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 31/01/2022 16:09 (SGT) Date of Accident 29/01/2022 11:30 (SGT) Exact Location of Accident Balestier Rd, Singapore Additional Location Information Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Hyundai

Vehicle Registration Number SHA5758P

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) +65-81881599 Alternative Phone No (Office) +65-65508768

VEHICLE PARTICULARS

Manufacturer

Model 140 Variant Exact purpose for which vehicle was being used at time of Private hire accident Are you claiming under your own insurance policy for repair to No - Claiming third party your vehicle? 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 PAT SIEW KWANG NRIC No. SXXXX014C

Date Of Birth 07/04/1956 Occupation Outdoor Date Of Driving Pass 13/02/2019 Driving experience 2 YEARS AND 11 MONTHS Gender Mobile Number (Phone) +65-81881599 Alt. Phone Number Email Address fleetsafety@cdgtaxi.com.sg Address 162 YISHUN STREET 11 #12-266 Address complement Postcode 760162 Is the driver the policyholder? Nο 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 Side Swipe 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 **DETAILS OF POLICE ACTION** Was the accident reported to the police? Nο Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT ON 29/01/2022 AT ABOUT 1130HRS I WAS DRIVING MY VEHICLE A SHA5758P ALONG BALESTIER ROAD. BEFORE KIM KEAT ROAD I SIGNALLED LEFT AND FILTER INTO MIDDLE LANE. VEHICLE B SJQ5050P ON THE 3RD LANE THEN SWERVED INTO THE MIDDLE LANE AND SIDE SWIPE HIS VEHICLE B RIGHT SIDE ONTO MY VEHICLE A LEFT SIDE. NO ONE WAS INJURED. NO PARTICULARS EXCHANGED. 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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

Vehicle Manufacturer

Honda

Vehicle Model

Civic

Vehicle Variant

Vehicle Colour

Vehicle Category

Name of Driver

SJQ5050P

Honda

Civic

Private car

Was there any audio recorded?

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

SKETCH PLAN

IMPORTANT NOTICE

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- 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.
- 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)

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) 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 daims;
- (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 wiell 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.

8 Time 31-01-202 0935HRS

Witnessed by Reporting Centre Personnel Kymir Yorg

A - SHA5758P

Sketch Plan

B - SJQ5050P



Describe Circumstances of the Accident

ON 29/01/2022 AT ABOUT 1130HRS I WAS DRIVING MY VEHICLE A SHA5758P ALONG BALESTIER ROAD. BEFORE KIM KEAT ROAD I SIGNALLED LEFT AND FILTER INTO MIDDLE LANE. VEHICLE B SJQ5050P ON THE 3RD LANE THEN SWERVED INTO THE MIDDLE LANE AND SIDE SWIPE HIS VEHICLE B RIGHT SIDE ONTO MY VEHICLE A LEFT SIDE. NO ONE WAS INJURED. NO PARTICULARS EXCHANGED

Declaration

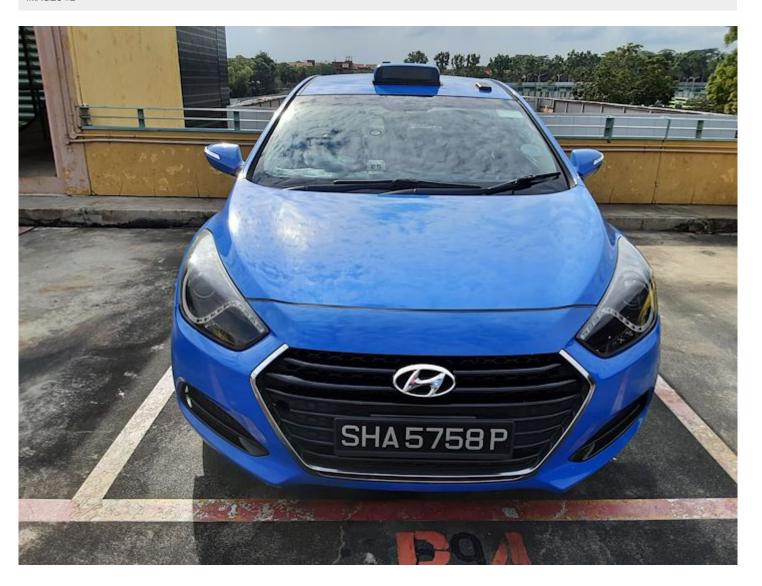
I/We declare the foregoing particulars are true in

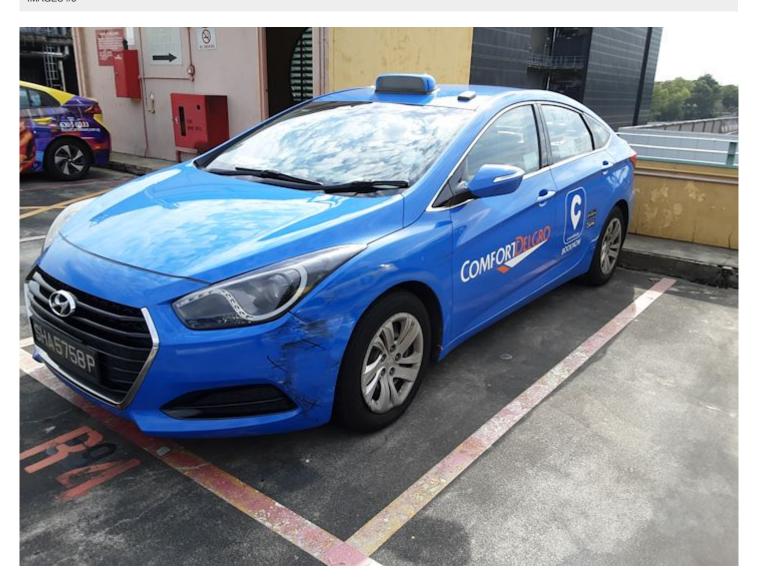
Policyholder's Signature / Date & Time

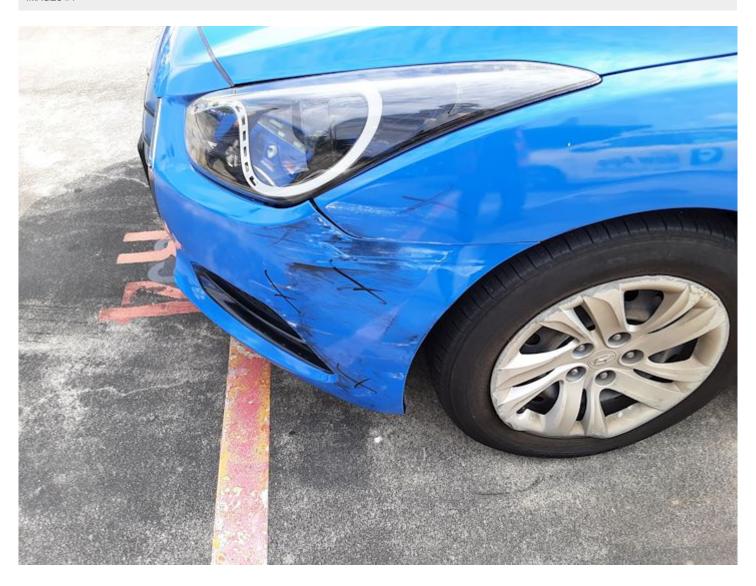
Driver's Signature (if driver is not the policyholder) / Date & Time

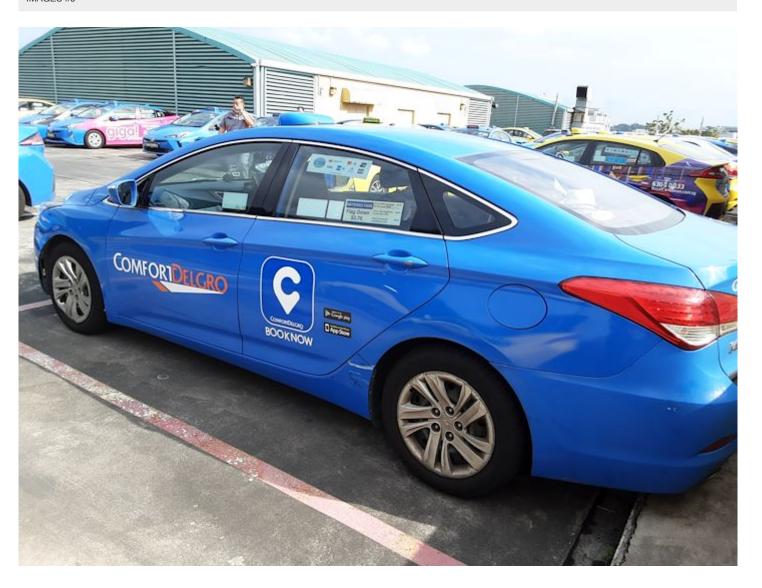
Witnessed by Reporting Centre Personnel Kypin York



















<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: SHA5758P Original Report No: ___SJ04221V000Q Vehicle Registration No: _ 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: _____ 1130hrs Date of Accident: 29/01/2022 Balestier Rd, Singapore Place of Accident: 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 CIRCUMSTANCE AND SKETCH PLAN kavi Policyholder / Driver's Signature Reporting Centre Personnel's Signature Date: Name: KAVI NRIC/FIN No.:

Date: 18.02.2022

GIARMC Addendum Form