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 16:00 (SGT) Date of Accident 04/05/2022 11:25 (SGT) Exact Location of Accident CTE, Singapore Additional Location Information **TOWARDS CITY** Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SH8061D

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) +65-97992689 Alternative Phone No (Office) +65-65508768

VEHICLE PARTICULARS

Manufacturer

Hyundai 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 HO SHENG HEE NRIC No. S1152294G

Date Of Birth 03/09/1956 Occupation Outdoor Date Of Driving Pass 03/05/1976 Driving experience 46 YEARS Gender Male Mobile Number (Phone) +65-97992689 Alt. Phone Number Email Address fleetsafety@cdgtaxi.com.sg Address APT BLK 125 BEDOK RESERVOIR ROAD #08-1085 Address complement Postcode 470125 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? Nο PASSENGER 1 Name JAMIE OW Gender Female DETAILS OF POLICE ACTION Was the accident reported to the police? 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? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER TO POLICE REPORT T/20220504/2098 ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? Reasons for not uploading a video of the accident FILE IS NOT SUITABLE Was there any audio recorded? No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number GBK5854M

Vehicle Manufacturer Vehicle Model Vehicle Variant	Nissan Nv200
Vehicle Colour	- Black
Vehicle Category	Commercial vehicle
Name of Driver	TAN YIA NGUNG
Contact Number	-
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 Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category Name of Driver Contact Number Address Address complement Postcode Insurance Company Name Nature Of Damage Details of property damaged in accident	GZ6682Y Toyota Dyna Commercial vehicle PULIMOOTTIL VARKEY RAJOMOD
Nature Of Damage Details of property damaged in accident No. Of Passenger (Including Driver)	- - 3

INJURED PERSONS DETAILS

INJURED 1	
Name of injured person Gender Phone No Address Address Complement Post Code Approximate Age Years Old Injuries Sustained Injured person in which vehicle? Were seat belts worn? Was this injured conveyed to hospital by ambulance?	HO SHENG HEE Male (Phone) +65-97992689 APT BLK 125 BEDOK RESERVOIR ROAD #08-1085 - 470125 66 PAIN ON RIGHT SHOULDER AREA, BACK OF MY NECK AND LOWER BACK- GIVEN 5 DAYS MC BY A LIFE CLINIC PTE LTD SH8061D Yes No
Name of injured person Gender Phone No Address Address Complement Post Code Approximate Age Years Old Injuries Sustained Injured person in which vehicle?	- - - PAIN IN NECK AND LOWER BACK

Yes

No

Was this injured conveyed to hospital by ambulance?

Were seat belts worn?

SKETCH PLAN

IMPORTANT NOTICE

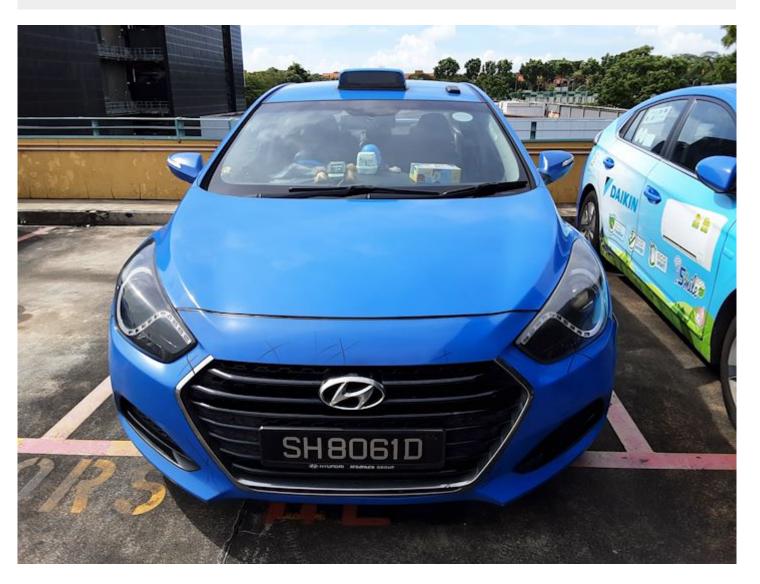
- 1. Please report gorregity the details of the accident to speed up the claims process.
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- 5. Any false reporting may be referred to the Police for Investigation.
- 5. The report will be flow anded by the insurers of the GIA Records Management Centre 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
- by the longement or this report to the insurers, you hereby consent to the archiving or this report at the centre and to copies or 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) who have insured vehicle(s) involved in this accident (all insurer(s) who 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;
- (I) investigating the accident and/or my claims;
- (II) 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")

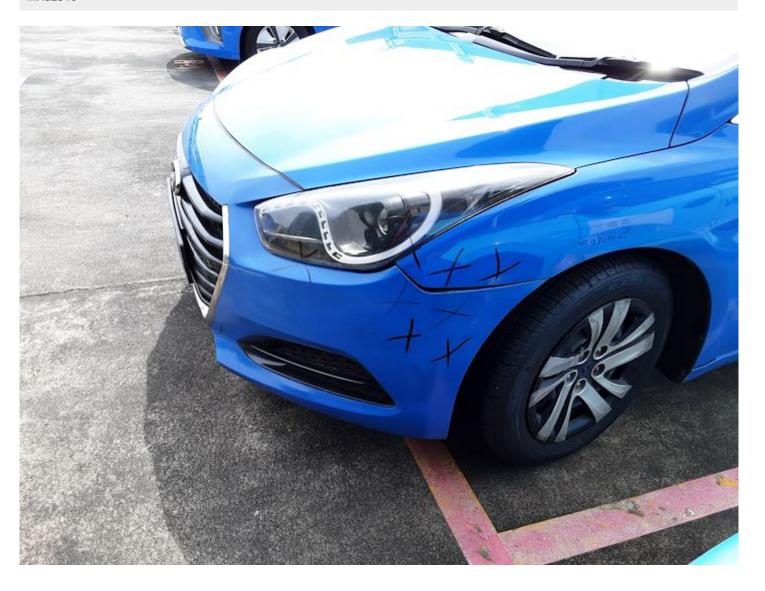
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the insurers' law yers/law firms, may/are permitted to collect, use, disclose and/or process my Personal information for one or more of the above Purposes; and
- (c) my Personal information may/can be disclosed by any of the Insurers and/or OIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

	My Char
Policyholder's Signature / Date & Time Skietch Plan	Driver's Signature (if driver is not the policyholder) / Date 8. Time 05.05.2022 (000 MRS Personnel Kyymi Yory
4-SH 8061D B-GBK 5854 M C-GZ 66827	
	CTE/ <ty beaddel="" before="" ext<="" td=""></ty>

REFER TO POLICE		
T/20220504/2098		
eclaration		
Ve declare the foregoing particul	ars are true in every respect.	
	Que /	
	MAC	Us.
olicyholder's Signature / Date &	Driver's Signature (if driver is not the policyholder) / Date 8 Time 05-05-2000 (030HRS	Witnessed by Reporting Centre Personnel Kytur Young



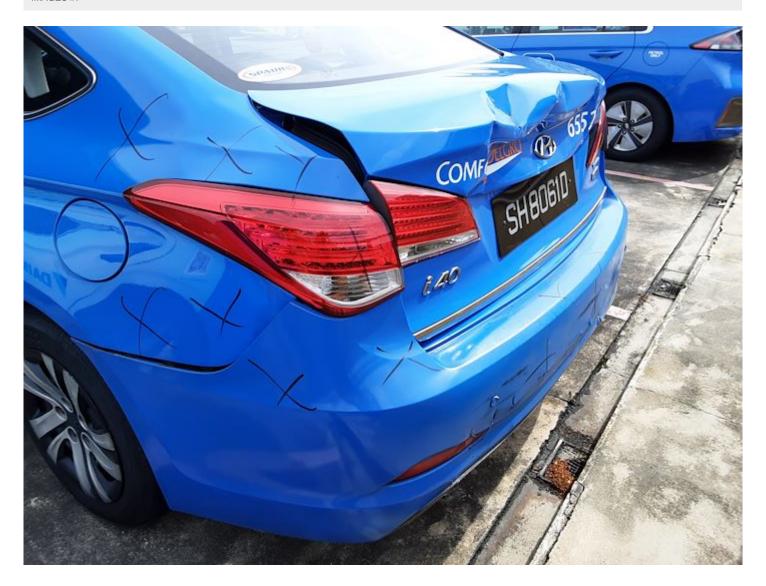


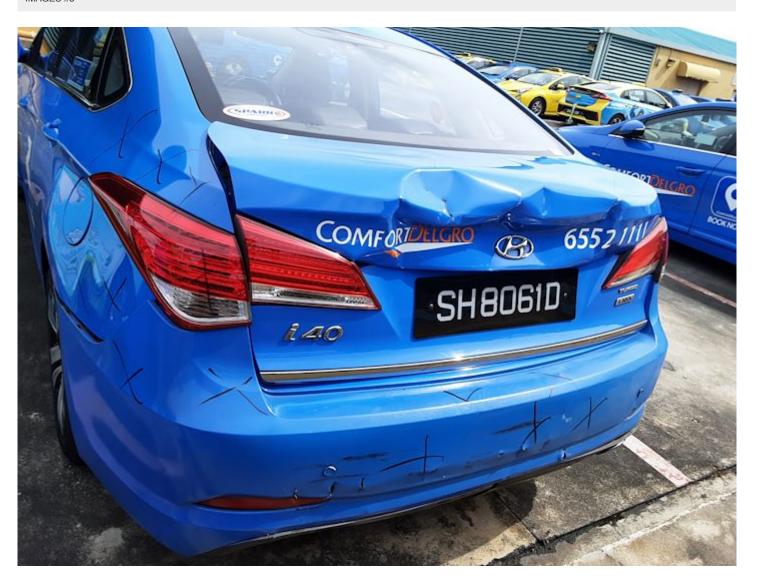




















Date of Expiry:

1 of 4

Report No. T/20220504/2098

Police Station Of Origin: Pasir Ris N.P.C 1 Pasir Ris Drive 4 #01-01 SINGAPORE 519457

Tel No: 1800-5852999

Occupation:

Taxi driver

REPORT OF A TRAFFIC ACCIDENT

	me Report I 022 17:11	Made:	Vide Report No.:	Station Diary No.:		
Informa	ant's Partic	ulars	The state of the s			
HO SHE	f Informant: ENG HEE		Address: APT BLK 125 BEDOK SINGAPORE 470125	RESERVOIR ROAD #08-1085		
ID Type NRIC N	/ ID No.: O / S11522	94G	Contact No.: Home/Office: Mobile: 97992689			
National SINGAP	lity: PORE CITIZ	EN	Email:			
Sex: Male	Age: 65	Date of Birth: 03/09/1956	Type of Informant: Driver			
Race: Chinese			Language: Institution / School I			

Driving Licence Information:

Class:

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 04/05/2022 11:25	Type of Location: Straight Road
Location: CENTRAL EX Weather:	PRESSWAY	Road Surface:		Road Speed Limit:
		Moad Sullace.		Road Speed Limit:
Clear		Dry		
		Dry Traffic Control: Not Controlled		Traffic Volume:

Details of Vo	ehicle invo	lved	STATE AND DESCRIPTIONS	SUPPLIES STATES	Artist Control of the Control	A CONTRACTOR OF THE
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
GBK5854M	Van	NISSAN	NV200 1.6 (MT) PETROL	Black	Slightly Damaged	0
GZ6682Y	Lorry	TOYOTA	DYNA 150 D	- Constitution	Slightly Damaged	3
SH8061D	Car	HYUNDAI	I40 1.7 CRDI F/L AT ABS AIRBAG 4DR	Blue	Slightly Damaged	1



Police Station Of Origin: Pasir Ris N.P.C 1 Pasir Ris Drive 4 #01-01 SINGAPORE 519457

Tel No: 1800-5852999



2 of 4

Report No. T/20220504/2098

CONTINUATION OF REPORT

etails of Person			Andrew Street, St.		278	
ny Pedestrian Inv	olved: No	111	(D-4	etries C		ing: NA
o. of Pedestrians	Injured: NIL	MANUS OF THE STATE OF	se of Pede	estrian C	1055	ing. IVA
Driver				ID No.	G0000168	NIL
Name	TAN YIA NGUNG			15 1,0.		
	CDUCOS III III>			Contact No.		NIL
Related Vehicle	GBK5854M (Van)			711-5		100
Hospital/Clinic	NIL			Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL
Date Treatment	NIL	NII Date Disc			NIL	
	ted Medical Leave NIL	1111				
Driver	TOUR MODIFICATION OF THE	1 87 L			MACK.	The second second
Name	PULIMOOTTIL VARKEY F	RAJOMO	D	ID No.		NIL
Related Vehicle	GZ6682Y (Lorry)			Contact No.		NIL
Hospital/Clinic	NIL			Class of Driving Licence Expiry	e &	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Disc	scharge NIL		
	ed Medical Leave NIL		Degree of		NIL	
Passenger		1000 wast	ASSESSED AND ADDRESS OF THE PARTY OF THE PAR		intra	OVER THE RESERVE OF THE PERSON
Name	JAMIE OW	The state of		ID No.		NIL
Related Vehicle	SH8061D (Car)		Med La	Contact No		. 96470159
Hospital/Clinic	NIL			Class Driving Licence Expiry	e &	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Disc	-	NIL	
	ted Medical Leave NII	1	Degree o	The second second second		ht





Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457

Tel No: 1800-5852999

Report No. T/20220504/2098

CONTINUATION OF REPORT

Driver			1 100000000	Total Section		
Name	HO SHENG HEE	- 8	No. of the last of	ID No).	S1152294G
Related Vehicle	SH8061D (Car)	* (C)(A=-		Conta	act No.	97992689
Hospital/Clinic	A LIFE CLINIC PTE LTD		Class Drivin Licen Expin	g	Class: NIL Date of Expiry: NIL	
Date Treatment	04/05/2022		Date Disc	charge	04/05	5/2022
No. of Days gran	ted Medical Leave	05	Degree o	f Injury	Slight	

Brief Details.

On 04/05/2022 at around 11.25am, I was driving along CTE towards City on the extreme left lane. During that point in time, I have a passenger with me sitting. As the traffic were slow moving a lory from my rear suddenly collided into my taxi. Due to the impact, my taxi pushed forward and the front of my taxi collided into the rear van in front me. It was a chain collision. Due to the impact, my passenger had pain in her neck and lower back. I also suffered pain on my right shoulder area, back of my neck and lower back.

The rear boot/bumper area of my taxi has dents and some scratches. The lorry has some damages on the front bumper area.

Myself, the lorry driver and van driver then alighted to make a check and exchanged contact details.

No ambulance or police was at scene.

I have incar CCTV, both on the front and rear.

Only myself and my passenger were injured. No one else was injured.

I also went to consult a doctor and was given 5 days of MC.



Police Station Of Origin: Pasir Ris N.P.C 1 Pasir Ris Drive 4 #01-01 SINGAPORE 519457



Report No. T/20220504/2098

Tel No: 1800-5852999

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

CONTINUATION OF REPORT

Signature of Officer Recording The Report: G / Other JOEL NATHANIEL ZAI JUNJIE	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 04/05/2022 17:11
Officer In Charge Of Case: TP / AEIT / INSP (1) BOON YEN KIAN Contact No.: 65476172	Classification Of Case:
P168	

OTHER DOCUMENTS

