SJ0G22AP000L / JP Knights Pte Ltd ENTRY DATE & TIME: 25/10/2022 11:09 (SGT) SUBMITTED BY: Weine Chieng VERSION: 1 (25/10/2022 11:09 (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.

- 4. The issue and acceptance of this is form by instrained 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 25/10/2022 11:09 (SGT) Reported by Driver Date of Accident 23/10/2022 03:15 (SGT) Exact Location of Accident Chai Chee St, Singapore Additional Location Information Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHA3907P

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) +65-98451630 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 Private hire Are you claiming under your own insurance policy for repair to No - Reporting only 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 TAN CHING TECK NRIC No S1440253E Date Of Birth 13/03/1960 Occupation Outdoor

Date Of Driving Pass 31/08/1979 Driving experience 43 YEARS AND 2 MONTHS Gender Mobile Number (Phone) +65-98451630 Alt. Phone Number Email Address fleetsafety@cdgtaxi.com.sg Address 149 BEDOK RESERVOIR ROAD #10-1701 Address complement Postcode 470149 Is the driver the policyholder? No 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 - Cross Junction 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? Yes 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

Translator's email Original language used in the statement -

PASSENGER 1

Name PASSENGER Gender Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?

Police Station Name

Police Station Phone No

Alt. Police Station Phone No

(Fax) +65-64431687

Police Station Address

Blk 15 Bedok South Road #01-117 Singapore 460015

No

Was notice of intended Prosecution given?

If yes, against whom?

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT NUMBER T/20221023/2040

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 NOT SUITABLE

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBR7194J
Vehicle Manufacturer	Honda
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
Name of Driver	-
Contact Number	(Phone) +65-98208454
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	_
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	2

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	-
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	UNKNOWN
Injured person in which vehicle?	FBR7194J
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	No

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 w ith 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.

In Chrotal

Driver's Signature (If driver is not the policyholder) / Date & Time 23/10/2022 1630HRS

Witnessed by Reporting Centre Personnel

FLASH ACCIDENT

FRO SUFIYAN

Sketch Plan

Time

Policyholder's Signature / Date &



Describe Circumstances of the Accident REFER TO POLICE REPORT NUMBER T/20221023/2040

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 23/10/2022 1630HRS

To Chy Fack

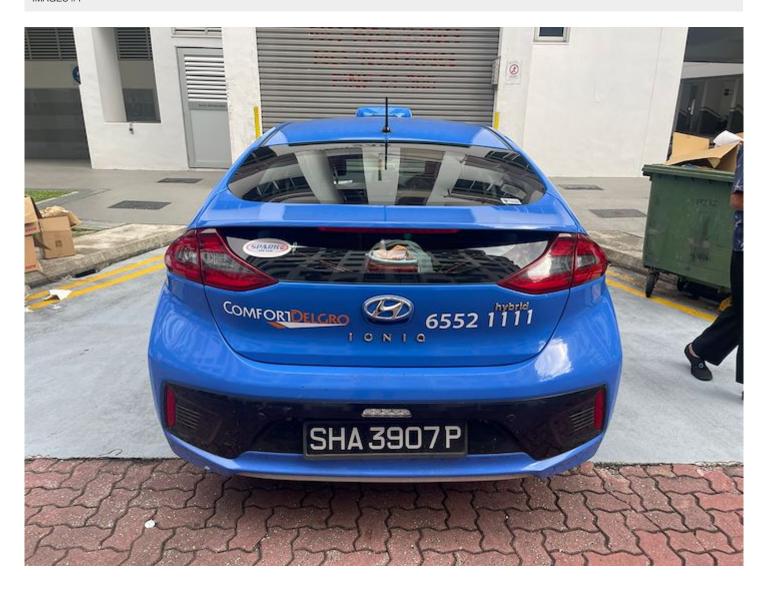
FLASH ACCIDENT CONTROL OF THE PROPERTY OF T

Witnessed by Reporting Centre Personnel





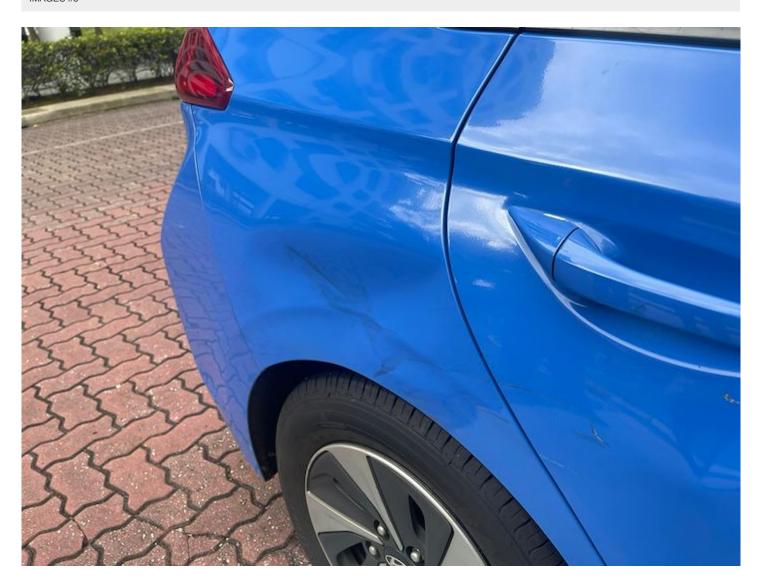






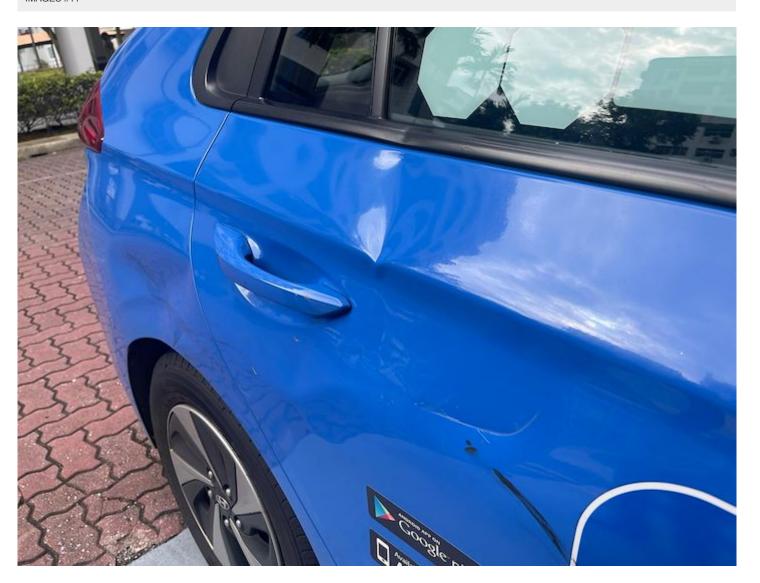














Traffic Volume:

Anyone conveyed by ambulance:

No Traffic

No.

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

. Report No. T/20221023/2040

Date/Tin 23/10/20	ne Report	Made:	Vide Report No.:	Station Diary No.:			
Informar	if'e Darti	ulars	I MESTAU TOMANAMENDA ESTAS	46			
TAN CHII	Informant NG TECK ID No.:		Address: APT BLK 149 BEDOK RESE SINGAPORE 470149	RVOIR ROAD #10-1701			
NRIC NO	/S14402	53E	Contact No.:	1000			
Nationality SINGAPO	<i>r</i> :	. The Applications	Home/Office: 98451630 Mobile:				
Sex: Male	Age: 62	Date of Birth: 13/03/1960	Type of Informant:				
ace: hinese			Language: Institution / School Name:				
Occupation Taxi drive			Driving Licence Information: Class: 2B,3,4,5 Date of Expiry:				
			10000000000000000000000000000000000000				
A THE RESERVE AND LINE AND ADDRESS OF THE PARTY OF THE PA	nformatic	on of the Accident	(2) (4) 20 20 15 15 10 25 10 10 25 10 10 26 10				
Accider	100	Attended by Police	Drink Date/Time Drive: Accident: No 23/10/2022	Straight Road			
	HEE STR	EET					
Weather: Clear			Road Surface:	Road Speed Limit: 50 Km/h			

Vehicle No.	Type []	Make	Model	Color	Condition	No of Passenger
FBR7194J	Motorcycle				Slightly	0
SHA3907P	Car		land the	in also	Slightly	1

Traffic Control:

Not Controlled

Details of Person Involved	The field by White Action to the passes and the passes
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



Traffic Flow:

Dual Carriage Way

Moving Vehicle Against - Others

Type of Collision:





Police Station Of Origin: Bedok N.P.C

30 Bedok North Road SINGAPORE 469676

Tel No: 1800-2449999

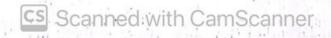
Report No. T/20221023/2040

CONTINUATION OF REPORT

Name	Unknown Rider		ID No.		NIL		
Related Vehicle	e FBR7194J (Motorc	FBR7194J (Motorcycle)			t No.	98208454 Class: NIL Date of Expiry: NIL	
Hospital/Clinic	NIL			Class of Driving Licence & Expiry Date			
No. of Days are	23/10/2022 nted Medical Leave		Date Disc		23/10	/2022	
Driver	ited Medical Leave	03	Degree o	f Injury	Slight		
Name	TAN CHING TECK		COLUMN TO SERVICE DE LA COLUMN TRANSPORTE DE LA COLUMN	ID No	MASSIAIS	S1440253E	
Related Vehicle	SHA3907P (Car)	1 212713		Conta	ct No.	98451630	
ospital/Clinic	NIL			Class Drivin Licen Expir	g	Class: 2B,3,4,5 Date of Expiry: NIL	
ate Treatment	NIL		Date Dis	charge	NIL	The state of the s	
lo. of Days granted Medical Leave NIL			Degree o	of Injury	NIL	· · · · · · · · · · · · · · · · · · ·	

Brief Details.

On the above mentioned date and time, i was traveling on Chai Chee Street trying to make an illegal U-Turn before the Junction of Chai Chee Street and Chai Chee Road before i turn i did make a check on my right side mirror for the traffic behind me and also my blind spot. But while i was making the turn i felt an impact onto my vehicle as such i stop my taxi and got off to make a check , i discovered that there is an motor bike was on my right side came into contact of my taxi on the rear right side. The damages i saw on my taxi is there are some dent on top of my rear right wheel and also there is some scratch mark on the center of my taxi. After the impact the rider inform that his right hand finger is bleed and also pain on the thumb area , I then notice that the passerby had called for ambulance after awhile traffic police and ambulance arrive at my location. After traffic police officer interview us , we then exchange contact details and left scene. Today before i came and lodge the report i was informed by the rider that he was given 3 days MC after his medical treatment.





Sketch Plan



20221023/2040

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

Informant is not able to provide sketch plan

Report No. T/20221023/2040

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 <u>report number</u> as reference.

CONTINUATION OF REPORT

and the second second				
Signature	of Officer R	ecording	The	Report:
01				./

SR STAFF SGT HOW JIAN WEN

Signature Of Interpreter: Not applicable

Officer In Charge Of Case: TP / GIT / STAFF SGT ROIZMAN BIN MOHAMED POSARI Contact No.: 65476131

NP168

Signature Of Informant:

To Cho Feb

Date/Time: 23/10/2022 14:31

Classification Of Case:

Scanned with CamScanner

