SJ042259000C / JP Knights Pte Ltd
ENTRY DATE & TIME: 09/05/2022 11:43 (SGT)
SUBMITTED BY: Alice
VERSION: 1 (09/05/2022 11:43 (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.
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	09/05/2022 11:43 (SGT)
Date of Accident	07/05/2022 14:00 (SGT)
Exact Location of Accident	Holland Rd, Singapore
Additional Location Information	TOWARDS TANGLIN
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SH9016D

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) +65-96715344
Alternative Phone No	(Office) +65-65508768

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Prius
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private hire
Are you claiming under your own insurance policy for repair to your vehicle?	No - Reporting only
Vehicle Category	Taxi
Transmission	Auto
CC	1798

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	KHAMIS TAN BIN SHARIF TAN
NRIC No	S1378065Z

Date Of Birth	06/03/1959
Occupation	Outdoor
Date Of Driving Pass	18/01/1989
Driving experience	33 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96715344
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	APT BLK 98 COMMONWEALTH CRESCENT #06-48
Address complement	-
Postcode	140098
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
Does Driver Own Other Vehicles?	No
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	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	Yes
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	1
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	Commonwealth Neighbourhood Police Post
Police Station Phone No	(Phone) +65-18004749999
Alt. Police Station Phone No	(Fax) +65-64715297
Police Station Address	Blk 111 Commonwealth Crescent (Annex) #01-288A Singapore 140111
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT T/20220507/2062
ON 07/05/22 AT ABOUT 1400HRS I WAS DRIVING VEHICLE A SH9016D ALONG HOLLAND ROAD TOWARDS NAPIER ROAD.I WAS EXTREME LEFT LANE, AS I WAS TRAVELLING WITHIN MY LANE SUDDENLY VEHICLE B SNA6416Z APPLIED BRAKE AND I UNABLE TO STOP ON TIME .MY VEHICLE REAR ENDED VEHICLE B.EXCHANGED PARTICULAR AND THIRD PARTY DRIVER INJURED AND CONVEYED TO HOSPITAL BY AMBULANCE.

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?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SNA6416Z

Vehicle Manufacturer	Toyota
Vehicle Model	Sienta
Vehicle Variant	-
Vehicle Colour	White
Vehicle Category	Private hire
Name of Driver	NG CHING PHENG
NRIC No	S1497299D
Contact Number	(Phone) +65-96970618
Address	APT BLK 942 JURONG WEST STREET 91 #02-455
Address complement	-
Postcode	640942
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	NG CHING PHENG
Gender	Male
Phone No	(Phone) +65-96970618
Address	APT BLK 942 JURONG WEST STREET 91 #02-455
Address Complement	-
Post Code	640942
Approximate Age Years Old	61
Injuries Sustained	NOT SURE
Injured person in which vehicle?	SNA6416Z
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	Yes

SKETCH PLAN

IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
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3. Information provided must be as **truthful and accurate as possible**. Any w ilful misrepresentation or w ithholding 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.
5. **Any false reporting may be referred to the Police for investigation**.
6. The report w ill be forw arded 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 w ill 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, acknow ledge, 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 w ith 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, w hich could involve disclosure of certain personal data about me to bring about delivery of the same as w ell as on the external cover of envelopes/mail packages); and/or

(v) complying w ith applicable law in administering, processing, handling and/or dealing w ith my claims.

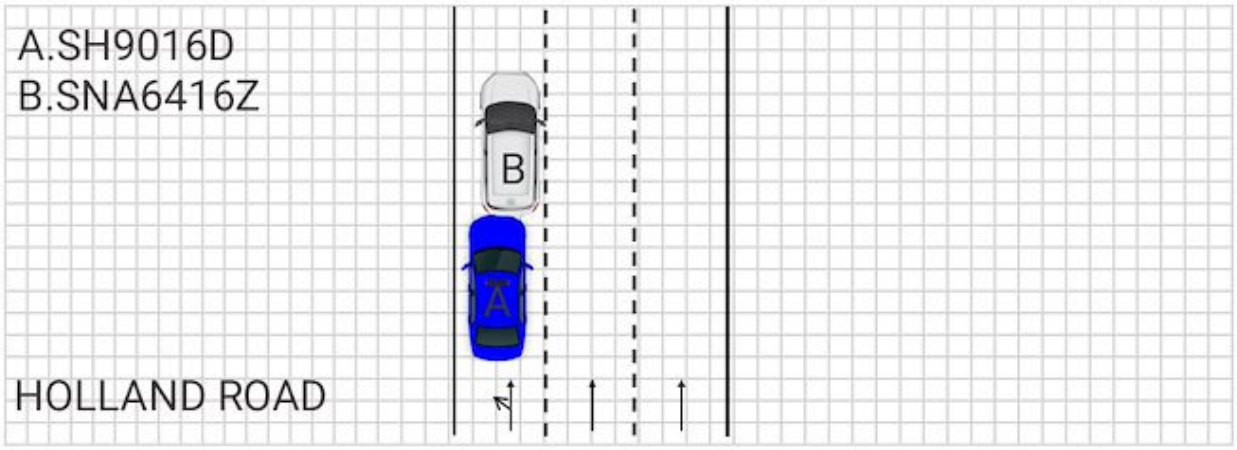
(collectively the "**Purposes**")

(b) all insurer(s) w ho 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), w hich 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	Witnessed by Reporting Centre Personnel
	07/05/22 15:25hrs	BALAJI

Sketch Plan



Describe Circumstances of the Accident

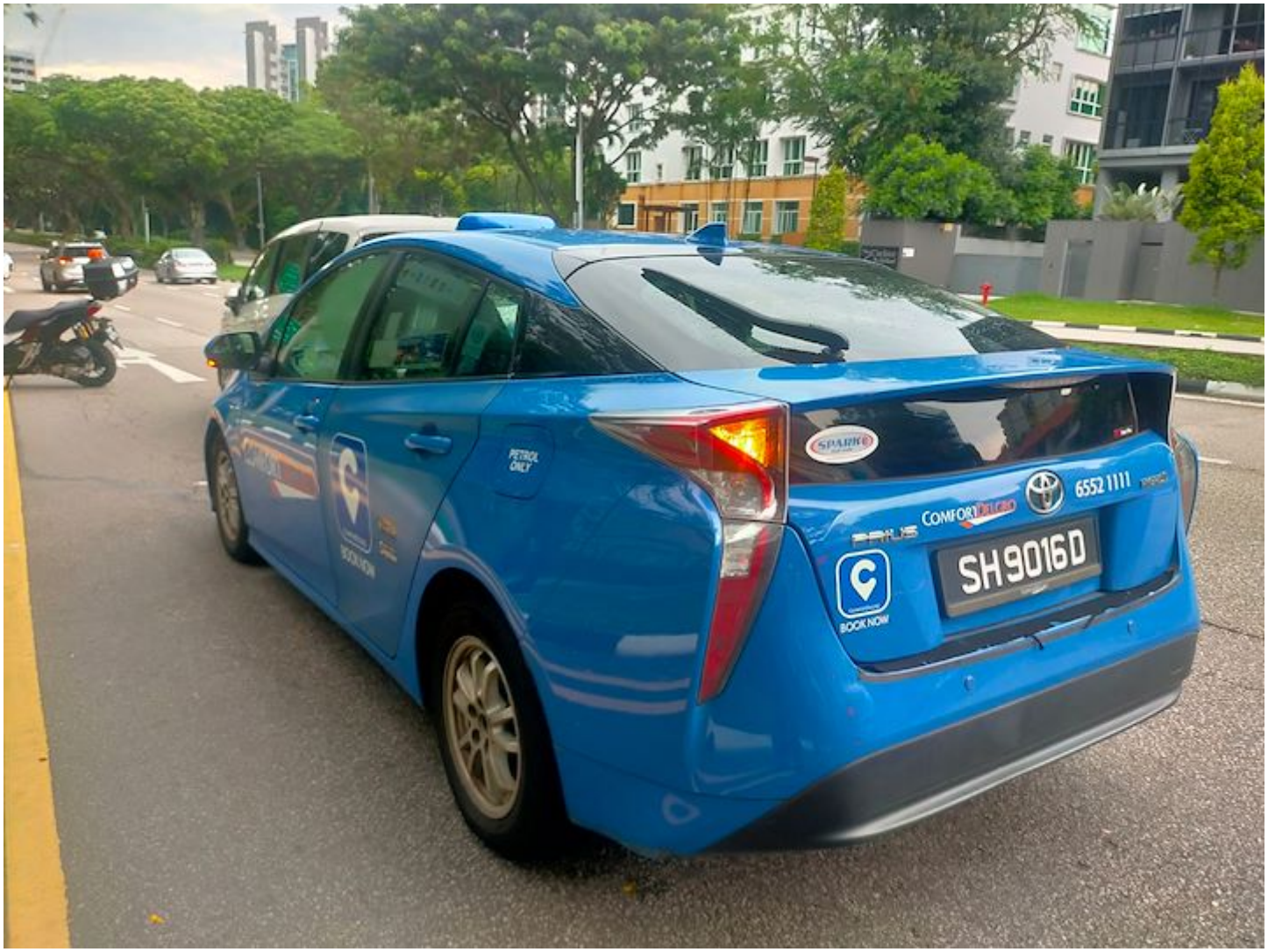
ON 07/05/22 AT ABOUT 1405HRS I WAS DRIVING VEHICLE A SH9016D ALONG HOLLAND ROAD TOWARDS NAPIER ROAD.I WAS EXTREME LEFT LANE, AS I WAS TRAVELLING WITHIN MY LANE SUDDENLY VEHICLE B SNA6416Z APPLIED BRAKE AND I UNABLE TO STOP ON TIME .MY VEHICLE REAR ENDED VEHICLE B.EXCHANGED PARTICULAR AND THIRD PARTY DRIVER INJURED AND CONVEYED TO HOSPITAL BY AMBULANCE.

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	Witnessed by Reporting Centre Personnel
	07/05/22 / 15:35 PM	BALAJI

IMAGES



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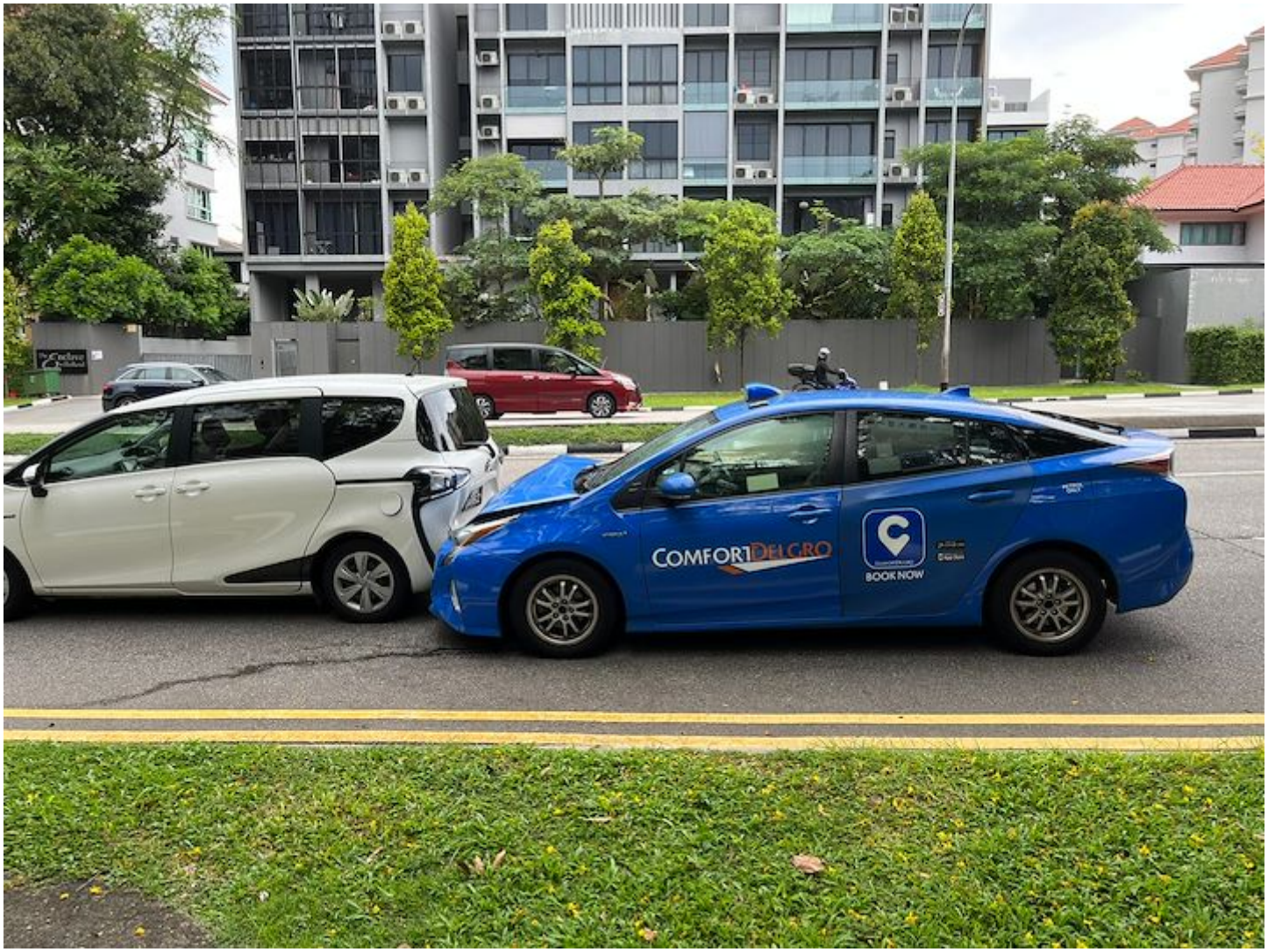
IMAGES #3

IMAGES #4

IMAGES #5



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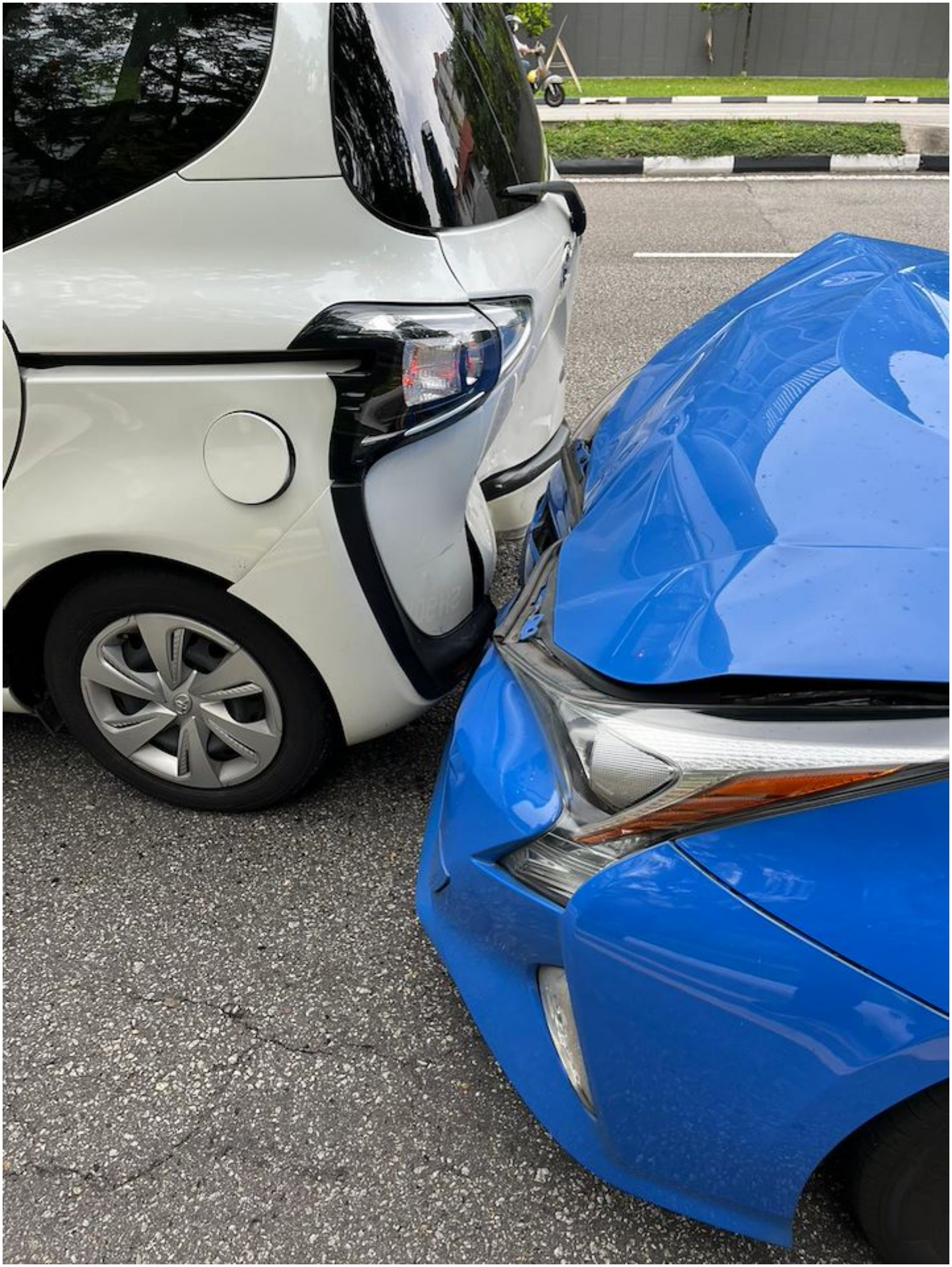

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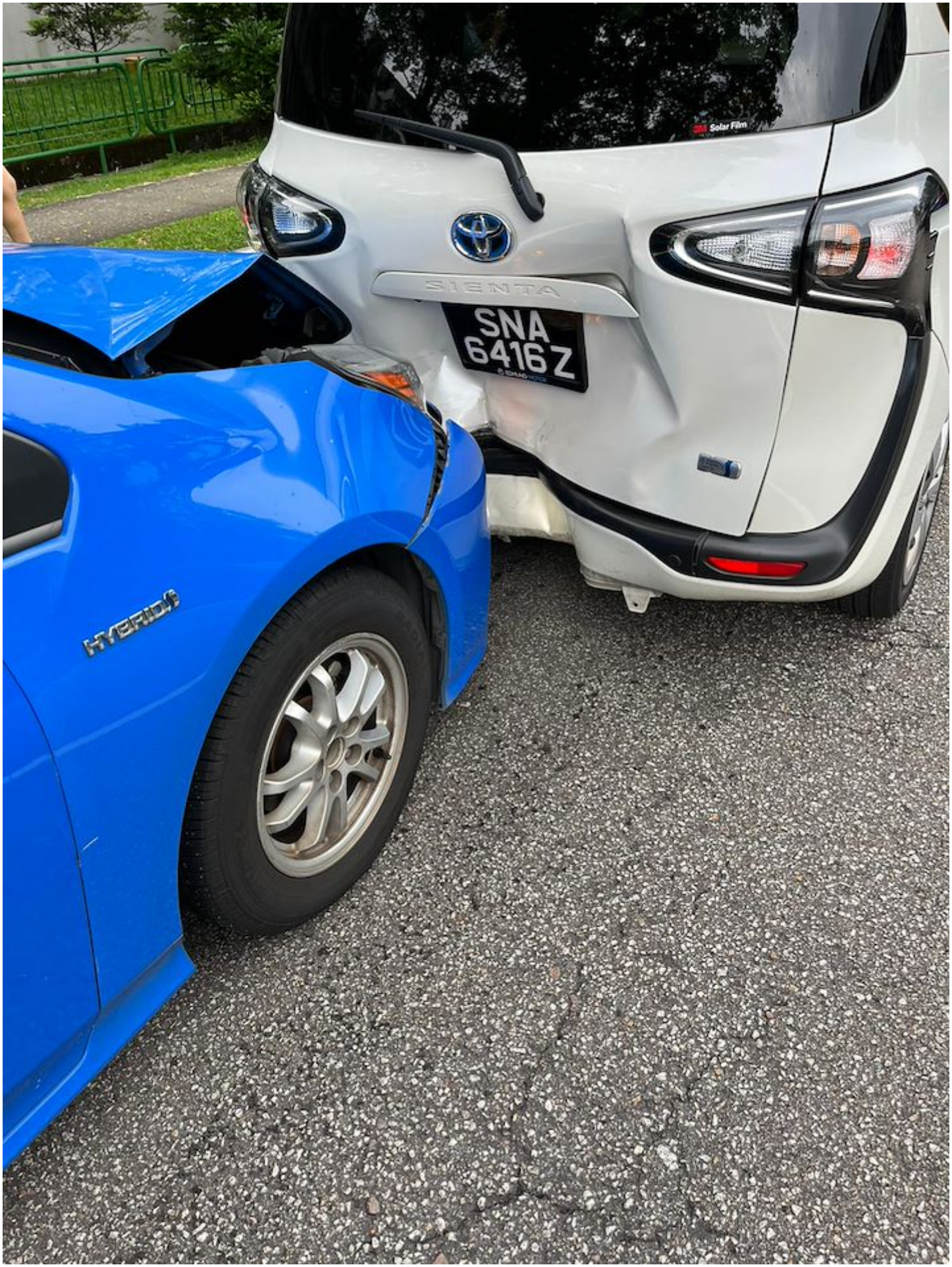

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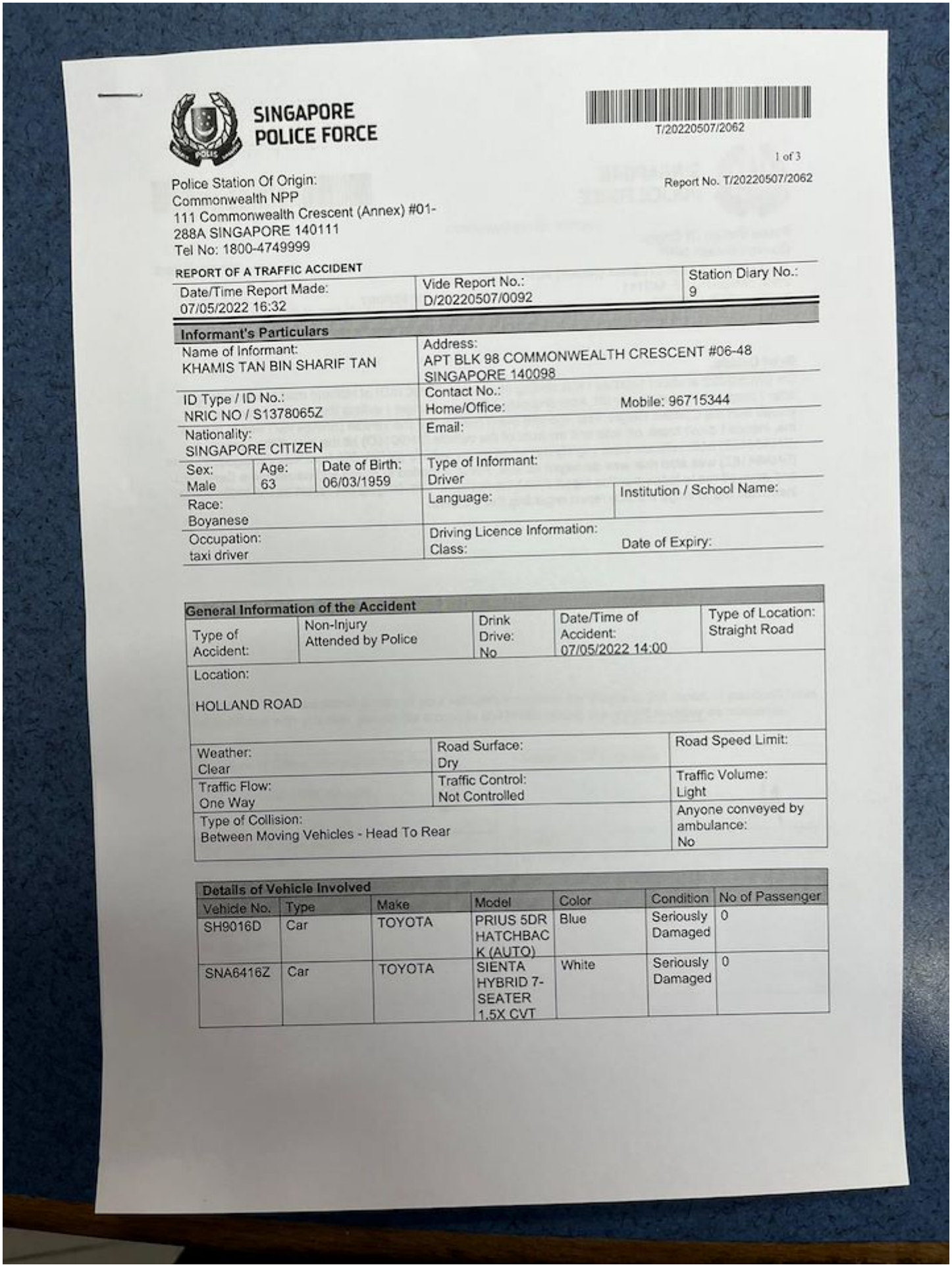
IMAGES #9

IMAGES #10

IMAGES #11



SINGAPORE POLICE FORCE

T/20220507/2062

1 of 3

Report No. T/20220507/2062

Police Station Of Origin:
Commonwealth NPP
111 Commonwealth Crescent (Annex) #01-
288A SINGAPORE 140111
Tel No: 1800-4749999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:	Vide Report No.:	Station Diary No.:
07/05/2022 16:32	D/20220507/0092	9

Informant's Particulars

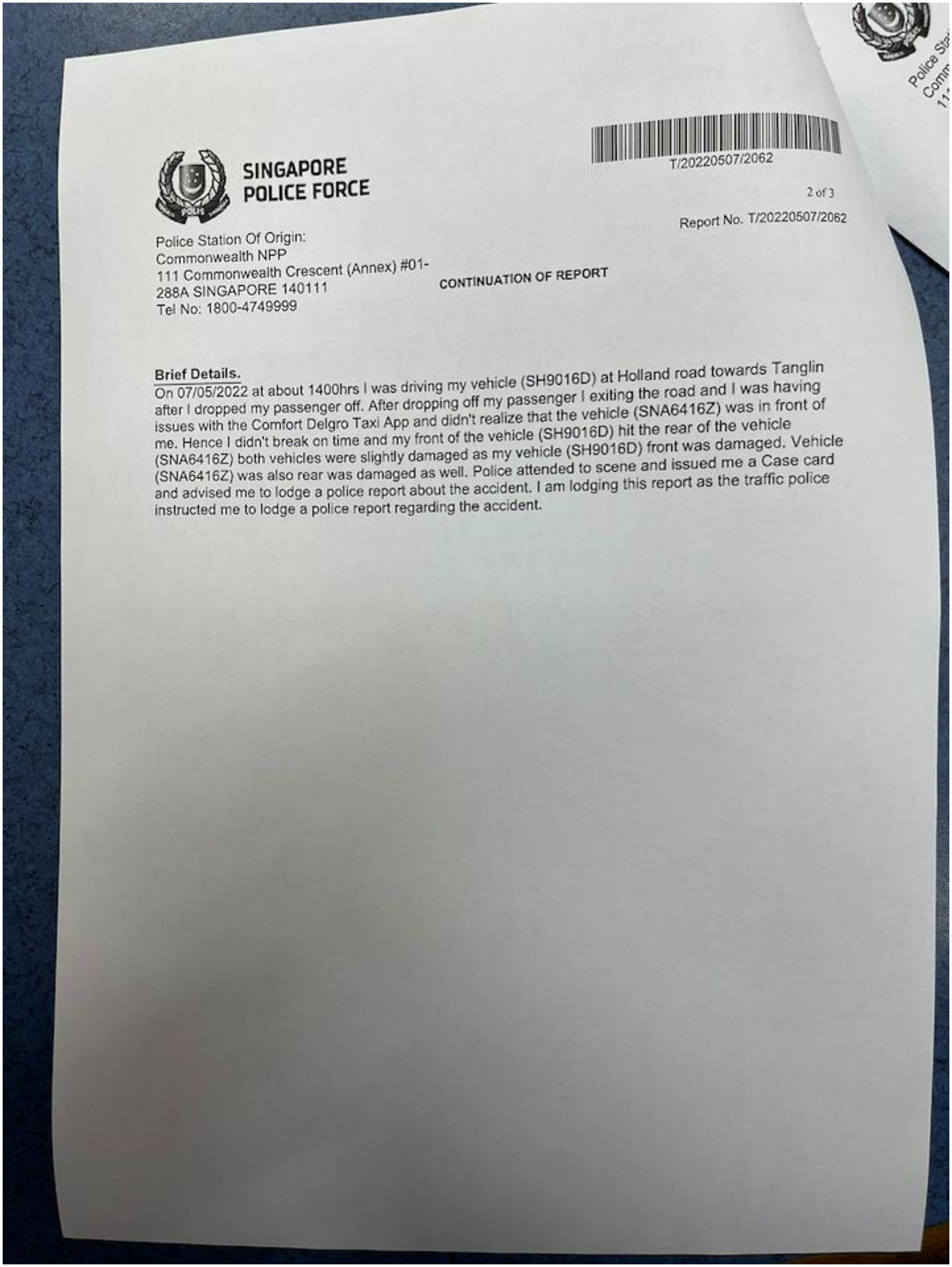
Name of Informant: KHAMIS TAN BIN SHARIF TAN			Address: APT BLK 98 COMMONWEALTH CRESCENT #06-48 SINGAPORE 140098	
ID Type / ID No.: NRIC NO / S1378065Z			Contact No.: Home/Office:	Mobile: 96715344
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 63	Date of Birth: 06/03/1959	Type of Informant: Driver	
Race: Boyanese			Language:	Institution / School Name:
Occupation: taxi driver			Driving Licence Information: Class:	Date of Expiry:

General Information of the Accident

Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 07/05/2022 14:00	Type of Location: Straight Road
Location: HOLLAND ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SH9016D	Car	TOYOTA	PRIUS 5DR HATCHBACK (AUTO)	Blue	Seriously Damaged	0
SNA6416Z	Car	TOYOTA	SIENTA HYBRID 7-SEATER 1.5X CVT	White	Seriously Damaged	0



SINGAPORE POLICE FORCE

T/20220507/2062

2 of 3

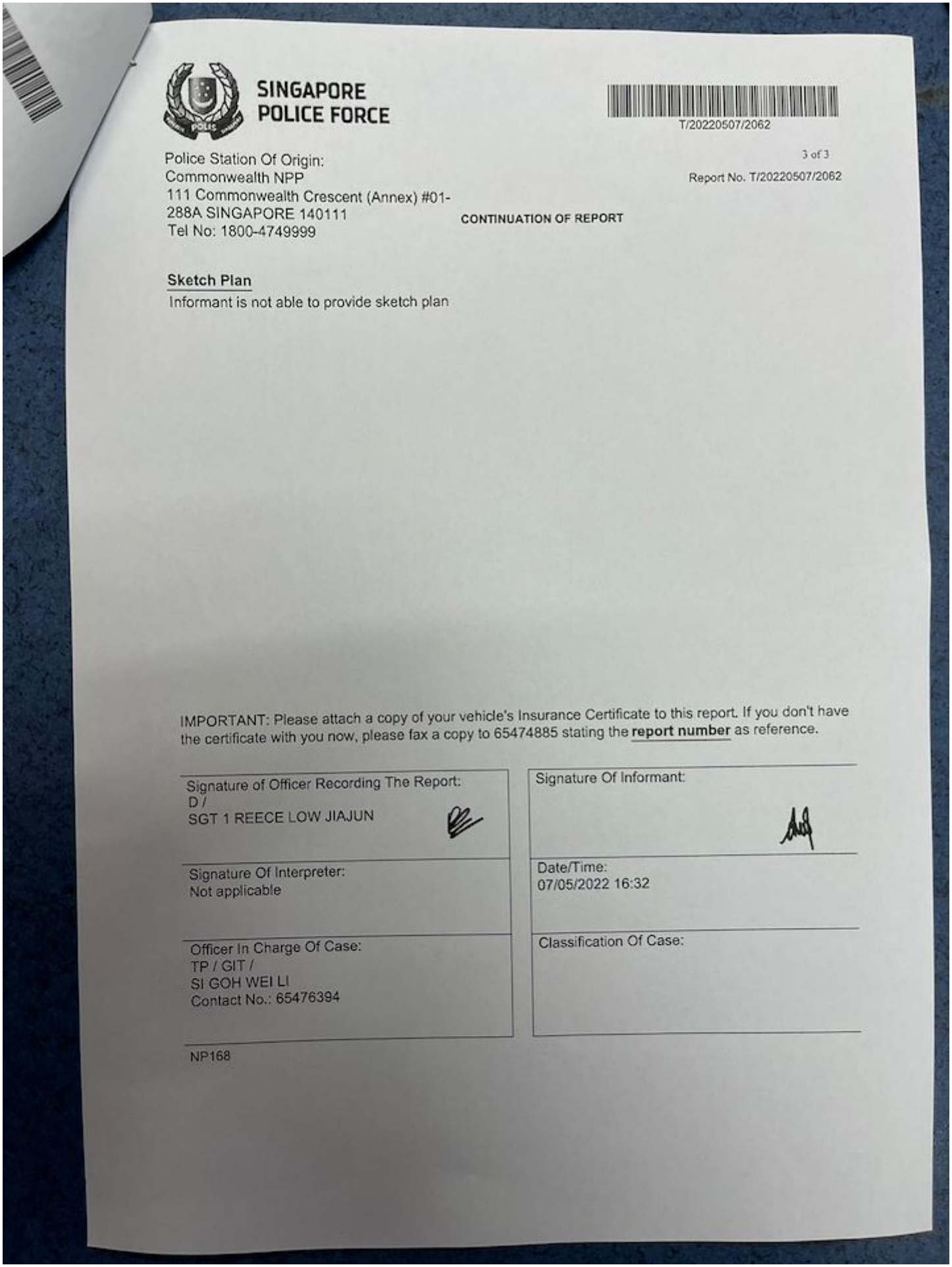
Report No. T/20220507/2062

Police Station Of Origin:
Commonwealth NPP
111 Commonwealth Crescent (Annex) #01-
288A SINGAPORE 140111
Tel No: 1800-4749999

CONTINUATION OF REPORT

Brief Details.

On 07/05/2022 at about 1400hrs I was driving my vehicle (SH9016D) at Holland road towards Tanglin after I dropped my passenger off. After dropping off my passenger I exiting the road and I was having issues with the Comfort Delgro Taxi App and didn't realize that the vehicle (SNA6416Z) was in front of me. Hence I didn't break on time and my front of the vehicle (SH9016D) hit the rear of the vehicle (SNA6416Z) both vehicles were slightly damaged as my vehicle (SH9016D) front was damaged. Vehicle (SNA6416Z) was also rear was damaged as well. Police attended to scene and issued me a Case card and advised me to lodge a police report about the accident. I am lodging this report as the traffic police instructed me to lodge a police report regarding the accident.



SINGAPORE POLICE FORCE

T/20220507/2062

3 of 3

Report No. T/20220507/2062

Police Station Of Origin:
Commonwealth NPP
111 Commonwealth Crescent (Annex) #01-288A SINGAPORE 140111
Tel No: 1800-4749999

CONTINUATION OF REPORT

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.

Signature of Officer Recording The Report: D / SGT 1 REECE LOW JIAJUN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 07/05/2022 16:32
Officer In Charge Of Case: TP / GIT / SI GOH WEI LI Contact No.: 65476394	Classification Of Case:

NP168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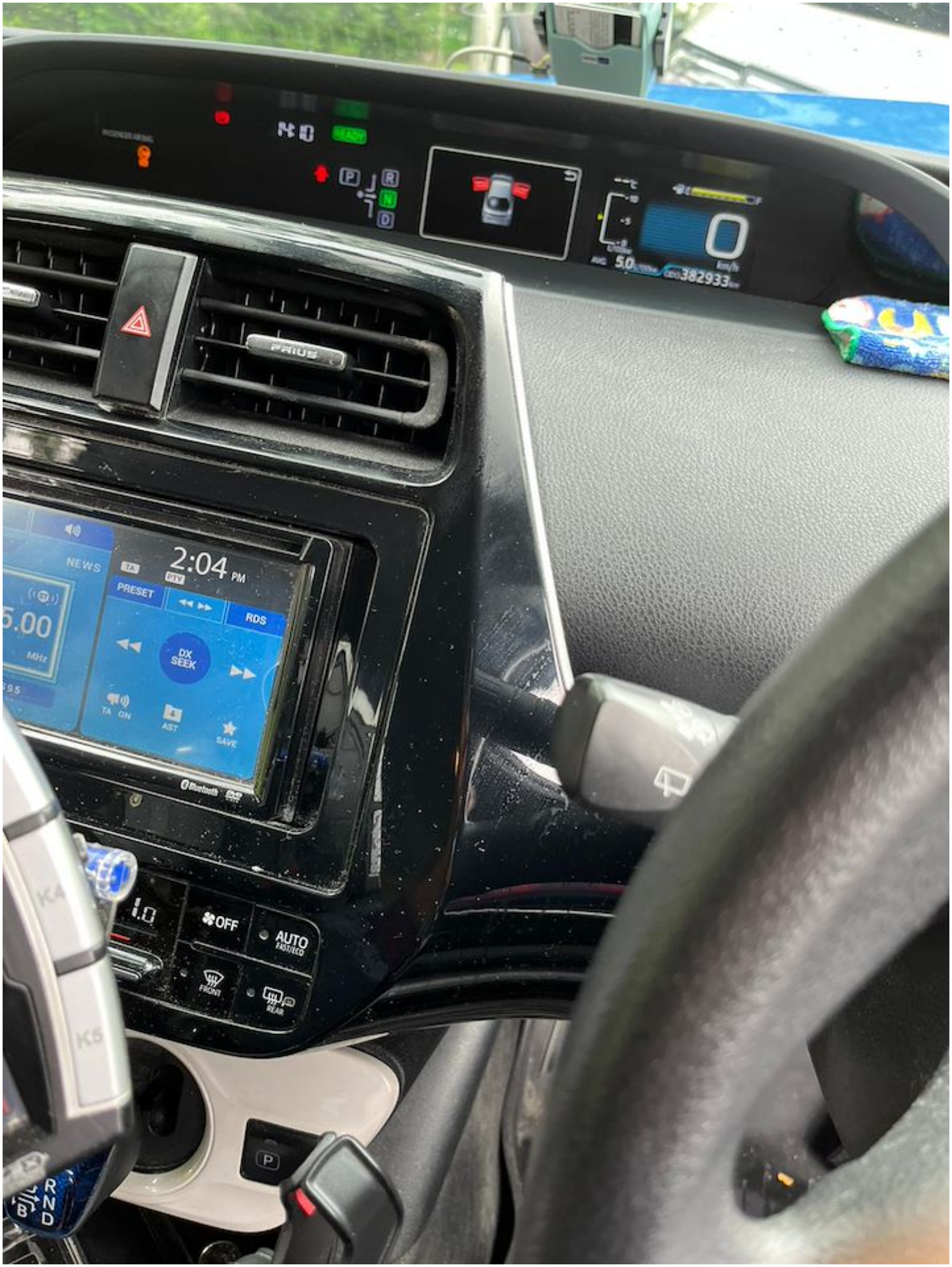
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