SJ04225M0009 / JP Knights Pte Ltd
ENTRY DATE & TIME: 23/05/2022 16:18 (SGT)
SUBMITTED BY: Kavi
VERSION: 1 (23/05/2022 16:18 (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	23/05/2022 16:18 (SGT)
Date of Accident	21/05/2022 23:30 (SGT)
Exact Location of Accident	Bukit Batok West Ave 6, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC1963D

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) +65-82388512
Alternative Phone No	(Office) +65-65508768

VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	I40
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	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	TAN LOO-NIEN , EUGENE
NRIC No	S7829091I

Date Of Birth	30/09/1978
Occupation	Outdoor
Date Of Driving Pass	09/12/2002
Driving experience	19 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-82388512
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	210 ANG MO KIO AVENUE 3 #02-1616
Address complement	-
Postcode	560210
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 - Change/cross lane
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	Ang Mo Kio North Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18004849999
Alt. Police Station Phone No	(Fax) +65-62181399
Police Station Address	51 Ang Mo Kio Avenue 9 Singapore 569784
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

ON 21/05/2022 AT ABOUT 2330HRS, I WAS DRIVING VEHICLE A(SHC1963D) ALONG BUKIT BATOK AVENUE 6 JUNCTION WITH BUKIT BATOK AVENUE 8 WHEN I SAW A PEDESTRIAN CROSSING WHILE THE GREEN LIGHT IS IN MY FAVOUR. I MANAGED TO AVOID THE PEDESTRIAN AND SWERVED SLIGHTLY TO THE RIGHT BUT UNFORTUNATELY VEHICLE B(UNKNOWN) DID NOT MANAGE TO STOP IN TIME AND HIT THE REAR RIGHT SIDE OF MY TAIL LIGHT AND REAR BUMPER. VEHICLE B RIDER WAS 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	UNKNOWN
Vehicle Manufacturer	-

Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
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)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	MOTORCYCLIST
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	UNKNOWN
Were seat belts worn?	No
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.

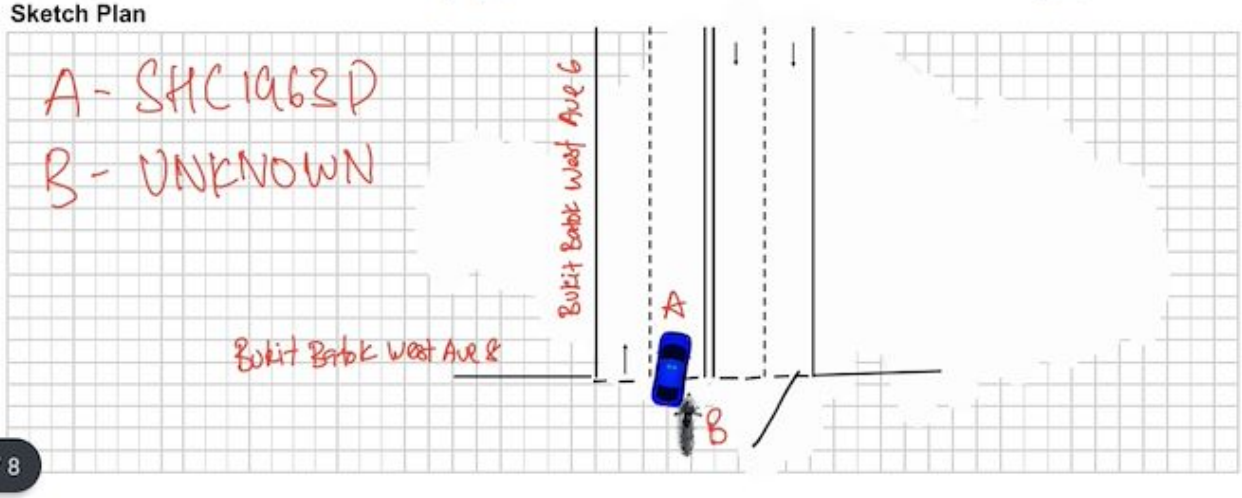
(collectively the "**Purposes**")

(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 22/05/22 1145	Witnessed by Reporting Centre Personnel Amin

Sketch Plan



Describe Circumstances of the Accident

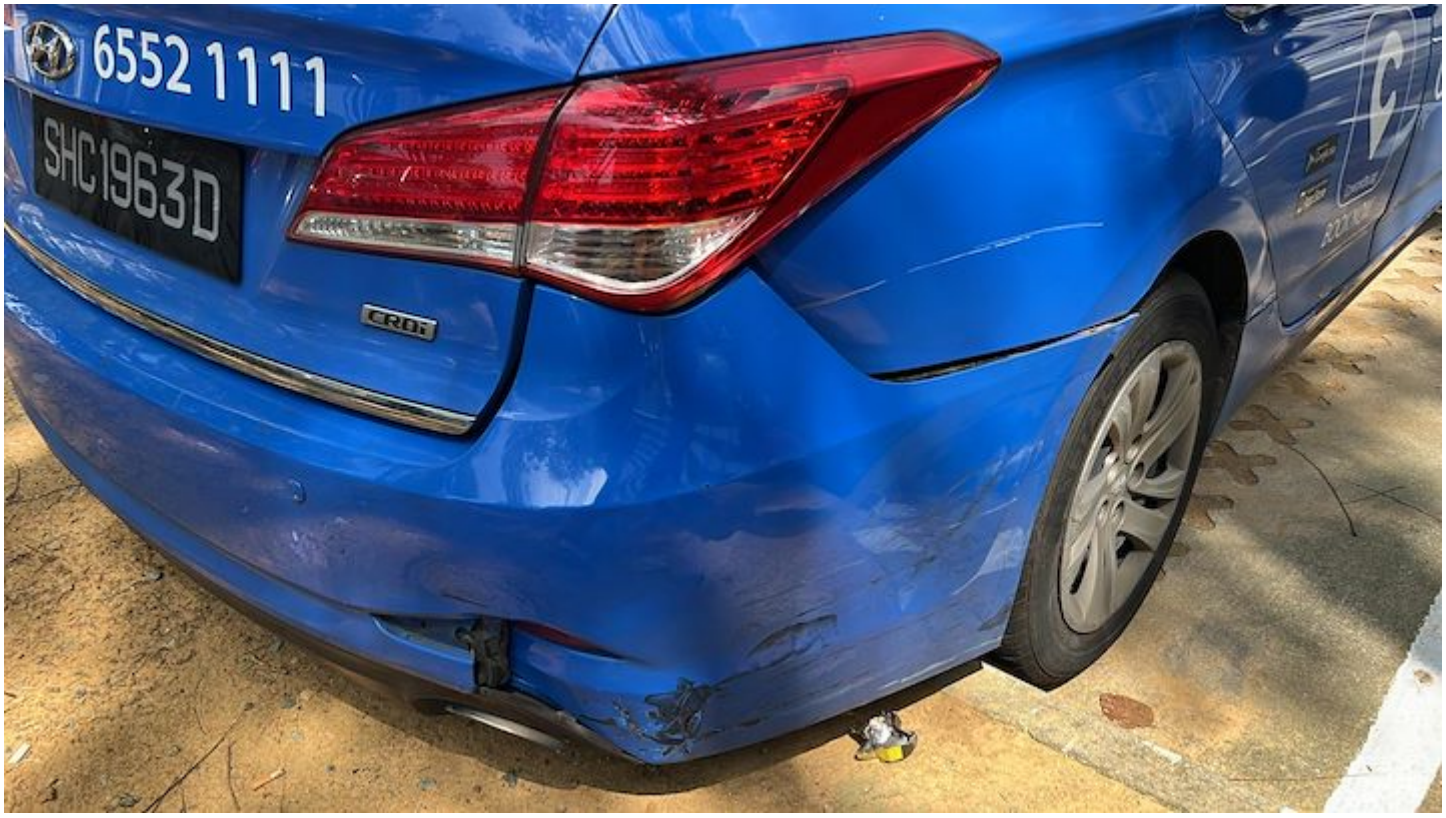
ON 21/05/2022 AT ABOUT 2330HRS, I WAS DRIVING VEHICLE A(SHC1963D) ALONG BUKIT BATOK AVENUE 6 JUNCTION WITH BUKIT BATOK AVENUE 8 WHEN I SAW A PEDESTRIAN CROSSING WHILE THE GREEN LIGHT IS IN MY FAVOUR. I MANAGED TO AVOID THE PEDESTRIAN AND SWERVED SLIGHTLY TO THE RIGHT BUT UNFORTUNATELY VEHICLE B(UNKNOWN) DID NOT MANAGE TO STOP IN TIME AND HIT THE REAR RIGHT SIDE OF MY TAIL LIGHT AND REAR BUMPER. VEHICLE B RIDER WAS 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
	22/05/22 1145	Amin

IMAGES



IMAGES #2

IMAGES #3

IMAGES #4

SINGAPORE POLICE FORCE

Police Station Of Origin
Ang Mo Kio North N P C
51 Ang Mo Kio Avenue 9 SINGAPORE
569784
Tel No 1800-4849999

Report No T[illegible]

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made	Vide Report No.	Station Diary No
22/05/2022 16:49	J/20220521/0186	42

Informant's Particulars

Name of Informant: TAN LOO-NIEN, EUGENE			Address: APT BLK 210 ANG MO KIO AVENUE 3 #02-1616 SINGAPORE 560210	
ID Type / ID No.: NRIC NO / S7829091I			Contact No.: Home/Office: Mobile: 82388512	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 43	Date of Birth: 30/09/1978	Type of Informant: Driver	
Race: Chinese			Language:	Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: 3	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 21/05/2022 23:30	Type of Location: X-Junction

Location:
BUKIT BATOK WEST AVENUE 6

Weather: Clear	Road Surface: Dry	Road Speed Limit:
Traffic Flow: One Way	Traffic Control: Traffic Light - Working	Traffic Volume: No Traffic
Type of Collision: Between Moving Vehicles - Head To Rear		Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHC1963D	Car				Slightly Damaged	0

Details of Person Involved

Any Pedestrian Involved: No

No. of Pedestrians Injured: NIL | Use of Pedestrian Crossing: NA

SINGAPORE
POLICE FORCE

T/20220522/2052

2 of 3

Report No: T/20220522/2052

Police Station Of Origin:
Ang Mo Kio North N.P.C
51 Ang Mo Kio Avenue 9 SINGAPORE
569784
Tel No: 1800-4849999

CONTINUATION OF REPORT

Driver			
Name	TAN LOO-NIEN, EUGENE	ID No.	S7829091I
Related Vehicle	SHC1963D (Car)	Contact No.	82388512
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 21/05/2022 at about 2330hrs, I was driving vehicle A (bearing SHC1963D) along the centre lane of Bukit Batok Ave 6 junction of Bukit Batok Ave 8 when I saw a pedestrian crossing while the green light is in my favour. I managed to avoid the pedestrian and swerved slightly to the right but unfortunately vehicle B (unknown plate number) did not manage to stop in time and hit the rear right side of my tail light and rear bumper. My car ended up partially in the right lane.

Vehicle B rider was conveyed to Ng Teng Fong Hospital.

SINGAPORE
POLICE FORCE

Police Station Of Origin
Ang Mo Kio North N.P.C
51 Ang Mo Kio Avenue 9 SINGAPORE
569784
Tel No: 1800-4849999

Report No: T/20220522/0062

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: F / Other MUHAMMAD SHAQEEL BIN MOHAMED JUNAIDI	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 22/05/2022 16:49
Officer In Charge Of Case: TP / GIT / STAFF SGT SYED MUHAMMAD ISA BIN OMAR ALHABSHEE Contact No.: 65476187	Classification Of Case:

NP168