SJ0G22AQ0009 / JP Knights Pte Ltd ENTRY DATE & TIME: 26/10/2022 10:53 (SGT) SUBMITTED BY: Weine Chieng VERSION: 1 (26/10/2022 10:53 (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 26/10/2022 10:53 (SGT) Reported by Date of Accident 26/10/2022 07:45 (SGT) Exact Location of Accident PIE, Singapore Additional Location Information Country/State of Loss Singapore

# **DETAILS OF OWN VEHICLE**

Vehicle Registration Number SHA4845C

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) +65-96667137 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 ONG SAY HUA NRIC No S1176039B Date Of Birth 25/07/1956 Occupation Outdoor

Date Of Driving Pass 07/03/1977 Driving experience 45 YEARS AND 7 MONTHS Gender Mobile Number (Phone) +65-96667137 Alt. Phone Number Email Address fleetsafety@cdgtaxi.com.sg Address BLK 177 LOMPANG ROAD #21-06 Address complement Postcode 670177 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 Chain Collision Weather Conditions Raining Road Surface Wet 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 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? Nο Was notice of intended Prosecution given? Nο If yes, against whom? CIRCUMSTANCES OF ACCIDENT

ON 26.10.2022 AT ABOUT 0745HRS I WAS DRIVING MY VEHICLE SHA4845C FETCHING MY PASSENGER TO GREENWICH. MY VEHICLE A ON THE 1ST LANE OF PIE/CHANGI (LORNIE)WHEN VEHICLE B SLG1495U IN FRONT SLOW DOWN. I IMMEDIATELY APPLIED BRAKES 2 TIMES WITHIN A GOOD DISTANCE BUT SOMEHOW MY VEHICLE A CONTINUED MOVE FORWARD. HENCE MY VEHICLE A REAR ENDED VEHICLE B. IT WAS A 3 CAR CHAIN WITH VEHICLE B REAR VEHICLE C SMJ3672J. MY PASSENGER IS NOT INJURED AND I PROCEEDED TO SEND HIM TO HIS DESTINATION AFTER TAKING PHOTO AND EXCHANGE HANDPHONE

# 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

FILE IS NOT SUITABLE

# **DETAILS OF OTHER VEHICLE PROPERTY 1**



Vehicle Registration Number	SLG1495U
Vehicle Manufacturer	Suzuki
Vehicle Model	Swift
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	UNKNOWN
Contact Number	(Phone) +65-96326900
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	REAR AND FRONT
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

# DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SMJ3672J
Vehicle Manufacturer	Honda
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	UNKNOWN
Contact Number	(Phone) +65-84982081
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	REAR
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

#### SKETCH PLAN

# IMPORTANT NOTICE

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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.
- 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 Sketch Plan

Driver's Signature (If driver is not the policyholder) / Date & Time 26.10 2022 0915HRS

Personnel Kym Organization of the policyholder of the policyholder of the personnel Kym Organization of the personnel Kym Organ

Describe Circumstances of the Accident

ON 26.10.2022 AT ABOUT 0745HRS I WAS DRIVING MY VEHICLE SHA4845C FETCHING MY PASSENGER TO GREENWICH. MY VEHICLE A ON THE 1ST LANE OF PIE/CHANGI (LORNIE)WHEN VEHICLE B SLG1495U IN FRONT SLOW DOWN. I IMMEDIATELY APPLIED BRAKES 2 TIMES WITHIN A GOOD DISTANCE BUT SOMEHOW MY VEHICLE A CONTINUED MOVE FORWARD. HENCE MY VEHICLE A REAR ENDED VEHICLE B. IT WAS A 3 CAR CHAIN WITH VEHICLE B REAR VEHICLE C SMJ3672J. MY PASSENGER IS NOT INJURED AND I PROCEEDED TO SEND HIM TO HIS DESTINATION AFTER TAKING PHOTO AND EXCHANGE HANDPHONE

### 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 ...

m 26.60,2002

09304RS

Witnessed by Reporting Centre
Personne















