All Taufikh

SJ0G2283000J-01 / JP Knights Pte Ltd ENTRY DATE & TIME: 03/08/2022 12:12 (SGT) SUBMITTED BY: Siti VERSION: 2 (03/08/2022 15:17 (SGT))

© SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 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 Actual 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 03/08/2022 12:12 (SGT) Reported by Date of Accident 02/08/2022 22:55 (SGT) Exact Location of Accident TPE, Singapore Additional Location Information Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Hyundai

SHB4751J Vehicle Registration Number

INSURED/POLICYHOLDER

...... Yes CITYCAB PTE LTD Name Of Registered Owner Company Reg No 1XXXXX839G fleetsafety@cdgtaxi.com.sg Email Address (Phone) +65-97852165 Mobile Phone No (Office) +65-65508768 Alternative Phone No

VEHICLE PARTICULARS

140 Variant Exact purpose for which vehicle was being used at time of Private hire Are you claiming under your own insurance policy for repair to No - Claiming third party your vehicle? Taxi Vehicle Category Transmission Auto CC 1685

INSURANCE COMPANY

Name of Insurance Company AXA Insurance Pte Ltd Policy Number / Cover Note Number VFX/P2419140

DRIVER

Name of Driver CHIA GEK HUP NRIC No SXXXX9641 Date Of Birth 19/01/1956 Occupation Outdoor

16/07/1979 Date Of Driving Pass 43 YEARS AND 1 MONTH Driving experience Male Gender (Phone) +65-97852165 Mobile Number Alt. Phone Number fleetsafety@cdgtaxi.com.sg **Email Address** 30 JALAN BAHAGIA #09-372 Address Address complement 320030 Postcode 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 Collision - Head to Rear Type of Accident 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 Translator's name Translator's ID Translator's phone number Translator's email Original language used in the statement PASSENGER 1 UNKNOWN Male Gender **DETAILS OF POLICE ACTION** Was the accident reported to the police? Ang Mo Kio South Neighbourhood Police Centre Police Station Name (Phone) +65-18004519999 Police Station Phone No (Fax) +65-65535679 Alt. Police Station Phone No 81 Ang Mo Kio Ave 3 Singapore 569929 Police Station Address Was notice of intended Prosecution given? If yes, against whom? CIRCUMSTANCES OF ACCIDENT AS PER POLICE REPORT No.T/20220803/2009 ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? Yes FILE IS NOT SUITABLE Reasons for not uploading a video of the accident

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBF3728J
Vehicle Manufacturer	
Vehicle Model	= 2
Vehicle Variant	海 1
Vehicle Colour	≥
Vehicle Category	Motorcycle
Name of Driver	MOHAMED BAZLI BIN MOHAMED IBRAHIM
NRIC No	SXXXX938Z
Contact Number	(E)
Address	-
Address complement	
Postcode	•
Insurance Company Name	.
Nature Of Damage	-
Details of property damaged in accident	¥ }
No. Of Passenger (Including Driver)	2

INJURED PERSONS DETAILS

INJURED 1	
Name of injured person	MOHAMED BAZLI BIN MOHAMED IBRAHIM
Gender	20
Phone No	EV.
Address	•
Address Complement	∞
Post Code	 3
Approximate Age Years Old	Whenever, in to edison disease 200
Injuries Sustained	LEFT WAIST
Injured person in which vehicle?	FBF3728J
Were seat belts worn?	w
Was this injured conveyed to hospital by ambulance?	Yes
INJURED 2	
Name of injured person	PILLION
Gender	
Phone No	₩.
Address	
Address Complement	2
Post Code	*
Approximate Age Years Old	-
Injuries Sustained	*
Injured person in which vehicle?	FBF3728J
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> 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 withholding 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 flability on the part of the insurance companies.
- 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)

Lunderstand, 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' 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 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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

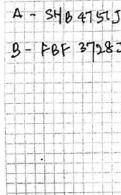
Policyholder's Signature / Date & Time

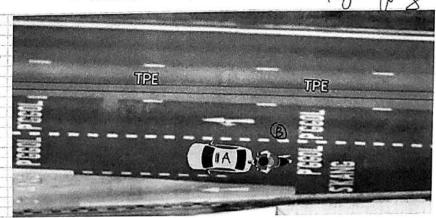
Driver's Signature (if driver is not the policyholder) / Date

& Time 08-08-2012 11 404RS

Witnessed by Reporting Centre

Sketch Plan





Describe Circumstances of the Accident

T/20220803/2009

REFER TO POLICE REPORT

C

01 To

١

•			

۰	+	٠	•	

Time

Declaration

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date &

Driver's Signature (if driver is not the policyholder) / Date

& Time ,83.08.2472

11 ASHRS

Witnessed by Reporting Centre Personnel [