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.

- 4. The issue and acceptance of this is form by instrained 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 16/03/2022 11:06 (SGT) Date of Accident 16/03/2022 08:40 (SGT) Exact Location of Accident AYE, Singapore Additional Location Information TOWARDS TOWN AFTER PORSTDOWN Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Hyundai

Vehicle Registration Number **SHA1313R**

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner COMFORT TRANSPORTATION PTE LTD Company Reg No 199303821R **Email Address** fleetsafety@cdgtaxi.com.sg Mobile Phone No (Phone) +65-97120973 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 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 Policy Number VFX/P2419138 Cover Note Number

DRIVER

Name of Driver GOH CHOON HUAT(WU CHUNFA) NRIC No. S7333591D

Date Of Birth Occupation Date Of Driving Pass Driving experience Gender Mobile Number Alt. Phone Number Email Address Address Address Address 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	15/09/1973 Outdoor 07/05/1994 27 YEARS AND 10 MONTHS Male (Phone) +65-97120973 fleetsafety@cdgtaxi.com.sg 109 CLEMENTI STREET 11 #04-15 120109 No Hirer No
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident Weather Conditions Road Surface	Chain Collision Clear 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 6 Yes No Yes 2 No
PASSENGER 1	
Name Gender	CHAN MI KI Female
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	
AFTER PORTSDOWN EXIT, I SLOWED DOWN AND STOP MY \	LE A. SUBSEQUENTLY I FELT 2 MORE IMPACTS. GOT DOWN MY ION. I DID NOT MANAGE TO GET PARTICULARS OF THE IMPACT I HURT MY NECK AND EXPERIENCE HEADACHE. MY
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

SMS3817L

Vehicle Registration Number

Vehicle Manufacturer	Mazda
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	YAP CHUN SIONG
NRIC No	S9077342I
Contact Number	(Phone) +65-91132776
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	2

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	UNKNOWN
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	NA / Unknown
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	UNKNOWN
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	NA / Unknown
Name of Driver	-
Contact Number	-
Address	_
Address complement	-
Postcode	_
Insurance Company Name	_
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 4

Vehicle Registration Number	UNKNOWN
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	NA / Unknown
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-

Insurance Company Name	_
Nature Of Damage	_
Details of property damaged in accident	_
No. Of Passenger (Including Driver)	_

DETAILS OF OTHER VEHICLE PROPERTY 5

Vehicle Registration Number SMZ1574M Vehicle Manufacturer Hyundai Vehicle Model Avante Vehicle Variant Vehicle Colour Vehicle Category Private car Name of Driver Contact Number (Phone) +65-83834325 Address Address complement Postcode Insurance Company Name Nature Of Damage FRONT AND REAR Details of property damaged in accident No. Of Passenger (Including Driver)

INJURED PERSONS DETAILS

INJURED 1

Name of injured person Gender	GOH CHOON HUAT(WU CHUNFA)
Phone No	Male (Phone) +65-97120973
Address	109 CLEMENTI STREET 11 #04-15
Address Complement	-
Post Code	120109
Approximate Age Years Old	-
Injuries Sustained	NECK AND HEADACHE
Injured person in which vehicle?	SHA1313R
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No
IN II IPED 2	

INJURED 2	
Name of injured person Gender Phone No Address Address Complement	CHAN MI KI Female (Phone) +65-97627127 -
Post Code Approximate Age Years Old	- 30
Injuries Sustained Injured person in which vehicle? Were seat belts worn? Was this injured conveyed to hospital by ambulance?	BACK OF THE HEAD SHA1313R Yes No

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 <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>.
- 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. 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)

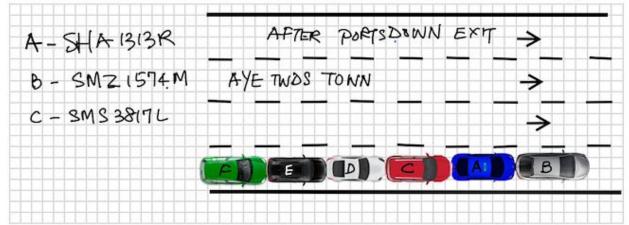
Lunderstand, acknowledge, agree and consent that :

- (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 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' law yers/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 & Driver's Signature (If driver is not the policyholder) / Date & Time (6.03.202)

Witnessed by Reporting Centre Personnel Kannyone

Sketch Plan



Describe Circumstances of the Accident

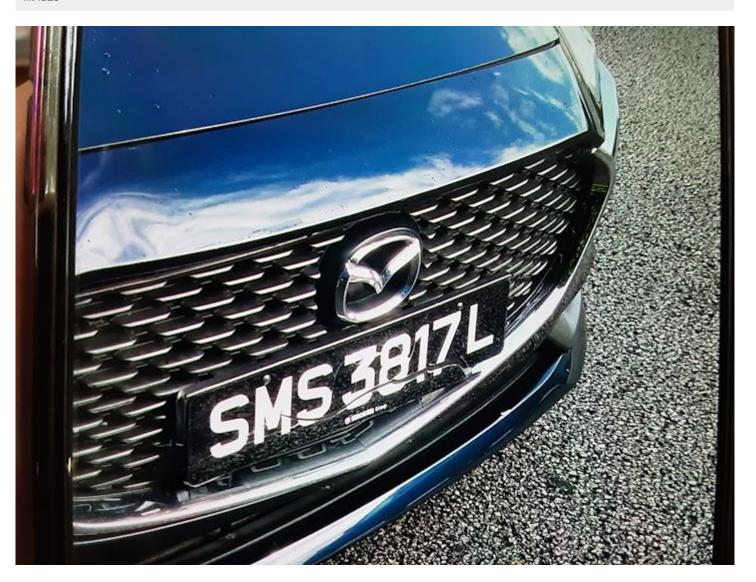
ON 16/03/2022 AT ABOUT 0840HRS I WAS DRIVING MY VEHICLE A
SHA1313R ON THE 1ST LANE OF AYE TOWARDS TOWN. AFTER
PORTSDOWN EXIT, I SLOWED DOWN AND STOP MY VEHICLE A
BEHIND VEHICLE B SMZ1574M. IMMEDIATELY VEHICLE B SMS3817L
REAR ENDED MY STATIONARY VEHICLE A. SUBSEQUENTLY I FELT 2
MORE IMPACTS. GOT DOWN MY VEHICLE A TO REALISE THAT IT WAS
A 6 CAR CHAIN COLLISION. I DID NOT MANAGE TO GET PARTICULARS
OF THE VEHICLES BEHIND AS THERE WERE A COMMOTION. AFTER
IMPACT I HURT MY NECK AND EXPERIENCE HEADACHE. MY
PASSENGER ALSO HURT HER BACK OF HER HEAD.
TOUTERS ON SCENE

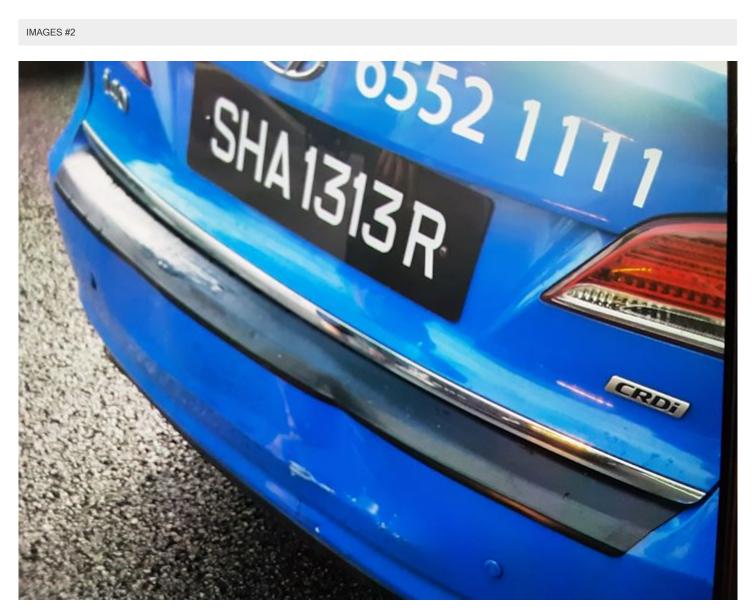
Declaration

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

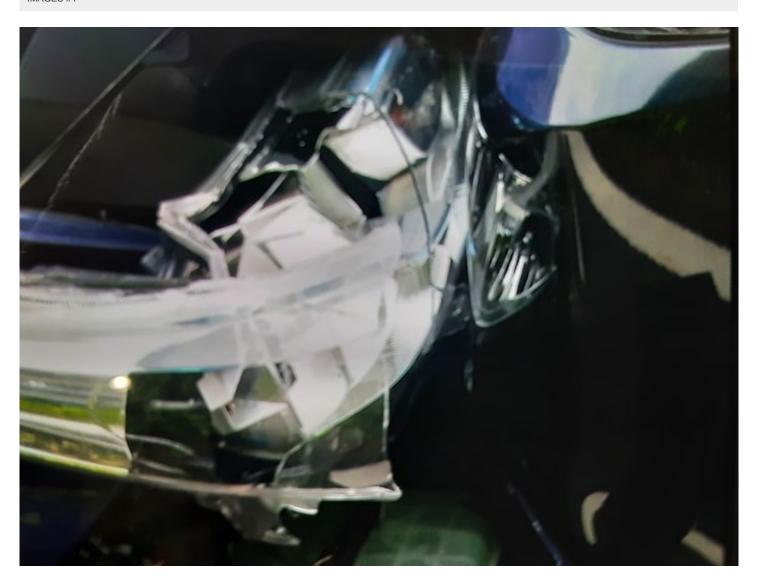
Policyholder's Signature / Date & Time

Driver's Signature (If driver is not the policyholder) / Date & Time 16 03-20 1035 H RS Witnessed by Reporting Centre Personnel Kymu Youg

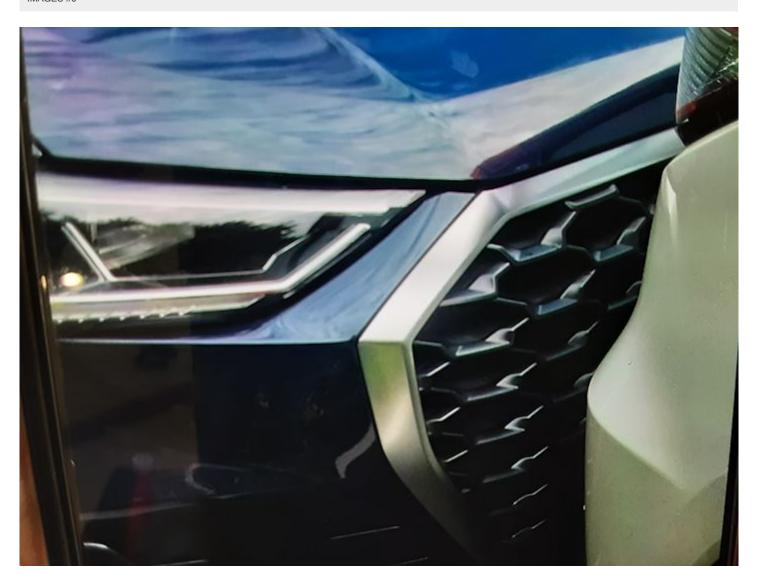




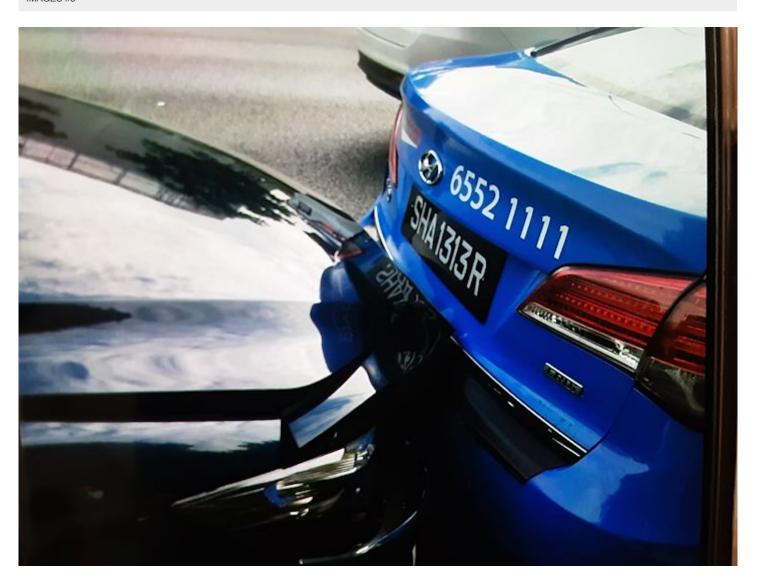


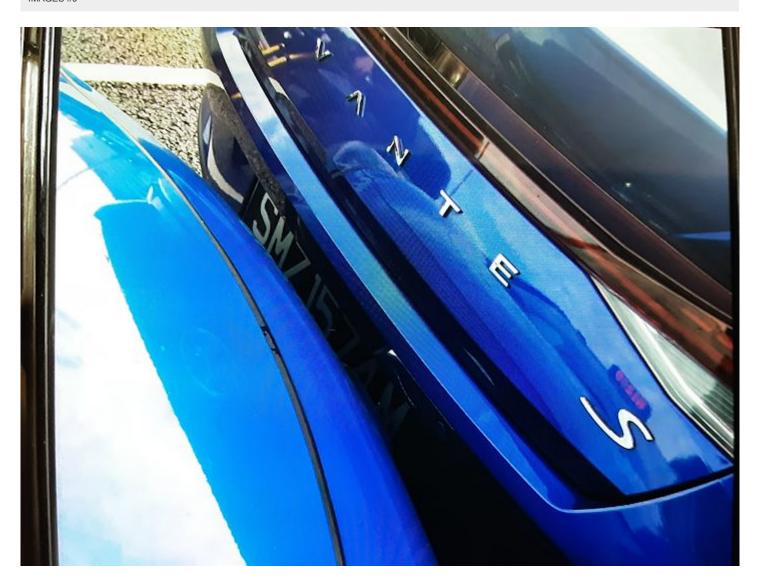














<u>IMPORTANT NOTE:</u> Please submit the completed Addendum form to the <u>same</u> Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS: Original Report No: SJ04223G0003 __ Vehicle Registration No: SHA1313R Name (as shown in NRIC): Comfort Transportation Pte Ltd NRIC/FIN/Passport No: 1XXXXX821R (*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate Address:) _ Singapore (Contact (Tel):_ Mobile No.: Email Address: Date of Accident: 16.03.2022 __ Time of Accident: 08:40 Place of Accident: AYE, 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: -update accident time. siti Policyholder / Driver's Signature Reporting Centre Personnel's Signature Date: Name: Siti NRIC/FIN No.:

Date: 16.03.2022

GEARMC Addendum Form