SJ0G228U0013-01 / JP Knights Pte Ltd ENTRY DATE & TIME: 31/08/2022 11:16 (SGT) SUBMITTED BY: Weine Chieng VERSION: 2 (31/08/2022 14:48 (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.

 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.

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 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 31/08/2022 11:16 (SGT) Reported by Driver Date of Accident 30/08/2022 00:10 (SGT) Exact Location of Accident 31 Choa Chu Kang Way, Singapore 688786 Additional Location Information TOWARDS CHOA CHU KANG GROVE Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Hyundai

Vehicle Registration Number SHA4624Z

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner COMFORT TRANSPORTATION PTE LTD Company Reg No 1XXXXX821R **Email Address** fleetsafety@cdgtaxi.com.sg Mobile Phone No (Phone) +65-97544649 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 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 NG KIM LAI NRIC No SXXXX867I Date Of Birth 28/04/1951 Occupation Outdoor

Date Of Driving Pass 14/03/1969 Driving experience 53 YEARS AND 5 MONTHS Gender Mobile Number (Phone) +65-97544649 Alt. Phone Number Email Address fleetsafety@cdgtaxi.com.sg Address BLK 707 HOUGANG AVENUE 2 #10-83 Address complement Postcode 530707 Is the driver the policyholder? If No, Relationship of the Driver with the Insured **RELIEF DRIVER** 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 Collision - Major/Minor Rd 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? No Translator's name Translator's ID Translator's phone number Translator's email Original language used in the statement PASSENGER 1 Name **UNKNOWN** Gender Male DETAILS OF POLICE ACTION Was the accident reported to the police? Nο Was notice of intended Prosecution given? Nο If yes, against whom? CIRCUMSTANCES OF ACCIDENT ON 30/08/2022 AT AROUND 0010HRS I WAS DRIVING VEHICLE A (SHA4624Z) ALONG CHOA CHU KANG WA WHEN SUDDENLY VEHICLE B (SMT8462M) DROVE OUT OF THE FILTER LANE FROM CHOA CHU KANG GROVE. VEHICLE B FRONT HIT VEHICLE A SIDE. NOBODY WAS INJURED AND NO OTHER VEHICLES INVOLVED 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

DETAILS OF OTHER VEHICLE PROPERTY 1

SMT8462M

Accident report SJ0G228U0013

Vehicle Registration Number

Vehicle Manufacturer	Audi
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	VANESSA RIADI
NRIC No	SXXXX216F
Contact Number	(Phone) +65-9857858
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	2

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.
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
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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) 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
- (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), 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 30/08/2022 1245HRS

Witnessed by Reporting Centre Personnel FRO Sufiyan

Sketch Plan

Time



Describe Circumstances of the Accident

ON 30/08/2022 AT AROUND 0010HRS I WAS DRIVING VEHICLE A (SHA4624Z) ALONG CHOA CHU KANG WA WHEN SUDDENLY VEHICLE B (SMT8462M) DROVE OUT OF THE FILTER LANE FROM CHOA CHU KANG GROVE. VEHICLE B FRONT HIT VEHICLE A SIDE. NOBODY WAS INJURED AND NO OTHER VEHICLES INVOLVED

Declaration

I/We declare the foregoing particulars are true in every respect.

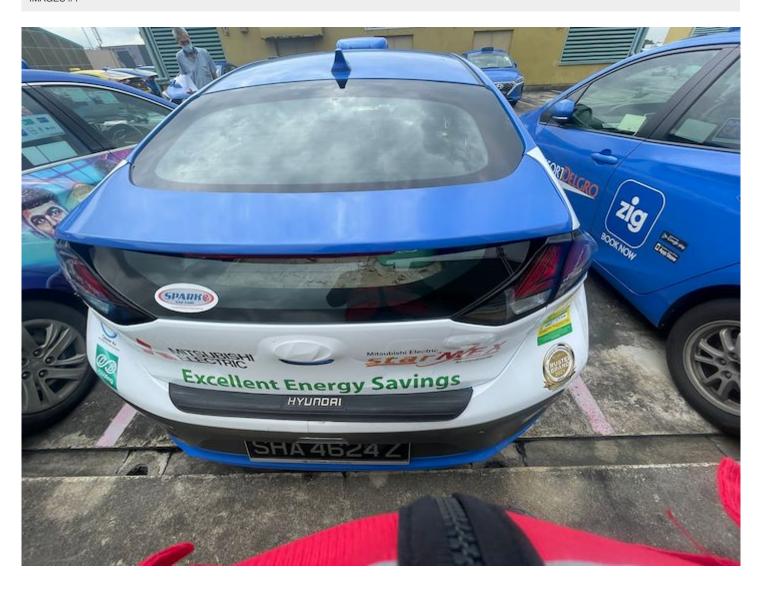
Policyholder's Signature / Date & Time Driver's Signature (If driver is not the policyholder) / Date & Time 30/08/2022 1245HRS

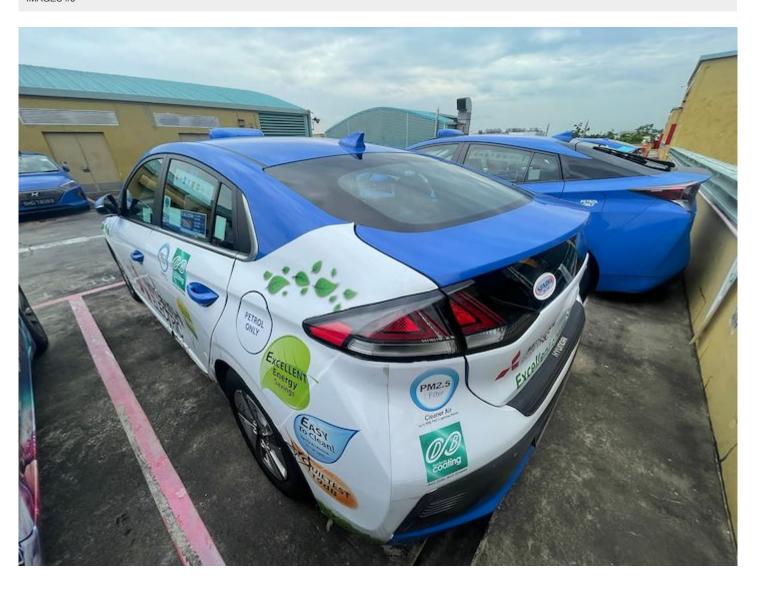
Witnessed by Reporting Centre Personnel FRO Sufiyan

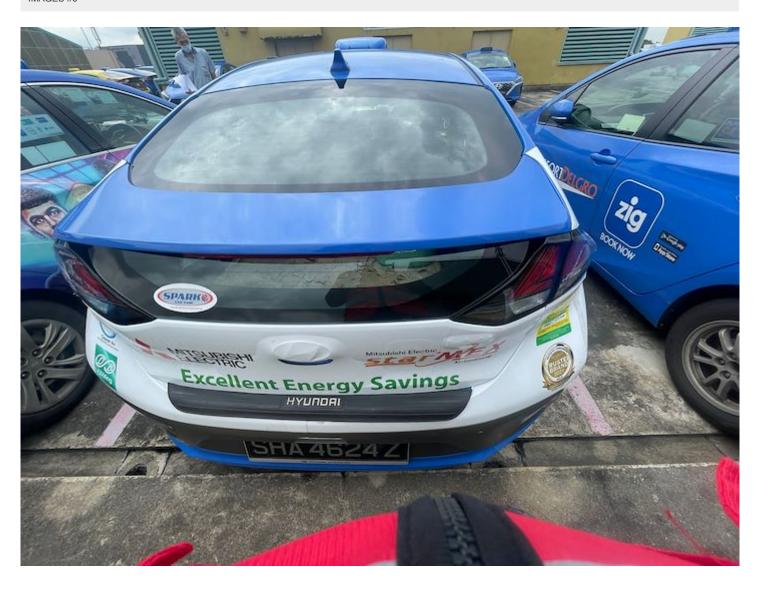




















IMPORTANT NOTE: Please submit the completed Addendum form to the <u>same</u> Accident Reporting Centre with whom you submitted the Original Report.

	ADDEN	DUM		
A)	PARTICULARS OF PERSON MAKING THE AMENDMEN	TS:		
	Original Report No: SJ0G228U0013	Vehicle Registration No: SHA4624Z		
	Name (as shown in NRIC): Comfort Transportation Pte L	MRIC/FIN/Passport No: 1XXXXX821R		
	(*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate			
	Address:	Singapore (
	Contact (Tel):	Mobile No.:		
	Email Address:	_		
	Date of Accident: 30/08/2022	Time of Accident: 00:10		
	Place of Accident: 31 Choa Chu Kang Way,			
Insurance Company: AXA Insurance Singapore Pte Ltd				
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GIARNC Addendum Form

