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 19/03/2022 10:37 (SGT) Date of Accident 18/03/2022 22:30 (SGT) Exact Location of Accident PIE, Singapore Additional Location Information CTE SLIP ROAD Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Hyundai

Vehicle Registration Number SH6285M

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) +65-81831451 Alternative Phone No (Office) +65-65508768

VEHICLE PARTICULARS

Manufacturer

Model Ae ioniq 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 1580

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 LIM SER TONG NRIC No. S1511837G

Date Of Birth 07/04/1961 Occupation Outdoor Date Of Driving Pass 16/04/1981 Driving experience 40 YEARS AND 11 MONTHS Gender Mobile Number (Phone) +65-81831451 Alt. Phone Number Email Address fleetsafety@cdgtaxi.com.sg Address 684B WOODLANDS DRIVE 73 #04-203 Address complement Postcode 732684 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 Chain Collision 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? Yes Was any injured conveyed to hospital by ambulance? No 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? No PASSENGER 1 Name **UNKNOWN** Gender Female PASSENGER 2 Name UNKNOWN(CHILD) Gender Male PASSENGER 3 Name UNKNOWN(CHILD) Gender Male PASSENGER 4 Name UNKNOWN(CHILD) Gender PASSENGER 5 Name UNKNOWN(CHILD) Gender 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 18/03/2022 AT ABOUT 2230 HRS I WAS DRIVING MY SH6285M ON THE 3 RD LANE OF PIE/CTE. AT THE SLIP ROAD I SLOWED DOWN AND STOP MY VEHICLE A BEHIND VEHICLE B SMF3767R. VEHICLE C SMN1881P THEN REAR ENDED MY STATIONARY VEHICLE A. CAUSING MY VEHICLE A TO SURGE FORWARD AND REAR END VEHICLE B. AFTER IMPACT, MY FEMALE PASSENGER AND MYSELF HURT OUR NECKS. THE 2 OUT OF THE 4 CHILDREN WAS CRYING AND IN SHOCK. NO PARTICULARS EXCHANGED

ATTACHMENT(S)
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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

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SMF3767R Vehicle Manufacturer Volkswagen Vehicle Model Golf Vehicle Variant Vehicle Colour Vehicle Category Private car 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 2

Vehicle Registration Number SMN1881P Vehicle Manufacturer Hvundai Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category Private car 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)

INJURED PERSONS DETAILS

INJURED 1

Name of injured person Gender Phone No Address Address Complement	LIM SER TONG Male (Phone) +65-81831451 684B WOODLANDS DRIVE 73 #04-203
Post Code	732684
Approximate Age Years Old	-
Injuries Sustained	NECK
Injured person in which vehicle?	SH6285M
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person Gender Phone No	PASSENGER Female
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	NECK
Injured person in which vehicle?	SH6285M
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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- 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' 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 & Driver's Signature (If driver is not the policyholder) / Date & Time 19.03-2021 99354 RS

Sketch Plan

A - SH 6285M

B - SMF 3767 R

C - SMN 1881P

Describe Circumstances of the Accident

ON 18/03/2022 AT ABOUT 2230 HRS I WAS DRIVING MY SH6285M ON
THE 3 RD LANE OF PIE/CTE. AT THE SLIP ROAD I SLOWED DOWN AND
STOP MY VEHICLE A BEHIND VEHICLE B SMF3767R. VEHICLE C
SMN1881P THEN REAR ENDED MY STATIONARY VEHICLE A. CAUSING
MY VEHICLE A TO SURGE FORWARD AND REAR END VEHICLE B. AFTER
IMPACT, MY FEMALE PASSENGER AND MYSELF HURT OUR NECKS. THE
2 OUT OF THE 4 CHILDREN WAS CRYING AND IN SHOCK. NO
PARTICULARS EXCHANGED

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

8950MRS

Witnessed by Reporting Centre Personnel

































