SJ0G228B0016 / JP Knights Pte Ltd ENTRY DATE & TIME: 11/08/2022 18:43 (SGT) SUBMITTED BY: Weine Chieng VERSION: 1 (11/08/2022 18:43 (SGT))

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.
- 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 11/08/2022 18:43 (SGT) Reported by Driver Date of Accident 11/08/2022 16:45 (SGT) **Exact Location of Accident** PIE, Singapore Additional Location Information

Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Private hire

Vehicle Registration Number SHA2673U

INSURED/POLICYHOLDER

Is company? Yes

Name Of Registered Owner COMFORT TRANSPORTATION PTE LTD

Company Reg No 1XXXXXX821R Email Address fleetsafety@cdgtaxi.com.sg

Mobile Phone No (Phone) +65-90112242 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

Are you claiming under your own insurance policy for repair to

No - Claiming third party your vehicle?

Vehicle Category Taxi Transmission Auto

CC 1580

INSURANCE COMPANY

Name of Insurance Company AXA Insurance Pte Ltd

Policy Number / Cover Note Number VFX/P2419138

DRIVER

Name of Driver ABDUL RAZAK BIN MOHD IDRIS

NRIC No SXXXX553C Date Of Birth 07/04/1966 Occupation Outdoor

Accident report SJ0G228B0016

 Date Of Driving Pass
 05/05/1987

 Driving experience
 35 YEARS AND 3 MONTHS

 Gender
 Male

 Mobile Number
 (Phone) +65-90112242

 Alt. Phone Number

 Email Address
 fleetsafety@cdgtaxi.com.sg

 Address
 BLK 517 JELAPANG ROAD #08-185

 Address complement

Address complement - 670517
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

Insurance Company of Other Vehicle Owned by Driver

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident Chain Collision
Weather Conditions Clear
Road Surface Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident 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) 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

PASSENGER 1

Name WAN CHOON KIT Gender Male

DETAILS OF POLICE ACTION

Original language used in the statement

Was the accident reported to the police?

Was notice of intended Prosecution given?

No
If yes, against whom?

CIRCUMSTANCES OF ACCIDENT

ON THE 11/08/2022 AT ABOUT 1645 HOURS, I WAS DRIVING VEHICLE A (SHA2673U) ON LANE 1 ALONG PIE (TUAS) BEFORE STEVENS EXIT WHEN SUDDENLY VEHICLE B (SML9093E) CAME TO A HALT TO AVOID AN ACCIDENT AHEAD INVOLVING (FBK4241M) AND (SNF7722G) AND I WAS UNABLE TO BRAKE IN TIME AND REAR ENDED VEHICLE B. THEN VEHICLE C (SKL8274E) REAR ENDED ME AND VEHICLE D (SJK9533T) REAR ENDED VEHICLE C. THIS IS A 4 CAR CHAIN COLLISION AND I AM THE SECOND CAR. NOBODY IS INJURED.

ATTACHMENT(S)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SML9093E



Vehicle Manufacturer	Opel
Vehicle Model	
Vehicle Variant	
Vehicle Colour	
Vehicle Category	Private hire
Name of Driver	GIAM CHEOK TAT
NRIC No	SXXXX090E
Contact Number	
Address	
Address complement	
Postcode	
Insurance Company Name	
Nature Of Damage	
Details of property damaged in accident	<u>_</u>
No. Of Passenger (Including Driver)	1

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SKL8274E
Vehicle Manufacturer	Honda
Vehicle Model	Civic
Vehicle Variant	in the state of th
Vehicle Colour	∵
Vehicle Category	Private car
Name of Driver	MOHAMMAD FIRDHAUS BIN OSMAN
NRIC No	SXXXX845B
Contact Number	Spirit for the desired section of the spirit
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	=
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	SJK9533T
Vehicle Manufacturer	Toyota
Vehicle Model	Vios
Vehicle Variant	1=0
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	GAN TING L
NRIC No	SXXXX399D
Contact Number	
Address	-
Address complement	
Postcode	-
Insurance Company Name	-
Nature Of Damage	1
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
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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)

lunderstand, 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;
- (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' 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 law yers/law firms), w hich may be sited outside of Singapore for one or more of the above Purposes.

					4	
Policyholder's Signature / Date & Time Sketch Plan	Driver's Signature & Time		e (If driver is not the poli		licyholder) / Date	Witnessed & Reporting Centre Personner
		1	^ 	↑ 	B	1 PIE (TUAS)
					D	A - SHA2673U B - SML9093E C - SKL8274E D - SJK9533T

Describe Circumstances of the Accident

ON THE 11/08/2022 AT ABOUT 1645 HOURS, I WAS DRIVING VEHICLE A (SHA2673U) ON LANE 1 ALONG PIE (TUAS) BEFORE STEVENS EXIT WHEN SUDDENLY VEHICLE B (SML9093E) CAME TO A HALT TO AVOID AN ACCIDENT AHEAD INVOLVING (FBK4241M) AND (SNF7722G) AND I WAS UNABLE TO BRAKE IN TIME AND REAR ENDED VEHICLE B. THEN VEHICLE C (SKL8274E) REAR ENDED ME AND VEHICLE D (SJK9533T) REAR ENDED VEHICLE C. THIS IS A 4 CAR CHAIN COLLISION AND I AM THE SECOND CAR. NOBODY IS INJURED.

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

18Cm

Witnessed by Reporting Centre Personnel