SJ042259000K / JP Knights Pte Ltd ENTRY DATE & TIME: 09/05/2022 12:46 (SGT) SUBMITTED BY: Kavi VERSION: 1 (09/05/2022 12:46 (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 Authorised 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	09/05/2022 12:46 (SGT)
Date of Accident	17/04/2022 04:05 (SGT)
Exact Location of Accident	Pipit Rd, Singapore
Additional Location Information	BLOCK 94
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Hyundai

Vehicle Registration Number	SH8755K

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	COMFORT TRANSPORTATION PTE LTD
Company Reg No	199303821R
Email Address	fleetsafety@cdgtaxi.com.sg
Mobile Phone No	(Phone) +65-89402684
Alternative Phone No	(Office) +65-65508768

VEHICLE PARTICULARS

Manufacturer

Model	Ae ioniq
Variant	-
Exact purpose for which vehicle was being used at time of	
accident	Private hire
Are you claiming under your own insurance policy for repair to	
your vehicle?	No - Reporting only
Vehicle Category	Taxi
Transmission	Auto
CC	1580

INSURANCE COMPANY

Name of Insurance Company	AXA Insurance Pte Ltd
Type of Coverage	ThirdPartyFireTheft
Fleet Policy	Yes
Policy Number	VFX/P2419138
Cover Note Number	

DRIVER

Name of Driver	EU PUAY KNG
NRIC No	S1732684H

Date Of Birth 09/07/1965 Occupation Outdoor Date Of Driving Pass 04/09/1985 Driving experience 36 YEARS AND 7 MONTHS Gender Mobile Number (Phone) +65-89402684 Alt. Phone Number Email Address fleetsafety@cdgtaxi.com.sg Address **BLOCK 14 EUNOS CRESCENT** Address complement #03-2819 Postcode 400014 Is the driver the policyholder? No If No. Relationship of the Driver with the Insured Hirer Does Driver Own Other Vehicles? Nο 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 Hit and run / Vandalism / Damaged whilst parked 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) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? Nο **DETAILS OF POLICE ACTION** Was the accident reported to the police? Yes Police Station Name Bedok North Neighbourhood Police Centre Police Station Phone No (Phone) +65-18002449999 Alt. Police Station Phone No (Fax) +65-62447258 Police Station Address 30 Bedok North Road Singapore 469676 Was notice of intended Prosecution given? Nο If yes, against whom? CIRCUMSTANCES OF ACCIDENT PLEASE REFER TO POLICE REPORT NO: T/20220417/2029 ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? Yes Reasons for not uploading a video of the accident FILE IS NOT SUITABLE Was there any audio recorded? **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number **UNKNOWN** Vehicle Manufacturer Vehicle Model Vehicle Variant

Vehicle Colour

Vehicle Category	NA / Unknown
Name of Driver	_
Contact Number	_
Address	-
Address complement	-
Postcode	_
Insurance Company Name	-
Nature Of Damage	_
Details of property damaged in accident	_
No. Of Passenger (Including Driver)	-

SKETCH PLAN

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 Authorised Driver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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. 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.
- 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) w ho have insured vehicle(s) involved in this accident (all insurer(s) w ho 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 w ith 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.

Describe Circumstances of the Accident

ON 07/05/2022 AT ABOUT 0710HRS, I WAS DRIVING IN VEHICLE
A(SHC8083Y) ALONG GUL AVENUE TOWARDS JUNCTION GUL CIRCLE.
WHILE VEHICLE A WAS APPROACHING THE JUNCTION, VEHICLE A WAS
MISTAKEN THAT VEHICLE A WAS TRAVELLING ON MINOR ROAD AND DID
NOT NOTICE THE STOP SIGN. VEHICLE A DROVE PASS THE STOP LINE
AND REALISED VEHICLE B(XE2184D) WHO WAS TRAVELLING ALONG GUL
CIRCLE WAS APPROACHING. EVENTUALLY VEHICLE B COLLIDED ONTO
VEHICLE B LEFT CENTER SIDE. NOBODY ELSE WAS INJURED.

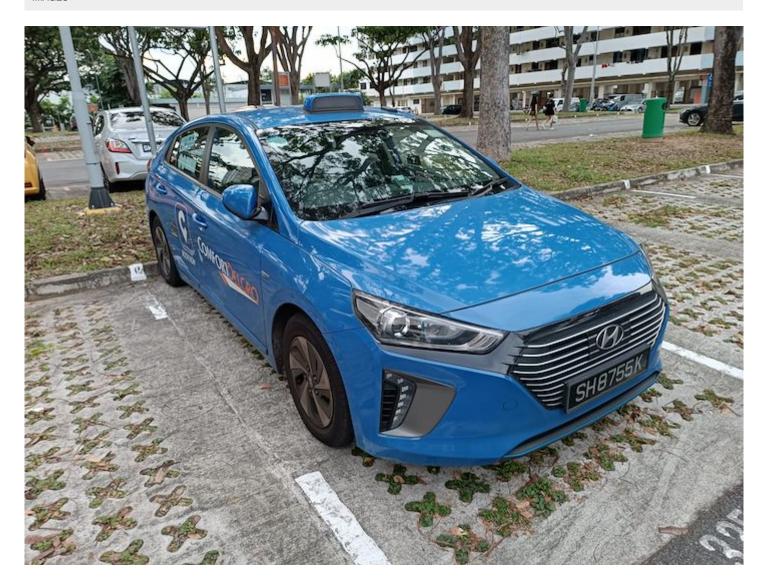
Declaration

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 & Time 07/05/2022 1200

Witnessed by Reporting Centre Personnel /AT/FF

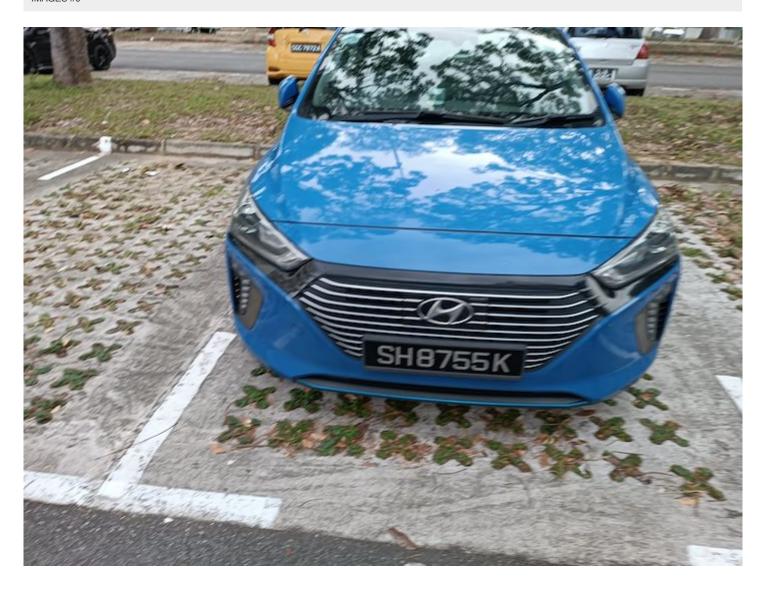


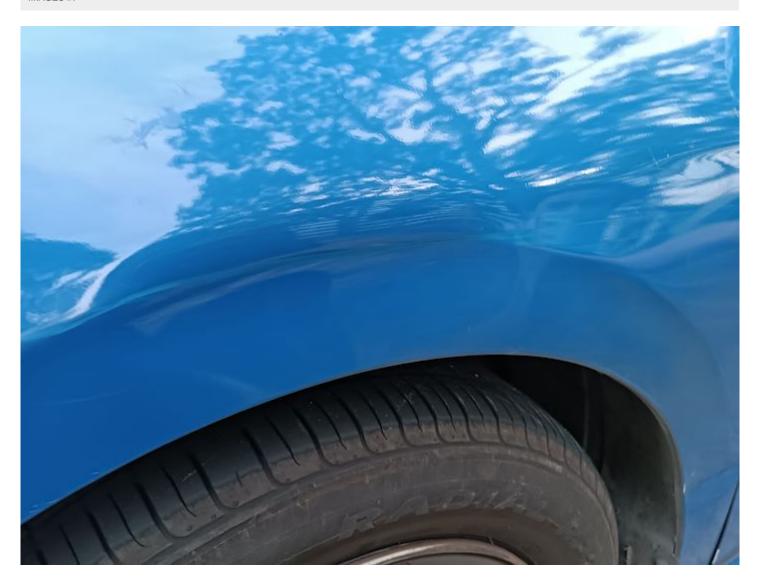


















SINGAPORE POLICE FORCE

Police Station Of Origin:

Police Station Of Origin:
Bedok N.P.C
Bedok North Road SINGAPORE 469676
Tel No: 1800-2449999



REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:	Vide Report No.:	Station Diary No.:
17/04/2022 12:29	G/20220417/0076	35

Informan	t'e Darticu	lare			
Informant's Particulars Name of Informant: EU PUAY KNG			Address: APT BLK 14 EUNOS CRESCENT #03-2819 SINGAPO 400014		
ID Type / ID No.: NRIC NO / S1732684H		34H	Contact No.: Home/Office: Mobile: 89402684		
Nationali SINGAP	lity: PORE CITIZEN		Email:		
Sex: Male	Age: 56	Date of Birth: 09/07/1965	Type of Informant:		
Race: Chinese			Language: Chinese	Institution / School Name:	
Occupation: Taxi driver			Driving Licence Information: Class: 3,4	Date of Expiry:	

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 17/04/2022 04:05	Type of Location: Car Park
Location: PIPIT ROAD				
Weather:		Road Surface:		
		Dry		oad Speed Limit:
Clear Traffic Flow: Two Way Type of Collision				oad Speed Limit: 0 Km/h raffic Volume: o Traffic

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SH8755K	Car				Slightly	0
					Damaged	

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing; NA



2 of 3

Report No. T/20220417/2029

Police Station Of Origin: Bedok N.P.C 30 Bedok North Road SINGAPORE 469676 Tel No: 1800-2449999

CONTINUATION OF REPORT

Name	EU PUAY KNG			
7 (1 () () () () () () () () ()	LOTOATANG		ID No.	S1732684H
Related Vehicle SH8755K (Car)				
			Contact No.	89402684
Hospital/Clinic NIL				
			Class of Driving Licence & Expiry Date	Class: 3,4 Date of Expiry: NIL
Date Treatment	NIL	Date Disch	- Aprily Date	
lo. of Days grante	nd Medical Leave NIL	Dogram of	narge NIL	
	TAIL TAIL	Degree of	Injury NIL	

Brief Details.

On 17/04/2022 at about 0405hrs, I was working as a taxi driver driving a blue in colour Comfort Delgro Taxi bearing registration number SH8755K. I had dropped two Indian male passengers at Blk 94 Pipit Road carpark. I had a verbal dispute with the two passengers over the taxi fare. Hence, after they have paid for the taxi fare and alighted, I drove off in a hurry to prevent the dispute from escalating. No assault or threat took place. However, while doing so, I heard a long scratching noise from the left side of my vehicle. I do not know what I hit but I suspect that I may have brushed the left side of my vehicle against a black in colour car that was parked parallel to the side of the road. I wish to state that the car was not parked inside the proper parking lot. I noticed that there was a man standing nearby the car but he did not call out to me and I do not know if he is the owner of the car.

Subsequently, I drove towards Circuit Road and called the police. I met up with the police along Blk 56 Circuit Road. The police and I went back to the incident location however the said black car is no longer at scene. I also discovered that there is one long scratch mark on the left side of my vehicle spanning from the left front passenger door to the left rear passenger door. I have yet to report the matter to my company as they are closed on Sunday. However, I will be reporting to them when they are open. I wish

The police issued me a case card reference G/20220417/0076, and advised me to lodge a police report. I



T/20220417/2029

Police Station Of Origin: Bedok N.P.C 30 Bedok North Road SINGAPORE 469676 Tel No: 1800-2449999

3 of 3 Report No. T/20220417/2029

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature of Officer Recording The Report:

SGT 2 CHIANG XIN YI, YINITA

Signature Of Interpreter: INSP(V) Yei Teng / T0637960Z

Officer In Charge Of Case: TP / HRT / Other KASMAWATI BTE SAMIAN Contact No.: 65476368

NP168

Signature Of Informant:

Date/Time:
17/04/2022 12:29

Classification Of Case:

