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 30/03/2022 17:30 (SGT) Date of Accident 29/03/2022 16:30 (SGT) Exact Location of Accident Mandai Lake Rd, Singapore Additional Location Information Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHA7455A

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) +65-97202969 Alternative Phone No (Office) +65-65508768

VEHICLE PARTICULARS

Manufacturer Mercedes Model E220 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 your vehicle? No - Reporting only Vehicle Category Taxi Transmission Auto CC 2143

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 RICHARD LAM KIM HOCK NRIC No S1215286H

Date Of Birth 20/11/1955 Occupation Outdoor Date Of Driving Pass 21/05/1979 Driving experience 42 YEARS AND 10 MONTHS Gender Mobile Number (Phone) +65-92702969 Alt. Phone Number Email Address fleetsafety@cdgtaxi.com.sg Address APT BLK 759 PASIR RIS STREET 71 #13-184 Address complement Postcode 510759 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 Collision - Major/Minor Rd 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? No 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? No **DETAILS OF POLICE ACTION** Was the accident reported to the police? Yes Police Station Name Pasir Ris Neighbourhood Police Centre Police Station Phone No (Phone) +65-18005852999 Alt. Police Station Phone No (Fax) +65-65855261 Police Station Address 1 Pasir Ris Drive 4 #01-01 Singapore 519457 Was notice of intended Prosecution given? Nο If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER TO POLICE REPORT T/20220330/2041 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 Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBB6377P
Vehicle Manufacturer	Toyota
Vehicle Model	Dyna
Vehicle Variant	-
Vehicle Colour	White

 Vehicle Category
 Commercial vehicle

 Name of Driver
 UNKNOWN

 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

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- 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)

I 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")

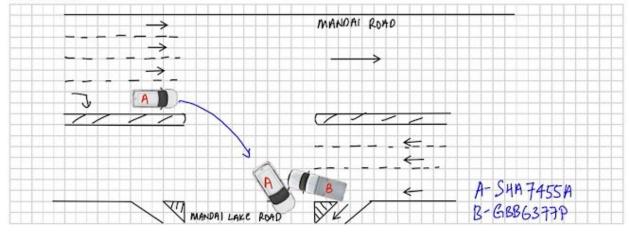
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' law yers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the 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 & Time

Driver's Signature (If driver is not the policyholder) / Date & Time 30 (3 / 22 1535

Witnessed by Reporting Centre Personnel KHAIEW

Sketch Plan



Describe Circumstances of the Accident	

REFER TO POLICE REPORT T/20220330/2041

Declaration

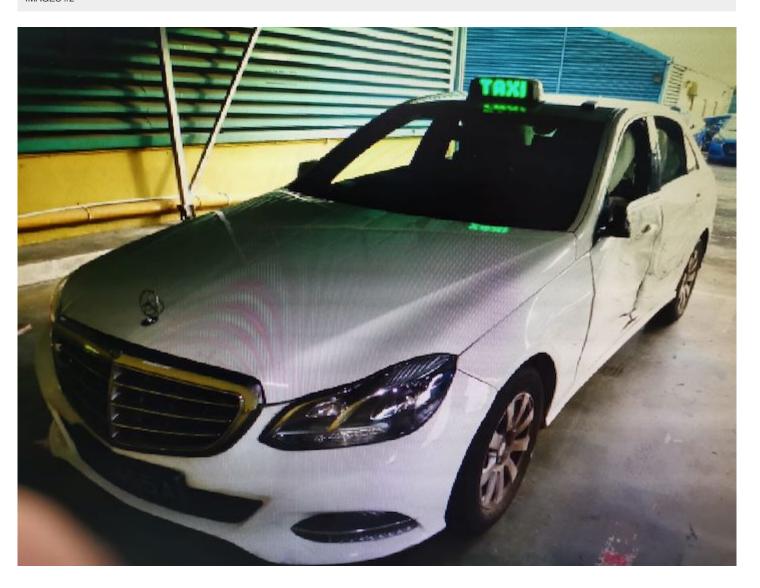
I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

Driver's Signature (If driver is not the policyholder) / Date & Time 30/3/22 /535

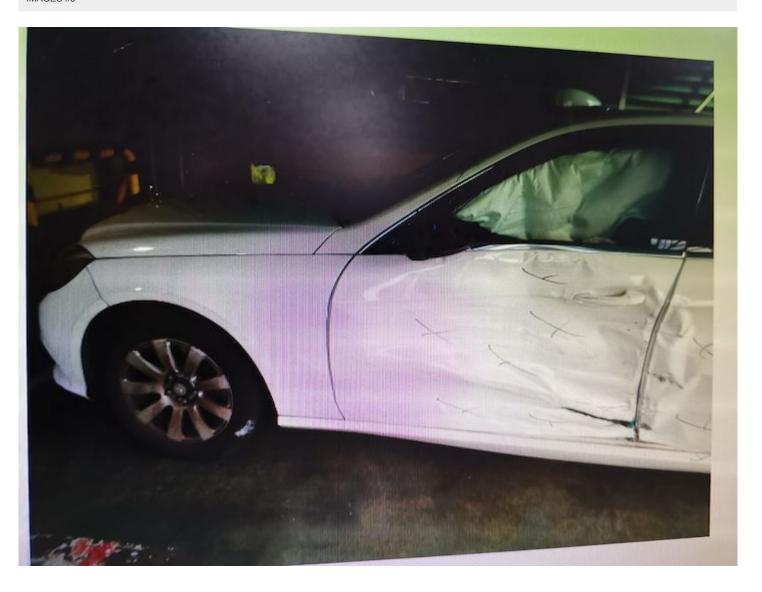
Witnessed by Reporting Centre Personnel Lythreuc

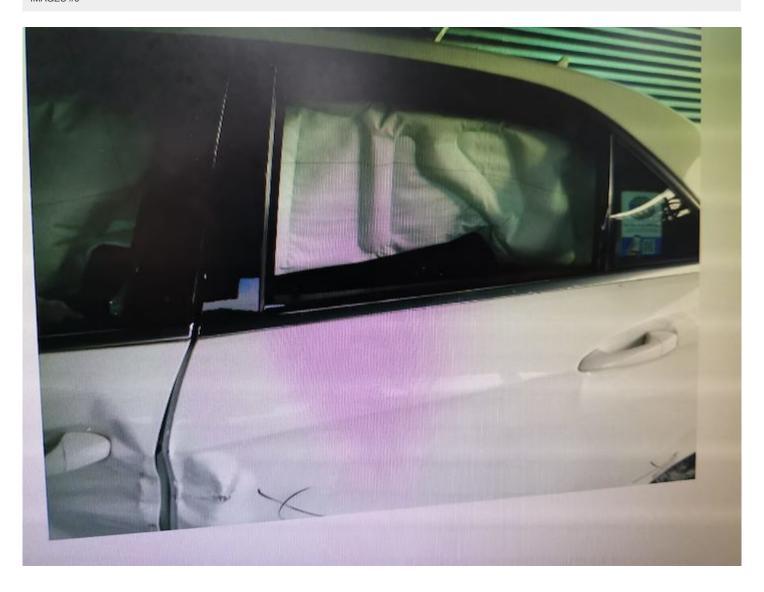


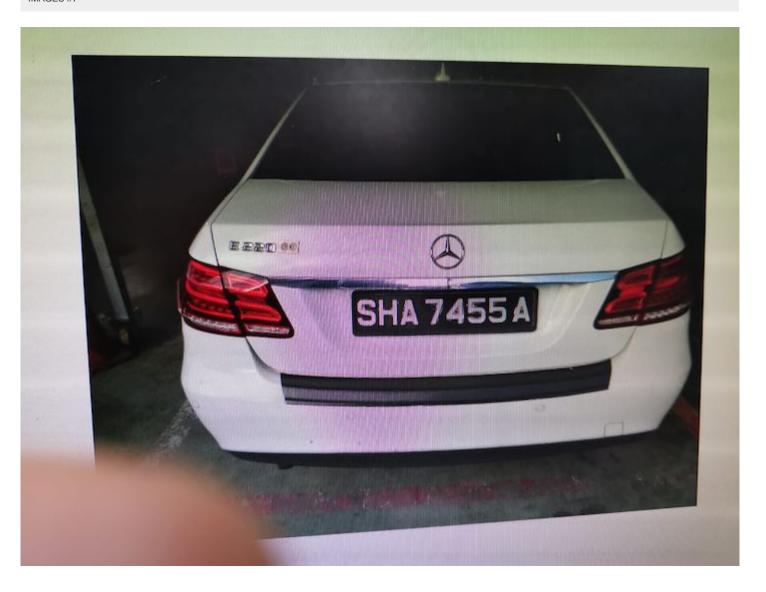




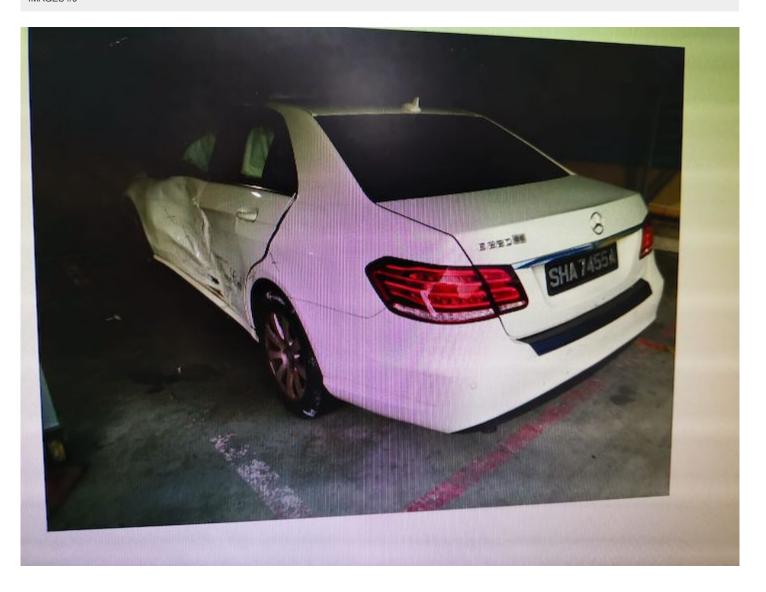


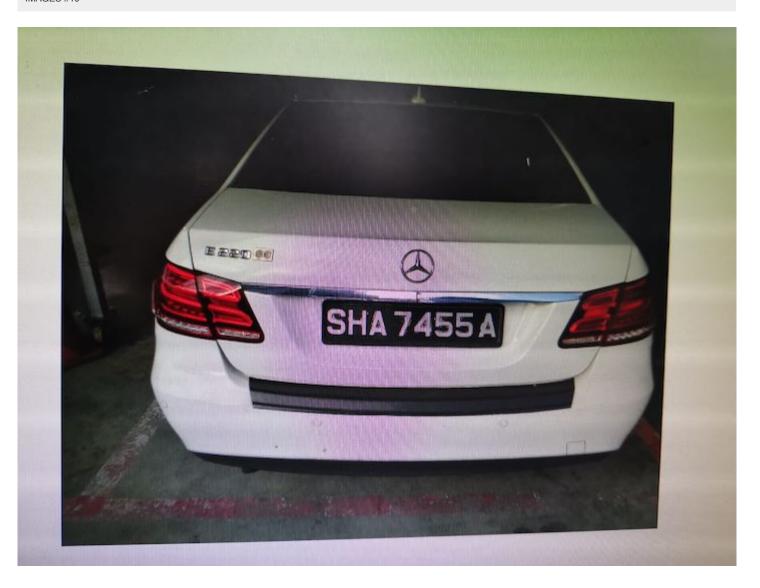






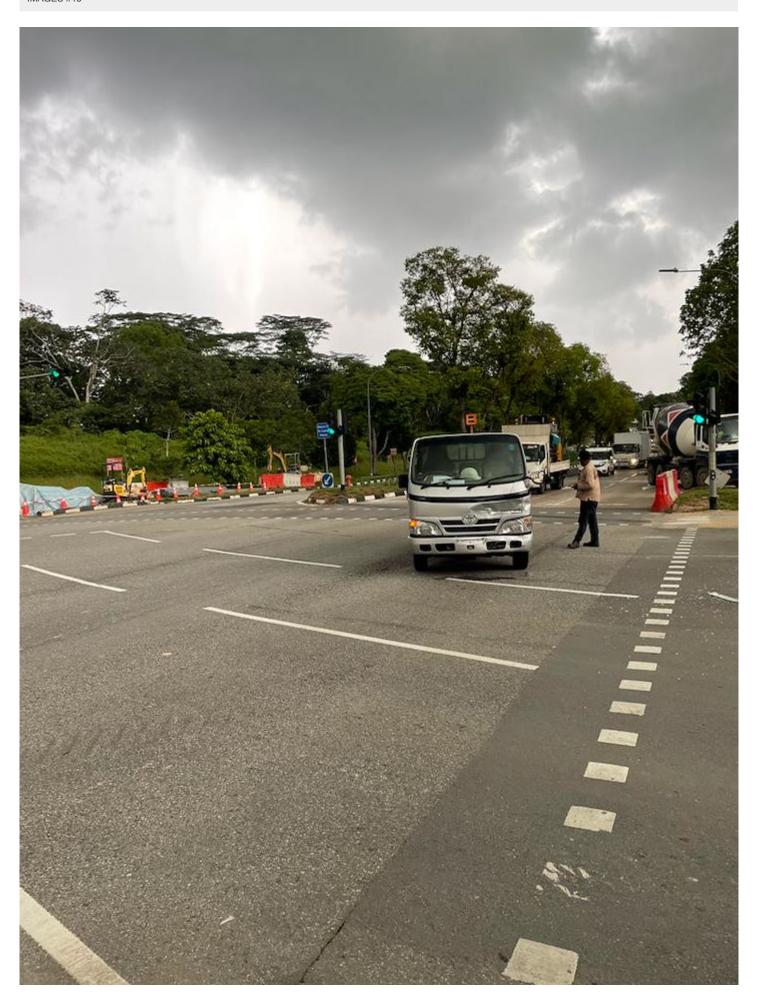
















1 of 3

Report No. T/20220330/2041

Police Station Of Origin: Pasir Ris N.P.C

1 Pasir Ris Drive 4 #01-01 SINGAPORE

519457

Tel No: 1800-5852999

REPORT OF A TRAFFIC ACCIDENT

General Information of the Accident

Vide Report No.: L/20220329/0086 Date/Time Report Made: 30/03/2022 12:45

Station Diary No.: 24

Type of Location:

Informa	nt's Partic	ulars			
Name of Informant: RICHARD LAM KIM HOCK			Address: APT BLK 759 PASIR RIS STREET 71 #13-184 SINGAPO 510759		
ID Type / ID No.: NRIC NO / S1215286H		86H	Contact No.: Home/Office:	Mobile: 92702969	
National	ity: ORE CITIZ	EN	Email:	110/10/10/19	
Sex: Male	Age: 66	Date of Birth: 20/11/1955	Type of Informant: Driver	Institution / School Name:	
Race: Chinese			Language: English	Institution / School (tall	
Occupation: Taxi driver			Driving Licence Information: Class: 3	Date of Expiry:	

Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 29/03/2022 16:30	Straight Road	
Location: MANDAI LAKI	E ROAD				
Weather:		Road Surface: Dry		Road Speed Limit:	
Traffic Flow: Tra		Traffic Control: Traffic Light - Wo	orking	Traffic Volume: Light	
Type of Collisio	on: ng Vehicles - Head To Si		Anyone conveyed by ambulance: No		

Details of V	ehicle Invo	lved				
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
GBB6377P	Lorry	ТОУОТА	DYNA 150 MANUAL 3SEATER	Silver		0
SHA7455A	Car	MERCEDES BENZ	E220 BLUETEC	White		0



Report No. T/20220330/2041

Palice Station Of Origin: PANER'S N.P.C. 1 Pasii Ris Drive 4 #01-01 SINGAPORE 519457 Tel No: 1800-3852999

CONTINUATION OF REPORT

Brief Details.

On 29 03:2022 at about 9.20pm, I was driving (SHA7455A) along Mandai Road going toward Sambawarig Road making the right turn into Mandai lake road. Traffic signal was green, However, at the otherside on the extreme left tane there is a lony signaling left to enter Mandai lake road sliproad.

As such, I proceed to make the right turn as the traffic signal was green. Suddenly, the lorry (GBB6377P) charges his mind and proceeded straight into the junction and knocked onto my left side of my car.

I have in-car camera and I have passed the SD card to the Traffic Police officer attended to me.

