SJ0G2286J005-01 / JP Knights Pte Ltd ENTRY DATE & TIME: 06/08/2022 11:04 (SGT) SUBMITTED BY: Weine Chieng VERSION: 2 (06/08/2022 13:07 (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 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

- 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 Reported by Date of Accident **Exact Location of Accident** Additional Location Information Country/State of Loss

06/08/2022 11:04 (SGT) Driver 05/08/2022 19:10 (SGT) PIE, Singapore TOWARDS TPE (SLIP ROAD) Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SHB6619X

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner Company Reg No **Email Address** Mobile Phone No Alternative Phone No

Yes COMFORT TRANSPORTATION PTE LTD 1XXXXX821R fleetsafety@cdgtaxi.com.sg (Phone) +65-88680688 (Office) +65-65508768

VEHICLE PARTICULARS

Manufacturer Model Variant Exact purpose for which vehicle was being used at time of Are you claiming under your own insurance policy for repair to

your vehicle? Vehicle Category Transmission CC

Prius

Toyota

Private hire

No - Claiming third party Taxi

Auto 1798

INSURANCE COMPANY

Name of Insurance Company Policy Number / Cover Note Number **AXA Insurance Pte Ltd** VFX/P2419138

ORIVER

Name of Driver NRIC No. Date Of Birth Occupation

LOW SEOW BOON (LIU SHAOWEN) SXXXX947 10/08/1976 Outdoor



Date Of Driving Pass Driving experience

Gender

Mobile Number

Alt. Phone Number

Email Address Address

Address complement

Postcode

Is the driver the policyholder?

If No. Relationship of the Driver with the Insured

Does Driver Own Other Vehicles?

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 Weather Conditions

Road Surface

OTHER INFORMATION

Was any foreign vehicle involved in the accident?

Number of vehicles involved in the accident Was anybody injured in the Accident?

Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Number of Passengers (Including Driver)

Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?

Translator's name

Translator's phone number

Translator's email

Translator's ID

Original language used in the statement

PASSENGER 1

Name Gender

PASSENGER 2

Name Gender

DETAILS OF POLICE ACTION

Was the accident reported to the police? Was notice of intended Prosecution given?

If yes, against whom?

CIRCUMSTANCES OF ACCIDENT

05/05/2003

19 YEARS AND 3 MONTHS

Male

(Phone) +65-88680688

fleetsafety@cdgtaxi.com.sg

BLK 69 PUNGGOL CENTRAL #08-20

828754

No

RELIEF DRIVER

No

Side Swipe Clear

Dry

No 2

Yes No

Yes 3

Nο

UNKNOWN

Female

UNKNOWN Female

ON 05/08/22 AT AROUND 1910HRS. I WAS DRIVING VEHICLE A(SHB6619X) AT PIE GOING TOWARDS TPE. AS I WAS TRAVELLING IN THE SLIP ROAD, I SLOWED DOWN AND STOP COMPLETELY AS THE VEHICLE INFRONT OF ME STOPPED. THATS WHEN VEHICLE B(FBF1977U) HIT ME FROM THE LEFT REAR OF MY VEHICLE AND SIDE SWIPED ME TILL MY MIRROR AREA. WE EXCHANGED PARTICULARS AND VEHICLE B CLAIMS THAT HE HAVE A SWOLEN FINGER AFTER BOTH LEFT THE

No

No

ATTACHMENT(S)

Are accident photos available for attachment? Was there any video captured by Car Camera?

Yes Yes

Accident report SJ0G22860005

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration NumberFBF 1977UVehicle ManufacturerYamahaVehicle Model-Vehicle Variant-

Vehicle Colour Vehicle Category Motorcycle

Name of Driver MOHAMED DAWOOD BIN MOHAMED

NRIC No SXXXX274E

Contact Number (Phone) +65-96239814

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 MOHAMED DAWOOD BIN MOHAMED

Gender Male

Phone No (Phone) +65-96239814

Address - Address Complement - Post Code -

Approximate Age Years Old -

Injuries Sustained SWOLLEN FINGER

Injured person in which vehicle? FBF1977U

Were seat belts worn? Was this injured conveyed to hospital by ambulance? No

1

SKETCH PLAN

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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)

l understand, 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:

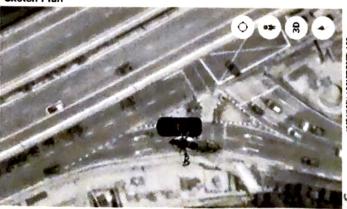
- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims:
- (ii) investigating the accident and/or my claims;
- (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
- (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 wiell as on the external cover of envelopes/mail packages); and/or
- (v) complying w ith 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 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 &

Driver's Signature (If driver is not the policyholder) / Date & Time 06/08/22 09 50 H/LS

Witnessed by Reporting Centre Personnel Likuu

Sketch Plan



A-SHB6619X B-FBF1977U

Describe Circumstances of the Accident

| ON 05/08/22 AT AROUND 1910HRS. I WAS DRIVING VEHICLE A(SHB6619X) AT |
|---|
| PIE GOING TOWARDS TPE. AS I WAS TRAVELLING IN THE SLIP ROAD, I SLOWED |
| DOWN AND STOP COMPLETELY AS THE VEHICLE INFRONT OF ME STOPPED. |
| THATS WHEN VEHICLE B(FBF1977U) HIT ME FROM THE LEFT REAR OF MY |
| VEHICLE AND SIDE SWIPED ME TILL MY MIRROR AREA. WE EXCHANGED |
| PARTICULARS AND VEHICLE B CLAIMS THAT HE HAVE A SWOLEN FINGER |
| AFTER BOTH LEFT THE INCIDENT |
| |

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 OGOS/22 OFSOHES

Witnessed by Reporting Centre Personnel Tik-vI