SJ0G228C000W / JP Knights Pte Ltd ENTRY DATE & TIME 12/08/2022 17 13 (SGT) SUBMITTED BY Weine Chieng VERSION 1 (12/08/2022 17 13 (SGT))

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Please report correctly the details of the accident to speed up the claims process

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
- 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

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 ladgement 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

12/08/2022 17:13 (SGT)

Driver

11/08/2022 22:00 (SGT)

PIE, Singapore

TOWARDS LORONG ROAD

Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SHA5630Z

NSURED/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) +65-88217750 (Office) +65-65508768

VEHICLE PARTICULARS

Manufacturer

Model Variant Hyundai

Ae ioniq

Exact purpose for which vehicle was being used at time of

accident

CC

Are you claiming under your own insurance policy for repair to

your vehicle?

Vehicle Category

Transmission

Private hire

No - Claiming third party

Taxi

Auto

1580

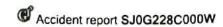
INSURANCE COMPANY

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

DRIVER

Name of Driver NRIC No Date Of Birth Occupation

SOH TECK KENG SXXXX812C 25/11/1957 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

30/01/1978

44 YEARS AND 7 MONTHS

Male

(Phone) +65-88217750

fleetsafety@cdgtaxi.com.sq

BLK 243 TAMPINES STREET 21 #04-415

521243

No

Hirer

No

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident

Weather Conditions

Road Surface

Collision - Change/cross lane

Clear

Dry

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 ID

Translator's phone number

Translator's email

Original language used in the statement

No 2

Yes

No

Yes

No

DETAILS OF POLICE ACTION

Was the accident reported to the police?

Was notice of intended Prosecution given?

If yes, against whom?

No No

CIRCUMSTANCES OF ACCIDENT

ON 11/08/2022 AT ABOUT 22:00HRS, I WAS DRIVING VEHICLE A (SHA5630Z) ALONG PIE TOWARDS LORNIE ROAD. AS I TRAVELLING STRAIGHT VEHICLE B KEEP HIGH BEAM TO MY VEHICLE. I SLOWLY FILTERING TO LEFT LANE. VEHICLE B OVERTAKE MY VEHICLE AND WENT TO THIRD LANE. AS I TRAVELLING STRAIGHT ON THIRD LANE I INTENDED TO FILTER TO 4TH LANE AFTER COMPLETE FILTERING, I TRAVELLING STRAIGHT ON 4TH LANE, WHEN VEHICLE B (SFC8020C) SUDDENLY CUT INTO 4TH LANE FROM THIRD LANE AND COLLIDED ONTO VEHICLE A REAR RIGHT BUMPER. I SUSTAINED HEAD GIDDY AND FEELING VOMITING DUE TO THE IMPACT.

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

Yes

FILE IS NOT SUITABLE

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number Vehicle Manufacturer Vehicle Model

SFC8020C Toyota



Vehicle Variant Vehicle Colour

Vehicle Category Private car Name of Driver UNKNOWN

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

SOH TECK KENG Name of injured person

Gender Male

Phone No (Phone) +65-88217750

Address Address Complement

Post Code

Approximate Age Years Old

SUSTAINED HEAD GIDDY AND FEELING VOMITING DUE TO Injuries Sustained

THE IMPACT.

Injured person in which vehicle? SHA5630Z

Were seat belts worn? Yes No

Was this injured conveyed to hospital by ambulance?

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.
- 5. Any false reporting may be referred to the Police for Investigation.
- The report will be forw arded 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 ladgement 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, acknow ledge, 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;
- (a) investigating the accident and/or my claims:
- (iii) carrying out and/or dealing w ith my instructions or responding to any enquiries by me;
- (bv) 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/lew firms), which may be sited outside ASingapore, for one or more of the above Purposes.

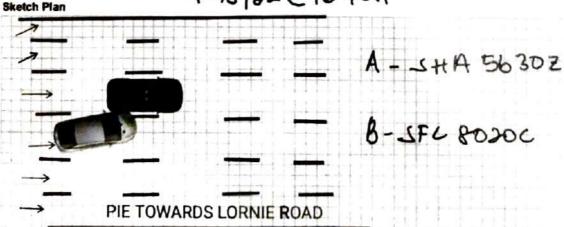
FLASH ACCIDENT REPORTING OFFICER
FRO KHAMARAJ

Witnessed by Reporting Centre

Policyhoider's Signature / Date & Time

Driver's Signature (if driver is not the policyholder) / Date & Time 12/6/22 C 16 40H

Personnel



Describe Circumstances of the Accident

ON 12/08/2022 AT ABOUT 22:00HRS, I WAS DRIVING VEHICLE A (SHA5630Z) ALONG PIE TOWARDS LORNIE ROAD. AS I TRAVELLING STRAIGHT VEHICLE B KEEP HIGH BEAM TO MY VEHICLE. I SLOWLY FILTERING TO LEFT LANE. VEHICLE B OVERTAKE MY VEHICLE AND WENT TO THIRD LANE. AS I TRAVELLING STRAIGHT ON THIRD LANE I INTENDED TO FILTER TO 4TH LANE AFTER COMPLETE FILTERING, I TRAVELLING STRAIGHT ON 4TH LANE, WHEN VEHICLE B (SFC8020C) SUDDENLY CUT INTO 4TH LANE FROM THIRD LANE AND COLLIDED ONTO VEHICLE A REAR RIGHT BUMPER. I SUSTAINED HEAD GIDDY AND FEELING VOMITING DUE TO THE IMPACT.

Declaration

I/We declare the foregoing particulars are true in every espect

Policyholder's Signature / Date & Time

Driver's Signature (if driver is not the policyholder) / Date & Time 12 /8/12 @ 1640H

FLASH ACCIDENT

Witnessed by Reporting Centre Personnel