

SINGAPORE ACCIDENT STATEMENT

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 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

11/08/2022 14:08 (SGT) Date of Submission Driver Reported by 11/08/2022 11:50 (SGT) Date of Accident Telok Blangah Rd, Singapore **Exact Location of Accident** Additional Location Information Singapore Country/State of Loss

DETAILS OF OWN VEHICLE

SHD3064E Vehicle Registration Number

INSURED/POLICYHOLDER

Yes Is company? COMFORT TRANSPORTATION PTE LTD Name Of Registered Owner 1XXXXX821R Company Reg No fleetsafety@cdgtaxi.com.sg **Email Address**

(Phone) +65-82235793 Mobile Phone No (Office) +65-65508768 Alternative Phone No

VEHICLE PARTICULARS

Toyota Manufacturer Prius Model 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

Auto Transmission 1798 CC

INSURANCE COMPANY

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

DRIVER

CHEW YIZHONG (ZHAO YIZHONG) Name of Driver SXXXX744C NRIC No 06/05/1983 Date Of Birth Outdoor Occupation

Date Of Driving Pass 07/06/2011 Driving experience 11 YEARS AND 2 MONTHS Gender Male Mobile Number (Phone) +65-82235793 Alt. Phone Number **Email Address** fleetsafety@cdgtaxi.com.sg Address BLK 526 WOODLANDS DRIVE 14 #08-465 Address complement Postcode 730526 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 Side Swipe 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? No Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Yes Number of Passengers (Including Driver) 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 Name **JASPER** Gender Male PASSENGER 2 Name UNKNOWN Gender Female PASSENGER 3 Name UNKNOWN Gender Female 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 11/08/2022 AT AROUND 1150HRS I WAS DRIVING VEHICLE A (SHD3064E) ALONG TELOK BLANGAH ROAD ON THE THIRD LANE. VEHICLE B (SKW8906H) WAS ON THE FOURTH LANE WHICH IS AND ONLY TURN LEFT LANE. VEHICLE B SUDDENLY CUT THROUGH THE CHEVRON AND INTO MY LANE CAUSING BOTH VEHICLE TO SIDE SWIPED EACH OTHER. NO OTHER VEHICLES INVOLVED.

ATTACHMENT(S)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

Reasons for not uploading a video of the accident

Yes

FILE IS NOT SUITABLE

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKW8906H
Vehicle Manufacturer	Toyota
Vehicle Model	
Vehicle Variant	-
Vehicle Colour	ar se
Vehicle Category	Private hire
Name of Driver	UNKNOWN
Contact Number	
Address	<u>-</u>
Address complement	155 (1 <mark>-</mark>
Postcode	
Insurance Company Name	
Nature Of Damage	-
Details of property damaged in accident	(a) =
No. Of Passenger (Including Driver)	3

SKETCH PLAN

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- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
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- The report will be forwarded by the insurers of the GVA Records Management Centre established by the General Insurance Association
 of Singapone (GVA) 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. Concent under the Personal Data Protection Act (PDPA)
- lunderstand, acknowledge, agree and consent that

Tunderstand, acknowledge, agree and consert that:

(a) My insurer , my w dischop and the General insurance Association of Singapore ("QIA") maylare permitted to collect, use, disclose and/or process my personal data-bersonal 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 Insurers (as who have insured vehicle(s) involved in this sociation (all insurers) who have insured vehicle(s) involved in this sociation (all insurers) who have insured vehicle(s) involved in sacident shall be collectively referred to as the "insurers"), the Insurers 'taw yers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of :

If it is processing hardling and/or dealing with my claims include the authority of the claims and any investigations existence to the claims.

- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to
- (I) investigating the accident and/or my claims.
- (II) carrying out and/or dealing with my instructions or responding to any enquines by me;

(N) administering my claims (including the mailing of correspondence, statements, involces, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as wiel 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 insurents) 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

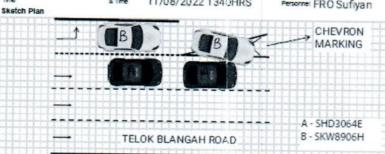
(c) my Personal Information may(can be disclosed by any of the insurers and/or QA to their third party service providers or agents (Including their law yers/law firms), which may be sted outside of Singapore, for one or more of the above Purposes.

RUVA

Policyholder's Signature / Date &

Driver's Signature (Fighter's not the policyholder) / Date & Time 11/08/2022 1340HRS

Witnessed by Reporting Centre Personnel FRO Suffiyan



Describe Circumstances of the Accident

Policyholder's Signature / Date &	Driver's Signature (if driver is not the policyholder) / Date	Witnessed by Reporting Centre Personnel FRO Suffiyan
I/We declare the foregoing particula	as are true in every respect.	0.1
Declaration		
SUDDENLY CUT THRO	PED EACH OTHER, NO OTHER VEHICLE:	NE CAUSING BOTH
ALONG TELOK BLANG	OUND 1150HRS I WAS DRIVING VEHIC AH ROAD ON THE THIRD LANE. VEHICI E WHICH IS AND ONLY TURN LEFT LAN	LE B (SKW8906H) WAS