fleetsafety@cdgtaxi.com.sg

BLK 2 SIMS DRIVE #18-05

387386

RELIEF DRIVER

No

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident

Weather Conditions Road Surface

Collision - Head to Rear

Raining

Wet

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?

No

2

Yes

No

Yes

1

No

DETAILS OF POLICE ACTION

Was the accident reported to the police?

Was notice of intended Prosecution given?

If yes, against whom?

No

No

CIRCUMSTANCES OF ACCIDENT

ON 15/12/2021 AT ABOUT 1700HRS I WAS DRIVING MY VEHICLE A (SH7101D) ON THE 1ST LANE OF SERANGOON ROAD. I STOP MY VEHICLE A AT THE MOONSTONE LANE TRAFFIC JUNCTION. VEHICLE B (GBE63T) THEN REAR ENDED MY STATIONARY VEHICLE A. AFTER IMAPCT I FELT STRAIN ON MY NECK AND BACK. PARTICULARS EXCHANGED BUT NO **HANDPHONE**

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

GBE63T

Commercial vehicle

Accident report SJ0421CG0009

Contact Number	320
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 Gender	CHEW SWEE MIN Male
Phone No	(Phone) +65-90250608
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	STRAIN ON NECK AND BACK
Injured person in which vehicle?	SH7101D
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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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
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- 8. Consent under the Personal Data Protection Act (PDPA)

Lunderstand, 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) 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' 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 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 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 not the policyholder) / Date & Time 09 50 HPS

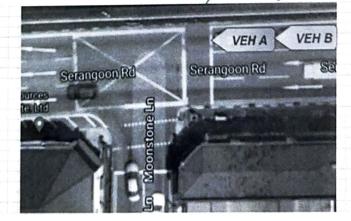
16.12.2027

Reporting Centre Personnel

Sketch Plan

4- SH 7101 D

B-GBE 63T



Describe Circumstances of the Accident

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Declaration

i/We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

16-12-2021 09554RS

Witnessed by Reporting Centre
Personnel Lymi 4 - \$