SJ0G229Q001W / JP Knights Pte Ltd ENTRY DATE & TIME: 26/09/2022 18:44 (SGT) SUBMITTED BY: Weine Chieng VERSION: 1 (26/09/2022 18:44 (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 26/09/2022 18:44 (SGT) Reported by Date of Accident 25/09/2022 19:20 (SGT) Exact Location of Accident Yishun Ave 2, Singapore Additional Location Information Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Hyundai

Vehicle Registration Number SH8318P

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) +65-96787122 Alternative Phone No (Office) +65-87256880

VEHICLE PARTICULARS

Manufacturer

Model 140 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 1685

INSURANCE COMPANY

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

DRIVER

Name of Driver LIM CHEW PING NRIC No S1342688J Date Of Birth 03/03/1959 Occupation Outdoor

Date Of Driving Pass 13/08/1977 Driving experience 45 YEARS AND 1 MONTH Gender Mobile Number (Phone) +65-96787122 Alt. Phone Number Email Address fleetsafety@cdgtaxi.com.sg Address BLK 664A JURONG WEST STREET 64 #10-244 Address complement Postcode 641664 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 Collided into Motorcyclist 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? Yes 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 Translator's name Translator's ID Translator's phone number Translator's email Original language used in the statement

PASSENGER 1

Name **UNKNOWN** Gender

DETAILS OF POLICE ACTION

Was the accident reported to the police? Yes Police Station Name Traffic Police Police Station Phone No (Phone) +65-65470000 Alt. Police Station Phone No (Fax) +65-65474900 Police Station Address 10 Ubi Avenue 3 Singapore 408865 Was notice of intended Prosecution given?

If yes, against whom?

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT T/20220925/7034

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



Vehicle Registration Number	FBQ1462E
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
Name of Driver	UNKNOWN
Contact Number	-
Address	-
Address complement	-
Postcode	_
Insurance Company Name	-
Nature Of Damage	FRONT
Details of property damaged in accident	_
No. Of Passenger (Including Driver)	1

INJURED PERSONS DETAILS

INJURED 1

Name of injured person Gender	MOTORCYLIST Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	49
Injuries Sustained	LEFT ARM
Injured person in which vehicle?	FBQ1462E
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes

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.

Policyholder's Signature / Date & Time

Driver's Signature (If driver is not the policyholder) / Date & Time 26・89・2022 14 25 代化 Witnessed by Reporting Centre

Sketch Plan



Describe Circumstances of the Accident

REFER TO POLICE REPORT T/20220925/7034

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

Witnessed by Reporting Centre Personnel (



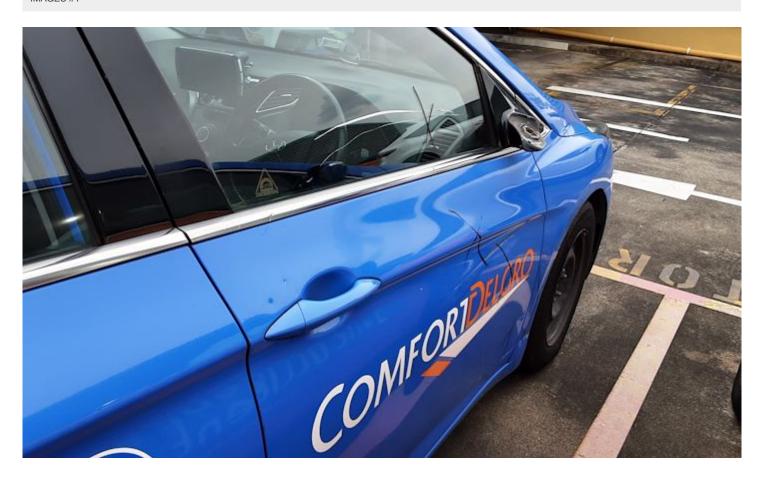




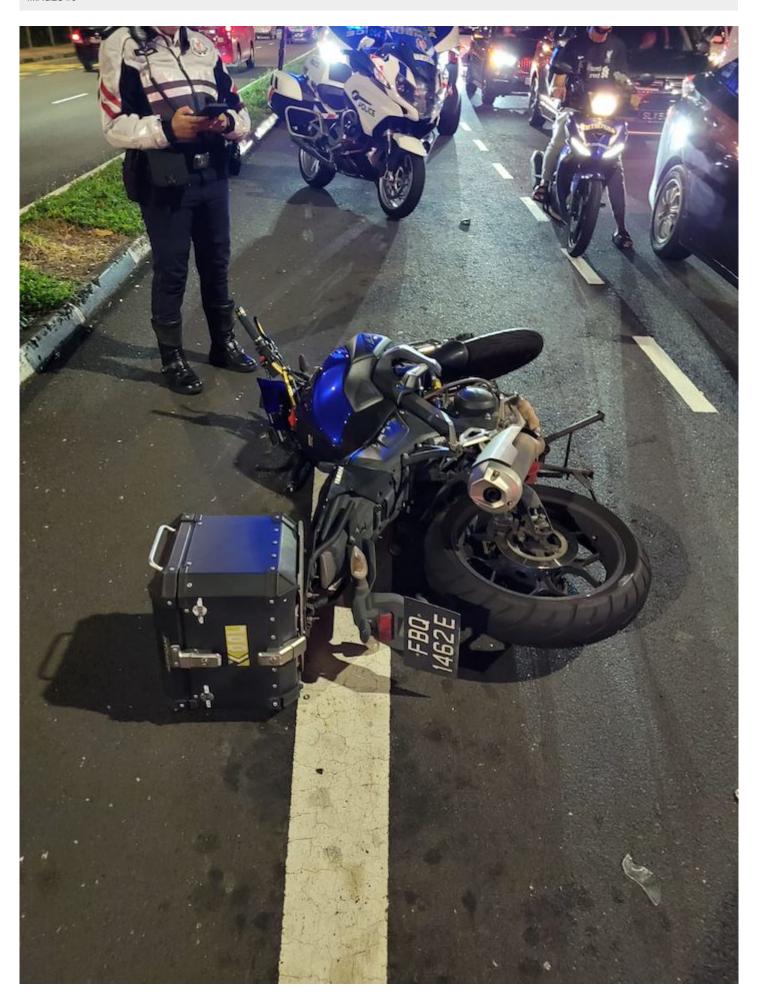


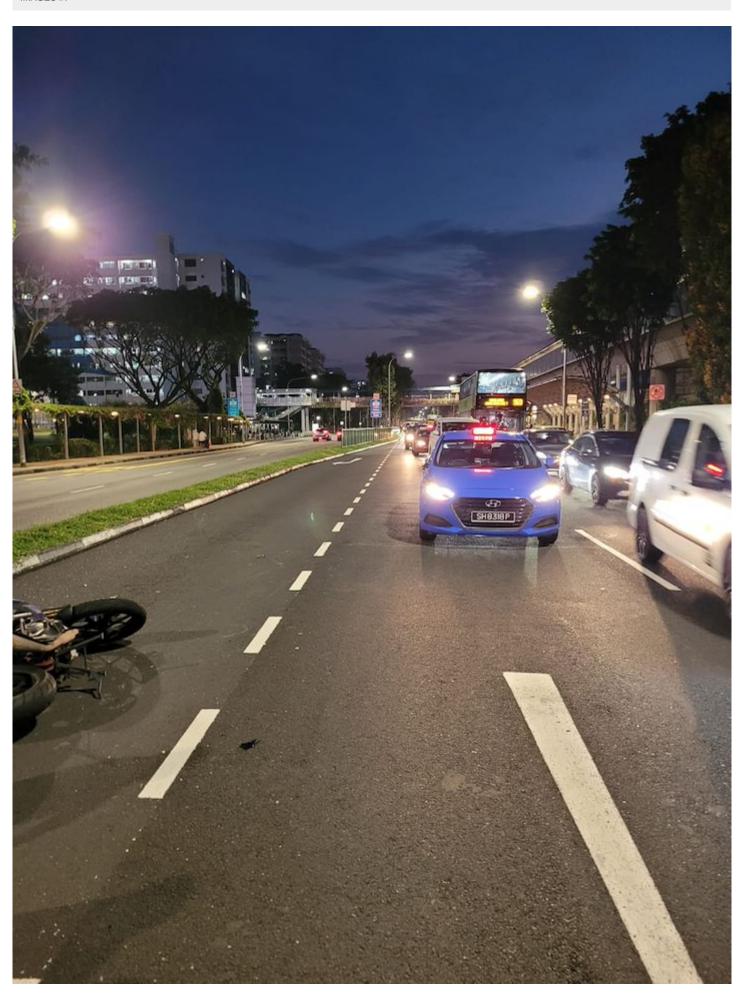


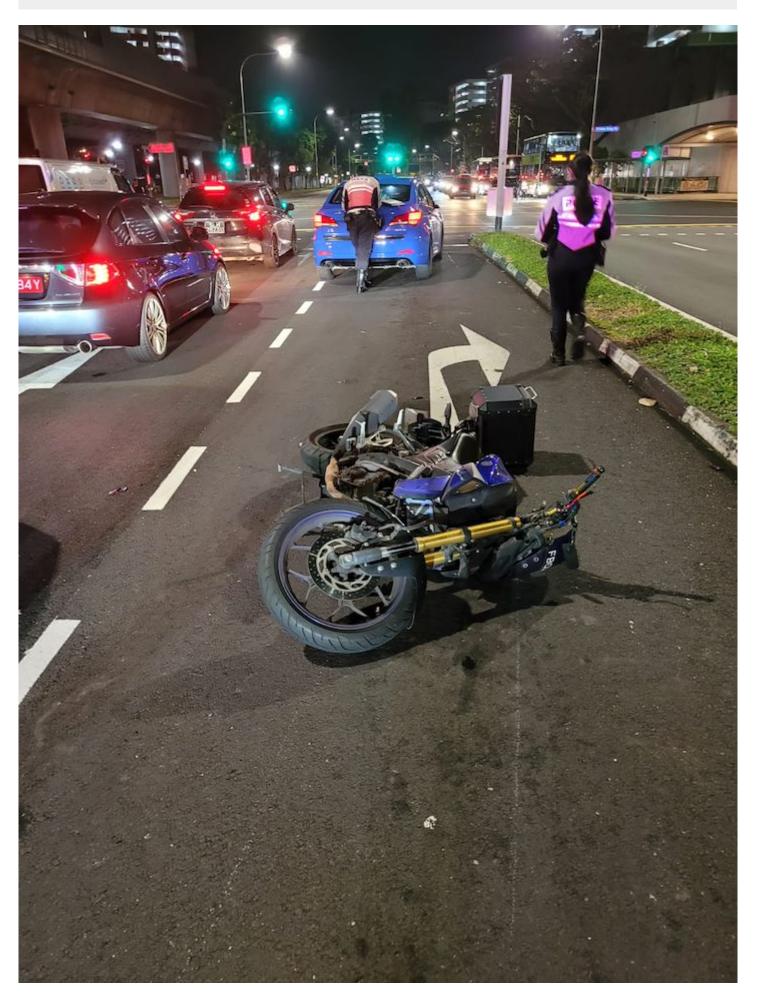
















Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

1 of 3 Report No. T/20220925/7034

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 25/09/2022 20:33			Vide Report No.: L/20220925/0156	Station Diary No.:	
Informan	it's Particu	lars			
Name of LIM CHE	Informant: W PING		Address: 664A JURONG WEST 641664	STREET 64 #10-244 SINGAPORE	
ID Type / NRIC NC	ID No.: 0 / S134268	38J	Contact No.: Home/Office:	Mobile: 96787122	
Nationali SINGAP	ty: ORE CITIZ	EN	Email: LIMCP59@YAHOO.CO	DM	
Sex: Male	Age: 63	Date of Birth: 03/03/1959	Type of Informant: Driver		
Race: Chinese		Language: English	Institution / School Name:		
Occupation: Taxi Driver		Driving Licence Informa Class: 2B,2A,2,3	ntion: Date of Expiry:		

Type of Accident:	Non-Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 25/09/2022 19:2	Type of Location: X-Junction
Location: Yishun Ave 2 Weather:		ad Surface:		Road Speed Limit:
Clear Traffic Flow: Two Way	1000	ffic Control: ffic Light - Wo	orking	Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance:

Vehicle No.	Type	Make	Model	Color	Conditio	No of
	Motorcycle				Slightly Damaged	0
SH8318P	Car		Hyundai i40		Slightly Damaged	1



2 of 3

Report No. T/20220925/7034

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

CONTINUATION OF REPORT

Details of Person	Involved		9.00	MATERIA			
Any Pedestrian In	volved: No		Use of Pe	ndoctria	n Cross	sing: NA	
No. of Pedestrian	s Injured: NIL		Use of Pe	euesma	III Orobe		
Passenger		1000		ID N	0	NIL	
Name	Unknown Passenger					100000	
Related Vehicle	SH8318P (Car)			Contact No.		NIL	
Hospital/Clinic	NIL			Class of Driving Licence & Expiry		Class: NIL Date of Expiry: NIL	
5.1	NIL		Date				
No. of Days granted Medical Leave NIL			Degree o	of	NIL		
Driver			10 K 10 K 10 K			040406001	
Name	LIM CHEW PING			ID N	0.	S1342688J	
Related Vehicle	SH8318P (Car)			Contact No.		96787122	
Hospital/Clinic	NIL			Clas Drivi Licer Expir	ng nce &	Class: 2B,2A,2,3 Date of Expiry: NIL	
Date	NIL Date			NIL			
Date	nted Medical Leave	NIL	Degree o	of	NIL		

Brief Details.

On 25/09/2022 at about 1920hrs, I was stopped at a X-junction of yishun ring road towards to sewbawang. When it was green light i signal before moving off from the second lane towards the third lane, suddenly a motorcycle was riding very fast hit my right side of the vehicle. Causing the rider to fall off his motorcycle. I went down to check on him and he requested me to call for ambulance, Shortly after both traffic police and ambulance came to attend the accident, my SD card was taken by the traffic police and advise to lodge a report.





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 3 of 3 Report No. T/20220925/7034

CONTINUATION OF REPORT

Sketch Plan Informant is not able to provide sketch

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 25/09/2022 20:33
Officer In Charge Of Case: TP / TPIB / THABAGESH JEYATHESH Contact No.: 65476178	Classification Of Case:

This report is lodged at Yishun North NPC Kiosk 1