SJ0422550019-01 / JP Knights Pte Ltd ENTRY DATE & TIME: 05/05/2022 21:31 (SGT) SUBMITTED BY: Caymen VERSION: 2 (06/05/2022 16:48 (SGT))

# **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 05/05/2022 21:31 (SGT) Date of Accident 19/04/2022 15:50 (SGT) Exact Location of Accident Paya Lebar Rd, Singapore Additional Location Information **EXIT PIE** Country/State of Loss Singapore

## **DETAILS OF OWN VEHICLE**

Hyundai

Vehicle Registration Number SHA4495D

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) +65-90995090 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 your vehicle? No - Reporting only 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 SAMRI BIN HASSAN NRIC No S1530409Z

Date Of Birth 10/03/1962 Occupation Outdoor Date Of Driving Pass 14/11/1996 Driving experience 25 YEARS AND 5 MONTHS Gender Mobile Number (Phone) +65-90995090 Alt. Phone Number Email Address fleetsafety@cdgtaxi.com.sg Address **BLOCK 438 FAJAR ROAD** Address complement #06-408 Postcode 670438 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 - Head to Rear Weather Conditions **DRIZLLING** Road Surface Wet 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 PASSENGER 1 Name **PASSENGER** Gender Female PASSENGER 2 Name **PASSENGER** Gender Female DETAILS OF POLICE ACTION Was the accident reported to the police? No Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT ON 19/04/22 AT ABOUT 1550HRS I WAS DRIVING VEHICLE A SHA4485D ALONG PAYA LEBAR ROAD AND WANTED TO EXIT TO PIE (SLIP ROAD). SUDDENLY VEHICLE B SKW1452X APPLIED BRAKE BEFORE THE PEDESTRIAN CROSSING AND I UNABLÈ TO STOP ÓN TIME DUE TO WET ROAD CONDITION.MY VEHICLE REAR ENDED VEHICLE B.EXCHANGED PARTICULAR AND NO INJURIES AT POINT OF TIME. ATTACHMENT(S) Are accident photos available for attachment? Yes

Yes

FILE NOT SUITABLE

Was there any audio recorded?

Was there any video captured by Car Camera?

Reasons for not uploading a video of the accident

# **DETAILS OF OTHER VEHICLE PROPERTY 1**

| Vehicle Registration Number             | SKW1452X             |
|---|----------------------|
| Vehicle Manufacturer                    | Mazda                |
| Vehicle Model                           | -                    |
| Vehicle Variant                         | -                    |
| Vehicle Colour                          | Red                  |
| Vehicle Category                        | Private hire         |
| Name of Driver                          | -                    |
| Contact Number                          | (Phone) +65-90224302 |
| Address                                 | -                    |
| Address complement                      | -                    |
| Postcode                                | -                    |
| Insurance Company Name                  | -                    |
| Nature Of Damage                        | -                    |
| Details of property damaged in accident | -                    |
| No. Of Passenger (Including Driver)     | 2                    |

### 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>.
- 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.
- 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 Insperers 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

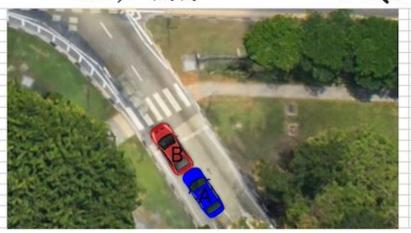
01/05/22/ 1115Hes

Witnessed by F ting Centre

A.SHA4495D B.SKW1452X

Sketch Plan

PAYA LEBAR EXIT TO PIE



Describe Circumstances of the Accident

ON 19/04/22 AT ABOUT 1550HRS I WAS DRIVING VEHICLE A SHA4485D ALONG PAYA LEBAR ROAD AND WANTED TO EXIT TO PIE (SLIP ROAD).SUDDENLY VEHICLE B SKW1452X APPLIED BRAKE BEFORE THE PEDESTRIAN CROSSING AND I UNABLE TO STOP ON TIME DUE TO WET ROAD CONDITION.MY VEHICLE REAR ENDED VEHICLE B.EXCHANGED PARTICULAR AND NO INJURIES AT POINT OF TIME.

## Declaration

I/We declare the foregoing particulars are true in every respec

Policyholder's Signature / Date & Time

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

01/05Th / 111mms





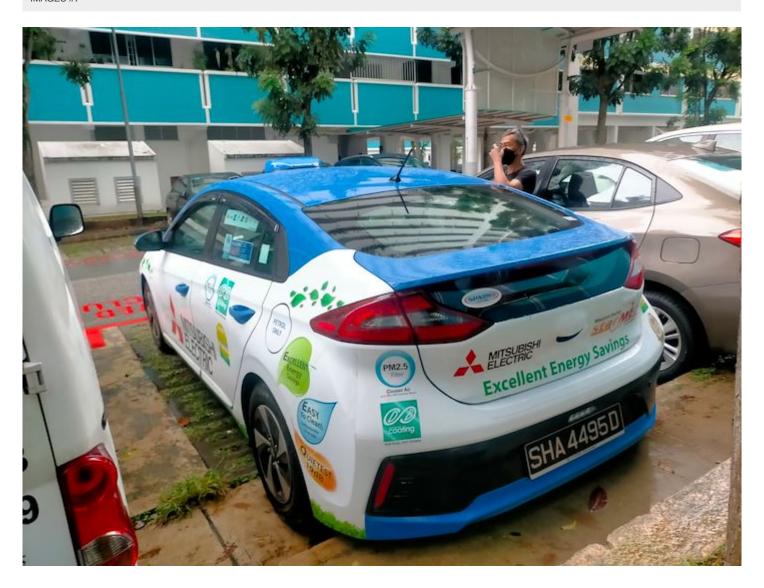




















IMPORTANT NOTE: Please submit the completed Addendum form to the <u>same</u> Accident Reporting Centre with whom you submitted the Original Report.

# ADDENDUM (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS: Original Report No: SJ0422550019 \_\_\_\_\_ Vehicle Registration No: SHA4495D 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: 15:50HRS Date of Accident: 19/04/2022 Place of Accident: PAYA LEBAR ROAD 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 sketch plan Reporting Centre Personnel's Signature Policyholder / Driver's Signature Date: NRIC/FIN No.:

Date:

GIARMC Addendum Form

