SJ0422420004-02 / JP Knights Pte Ltd
ENTRY DATE & TIME: 02/04/2022 18:15 (SGT)
SUBMITTED BY: Kavi
VERSION: 3 (12/05/2022 00:30 (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	02/04/2022 18:15 (SGT)
Date of Accident	02/04/2022 06:15 (SGT)
Exact Location of Accident	Bukit Timah Rd, Singapore
Additional Location Information	BESIDE CASCADIA CONDOMINIUM
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC1307Z

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) +65-98322042
Alternative Phone No	(Office) +65-65508768

VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	Ae ioniq
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	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	CHAN GHIM THIAM PETER
NRIC No	S0032760C

Date Of Birth	25/07/1949
Occupation	Outdoor
Date Of Driving Pass	31/12/1969
Driving experience	52 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98322042
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLK 135 LORONG AH SOO #01-504
Address complement	-
Postcode	530135
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	RELIEF DRIVER
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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	UNKNOWN
Gender	Male

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 02/04/2022 AT ABOUT 0615HRS, I WAS DRIVING IN VEHICLE A(SHC1376Z) ALONG BUKIT TIMAH ROAD NEAR TO THE CASCADIA CONDOMINIUM. I WAS DRIVING ON SECOND LANE OF BUKIT TIMAH ROAD TOWARDS PIE. I WAS APPROACHING A TRAFFIC LIGHT NEARBY A U-TURN BEFORE CALTEX AND THE LIGHT WAS GREEN. VEHICLE B(GBF3565L) WAS IN FRONT OF ME BUT WASN'T SO SURE IF THE VEHICLE WAS STOPPED OR SLOWLY MOVING, BY THE TIME I APPROACHED THE TRAFFIC LIGHT, IT WAS TOO LATE FOR ME TO SLOW DOWN AND MY VEHICLE COLLIDED ONTO VEHICLE B REAR. MY PASSENGER SUSTAINED INJURIES TO THE BACK AND I SUSTAINED NECK AND BACK INJURY.
VEHICLE A DRIVER AND PASSENGER ON BOARD CONVEYED TO NG TENG FONG HOSPITAL.

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 NOT SUITABLE
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBF3565L
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
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)	1

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	CHAN GHIM THIAM PETER
Gender	Male
Phone No	(Phone) +65-98322042
Address	BLK 135 LORONG AH SOO #01-504
Address Complement	-
Post Code	530135
Approximate Age Years Old	72
Injuries Sustained	CHEST DISCOMFORT
Injured person in which vehicle?	SHC1307Z
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	Yes

INJURED 2

Name of injured person	ANDREI LEE
Gender	Male
Phone No	(Phone) +65-98413128
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	-
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	Yes

SKETCH PLAN

IMPORTANT NOTICE

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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 workshop 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' lawyers/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 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 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.

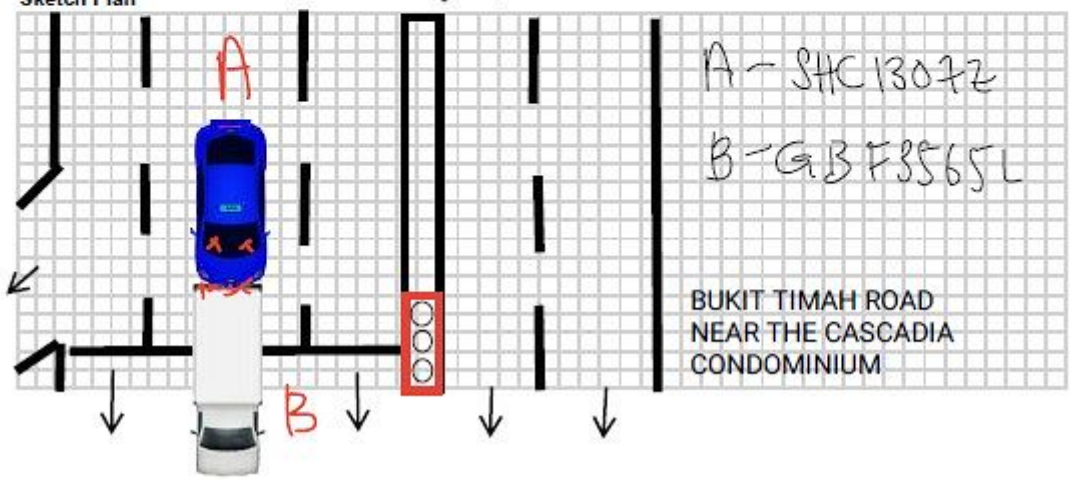
(collectively the "**Purposes**")

(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 lawyers/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	Witnessed by Reporting Centre Personnel
	02/03/2022 0815	UA7174

Sketch Plan



Describe Circumstances of the Accident

ON 02/04/2022 AT ABOUT 0615HRS, I WAS DRIVING IN VEHICLE A(SHC1376Z) ALONG BUKIT TIMAH ROAD NEAR TO THE CASCADIA CONDOMINIUM. I WAS DRIVING ON SECOND LANE OF BUKIT TIMAH ROAD TOWARDS PIE. I WAS APPROACHING A TRAFFIC LIGHT NEARBY A U-TURN BEFORE CALTEX AND THE LIGHT WAS GREEN. VEHICLE B(GBF3565L) WAS IN FRONT OF ME BUT WASN'T SO SURE IF THE VEHICLE WAS STOPPED OR SLOWLY MOVING, BY THE TIME I APPROACHED THE TRAFFIC LIGHT, IT WAS TOO LATE FOR ME TO SLOW DOWN AND MY VEHICLE COLLIDED ONTO VEHICLE B REAR. MY PASSENGER SUSTAINED INJURIES TO THE BACK AND I SUSTAINED NECK AND BACK INJURY.

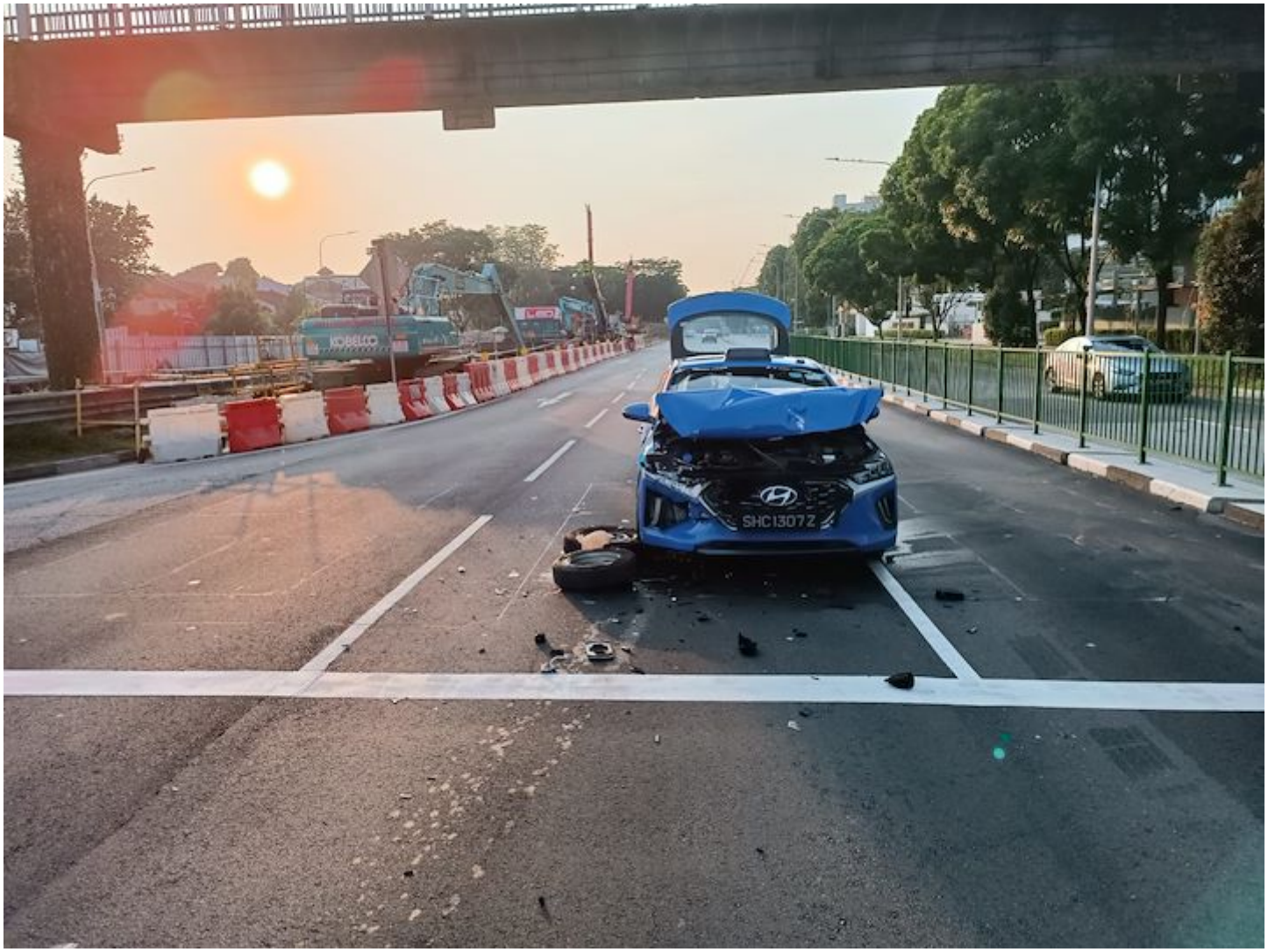
VEHICLE A DRIVER AND PASSENGER ON BOARD CONVEYED TO NG TENG FONG HOSPITAL.

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
	02/04/2022 0815	

IMAGES



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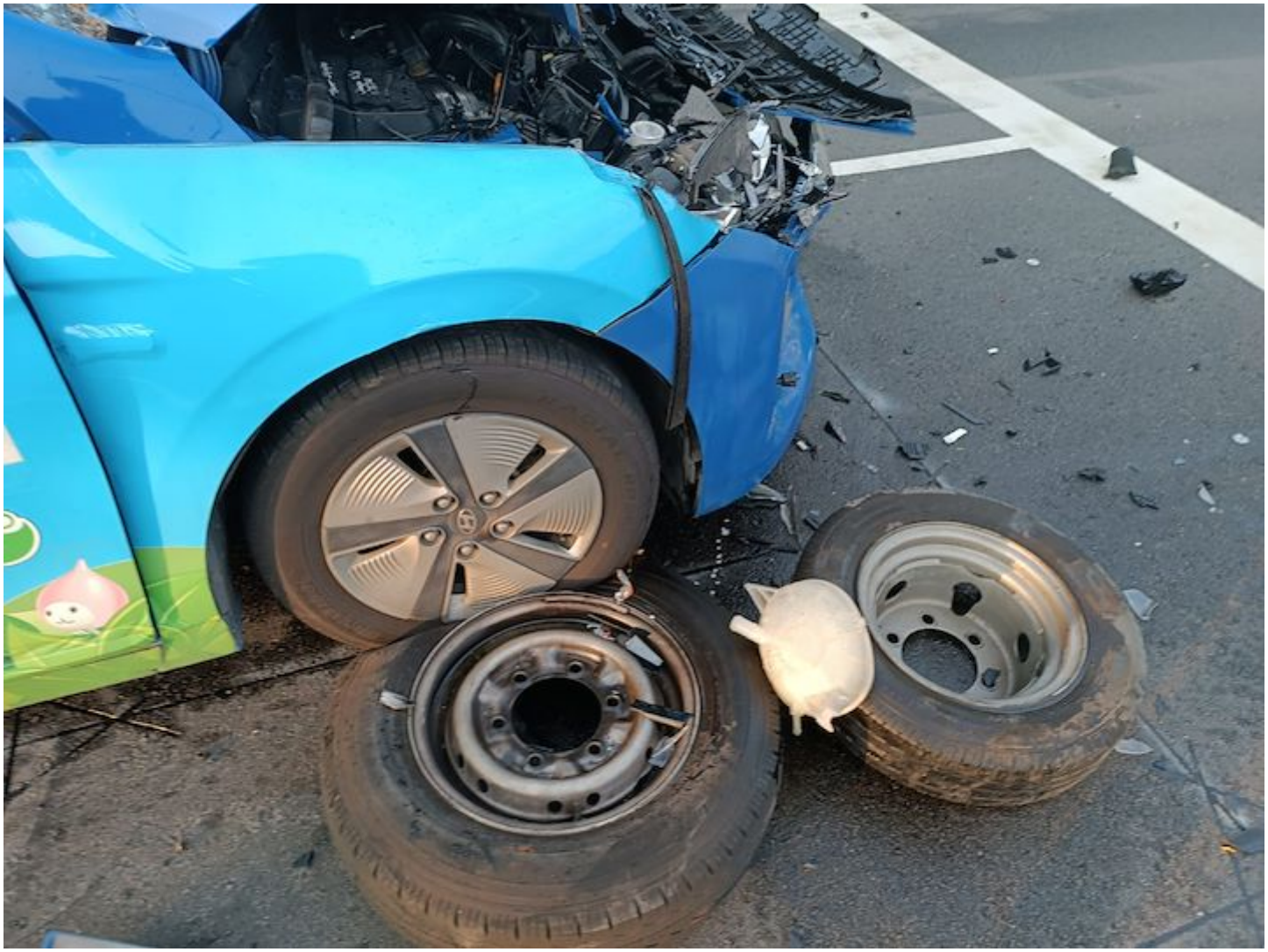
IMAGES #3

IMAGES #4



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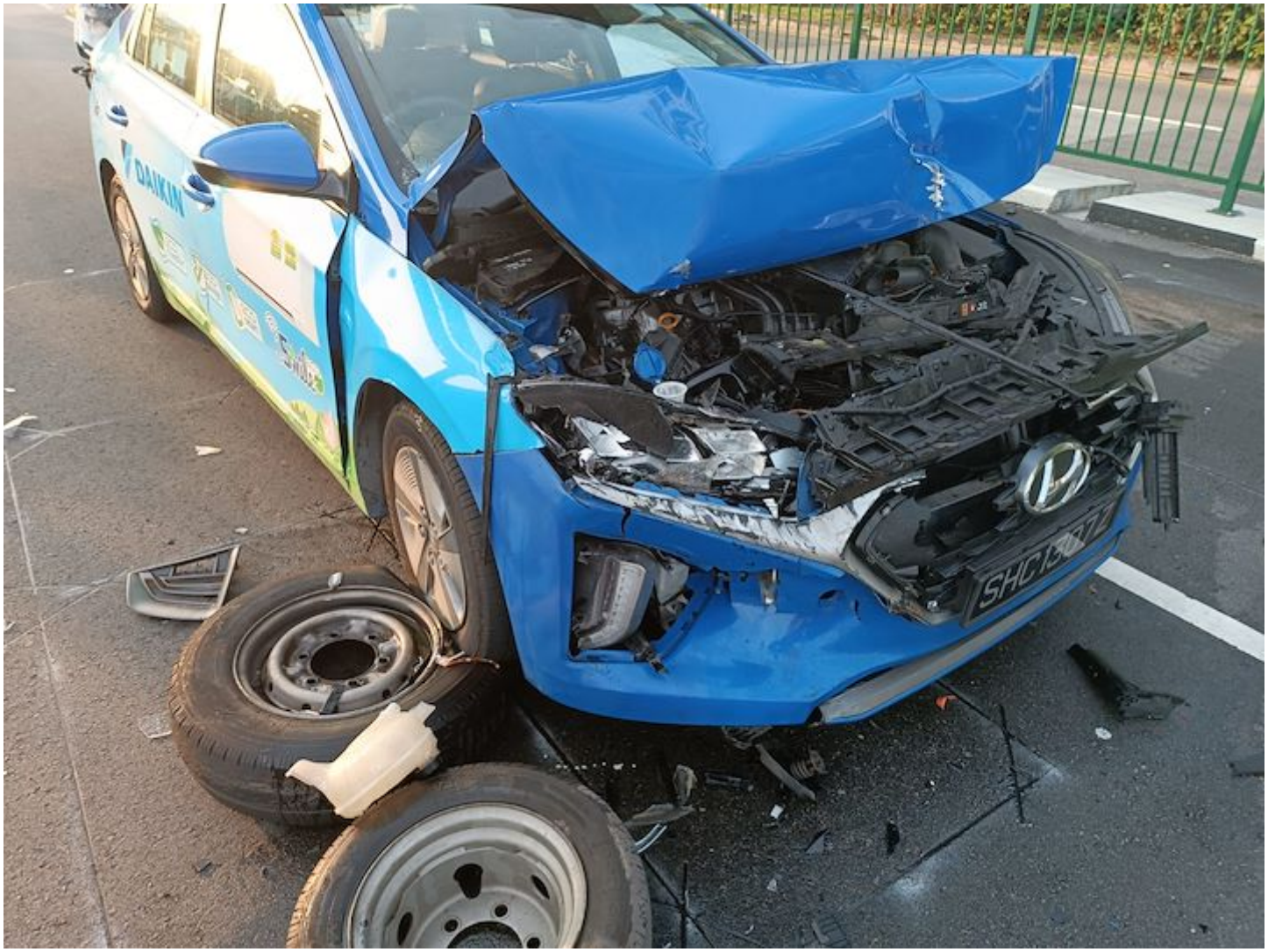

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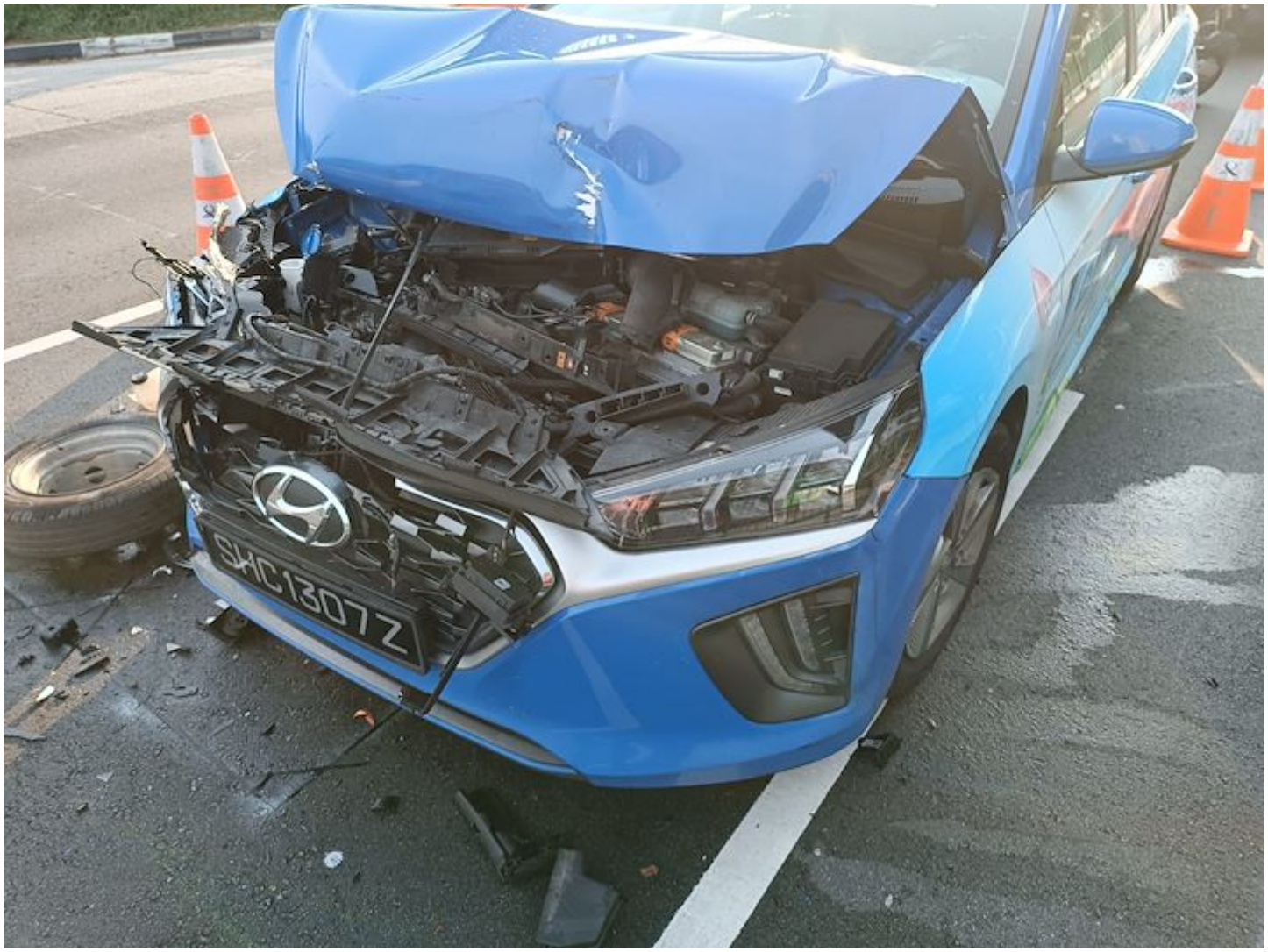

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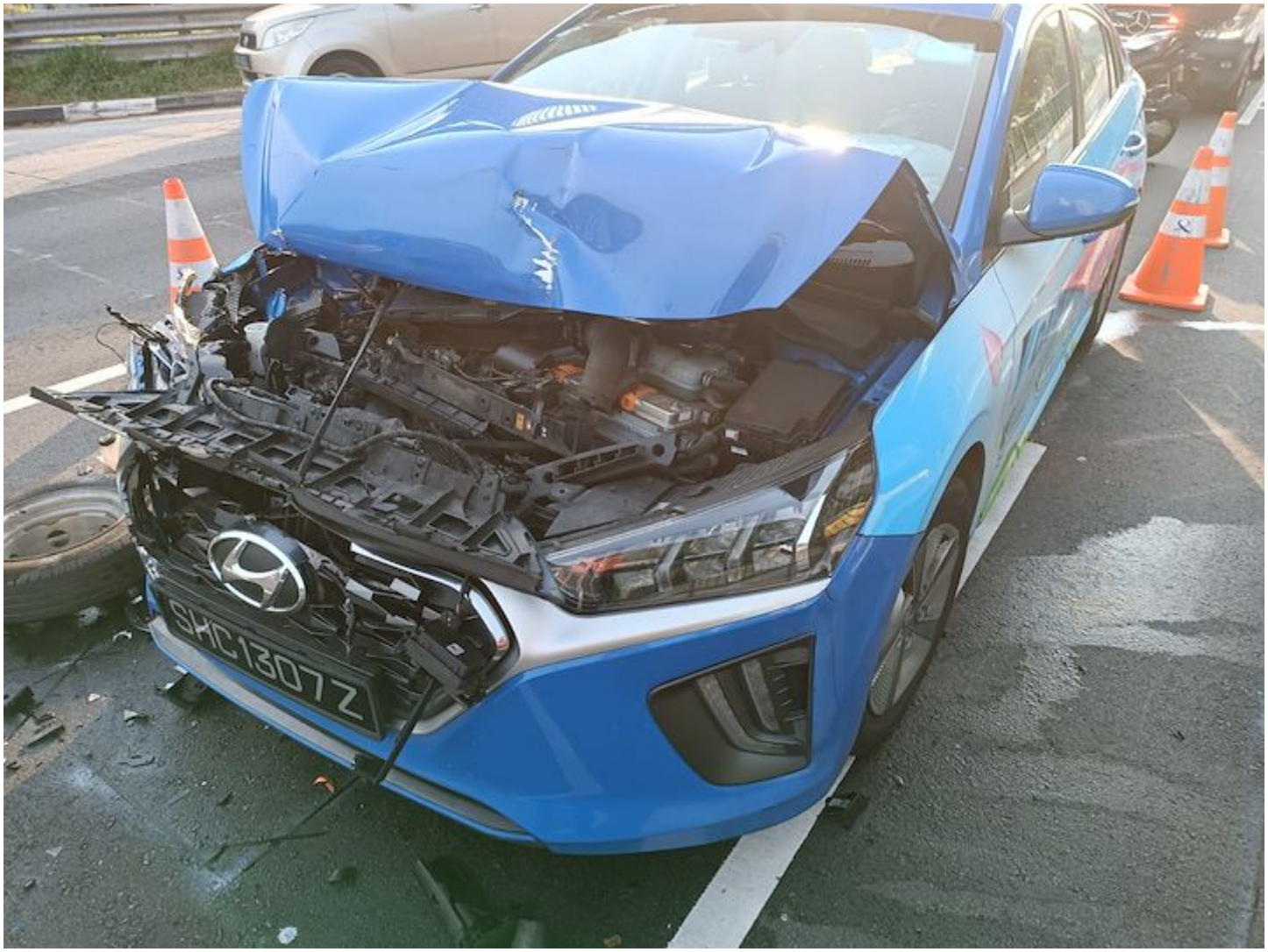

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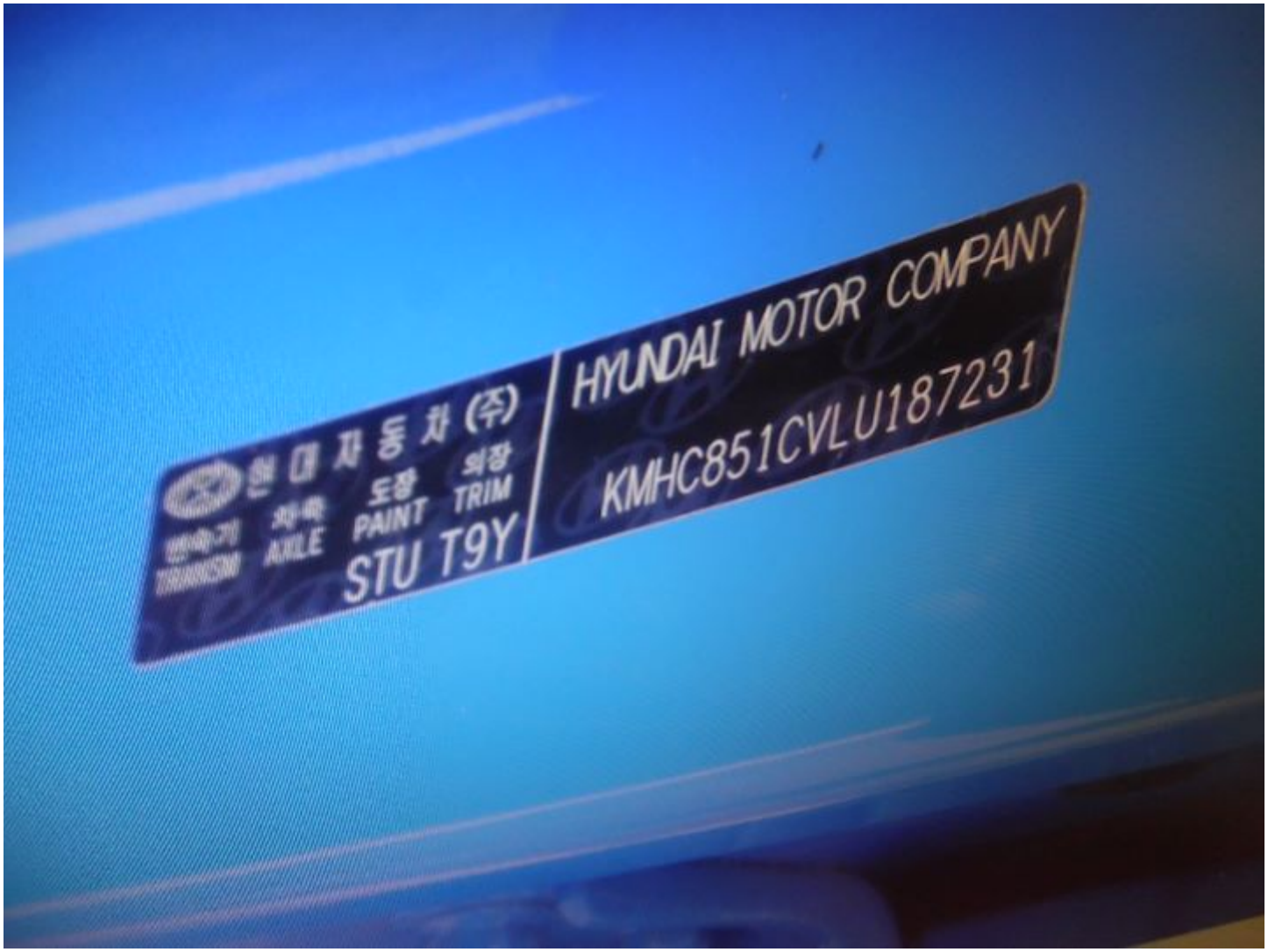
현대자동차(주)
AXLE
PAINT
TRIM
STU T9Y
HYUNDAI MOTOR COMPANY
KMHC851CVLU187231

IMAGES #14

IMAGES #15

IMAGES #16

IMAGES #17

IMAGES #18

GENERAL INSURANCE ASSOCIATION
RECORDS MANAGEMENT CENTRE

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

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SJ0422420004 **Vehicle Registration No:** SHC1307Z

Name (as shown in NRIC): Comfort Transportation Pte Ltd **NRIC/FIN/Passport No:** 1XXXXX821R

(*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate

Address: _____ **Singapore ( )**

Contact (Tel): _____ **Mobile No.:** _____

Email Address: _____

Date of Accident: 02/04/2022 **Time of Accident:** 0615hrs

Place of Accident: Bukit Timah Rd, Singapore, BESIDE CASCADIA CONDOMINIUM

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:

UPLOADED ACCIDENT PHOTOS

Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:
Date:

GIARMC Addendum Form