SJ0G22AT000R / JP Knights Pte Ltd ENTRY DATE & TIME: 29/10/2022 15:38 (SGT) SUBMITTED BY: Weine Chieng VERSION: 1 (29/10/2022 15:38 (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 29/10/2022 15:38 (SGT) Reported by Date of Accident 28/10/2022 07:50 (SGT) Exact Location of Accident PIE, Singapore Additional Location Information Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHD3988P

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) +65-91467966 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 - 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 **GOH PENG GUAN** NRIC No S1691995J Date Of Birth 13/10/1965 Occupation Outdoor

Date Of Driving Pass 22/06/1988 Driving experience 34 YEARS AND 4 MONTHS Gender Mobile Number (Phone) +65-91467966 Alt. Phone Number Email Address fleetsafety@cdgtaxi.com.sg Address BLK 170C PUNGGOL FIELD #12-695 Address complement Postcode 823170 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 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? No Translator's name Translator's ID Translator's phone number Translator's email Original language used in the statement DETAILS OF POLICE ACTION Was the accident reported to the police? Yes Police Station Name **PUNGGOL N.P.C** Was notice of intended Prosecution given? Nο If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER TO POLICE REPORT T20221029/2026 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

Vehicle Manufacturer

Vehicle Model

Vehicle Variant

Vehicle Colour

Vehicle Category

YQ2306U

Commercial vehicle

Name of Driver	UNKNOWN
Contact Number	_
Address	_
Address complement	-
Postcode	_
Insurance Company Name	_
Nature Of Damage	_
Details of property damaged in accident	FRONT
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SLX67P
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	UNKNOWN
Contact Number	-
Address	-
Address complement	_
Postcode	_
Insurance Company Name	-
Nature Of Damage	_
Details of property damaged in accident	_
No. Of Passenger (Including Driver)	_

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	GBD8213E
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 4

Vehicle Registration Number	SMG7772T
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	UNKNOWN
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person Gender	GOH PENG GUAN Male
Phone No	-
Address	BLK 170C PUNGGOL FIELD #12-695
Address Complement	-
Post Code	823170
Approximate Age Years Old	57
Injuries Sustained	RIGHT ARM, BACK AND LEG
Injured person in which vehicle?	SHD3988P
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	Yes

SKETCH PLAN

IMPORTANT NOTICE

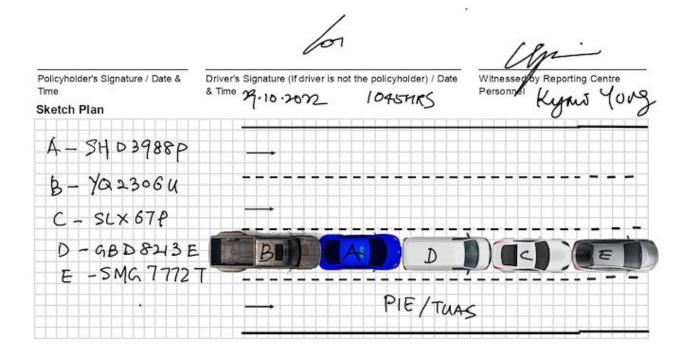
- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material 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.



Describe Circumstances of the Accident

REFER TO POLICE REPORT T20221029/2026	
	1

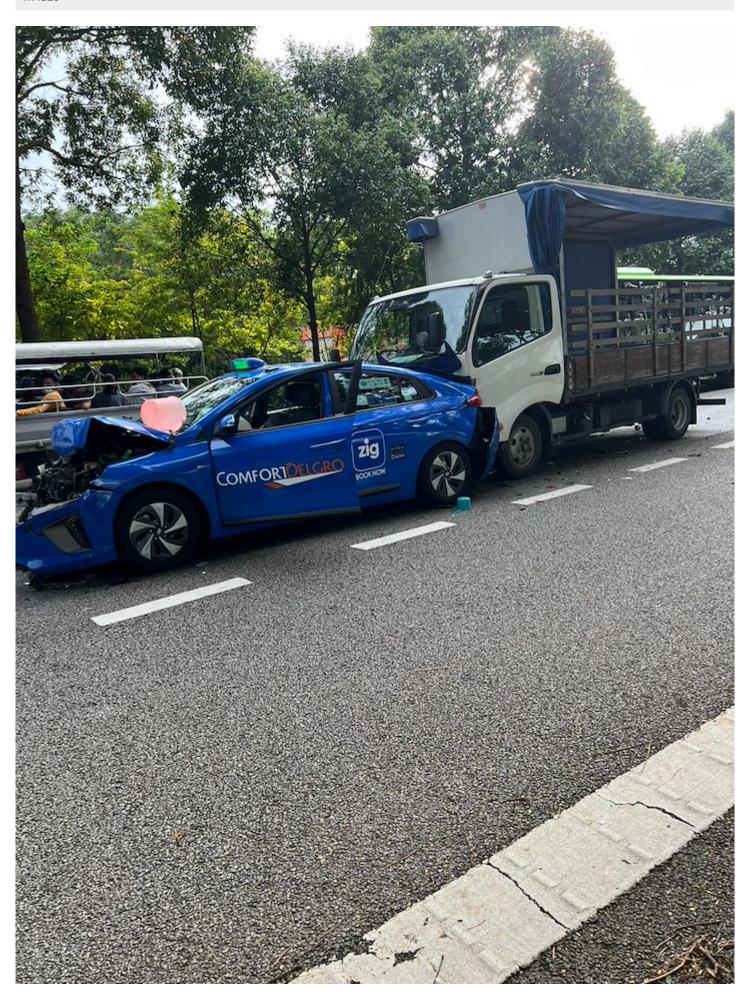
Declaration

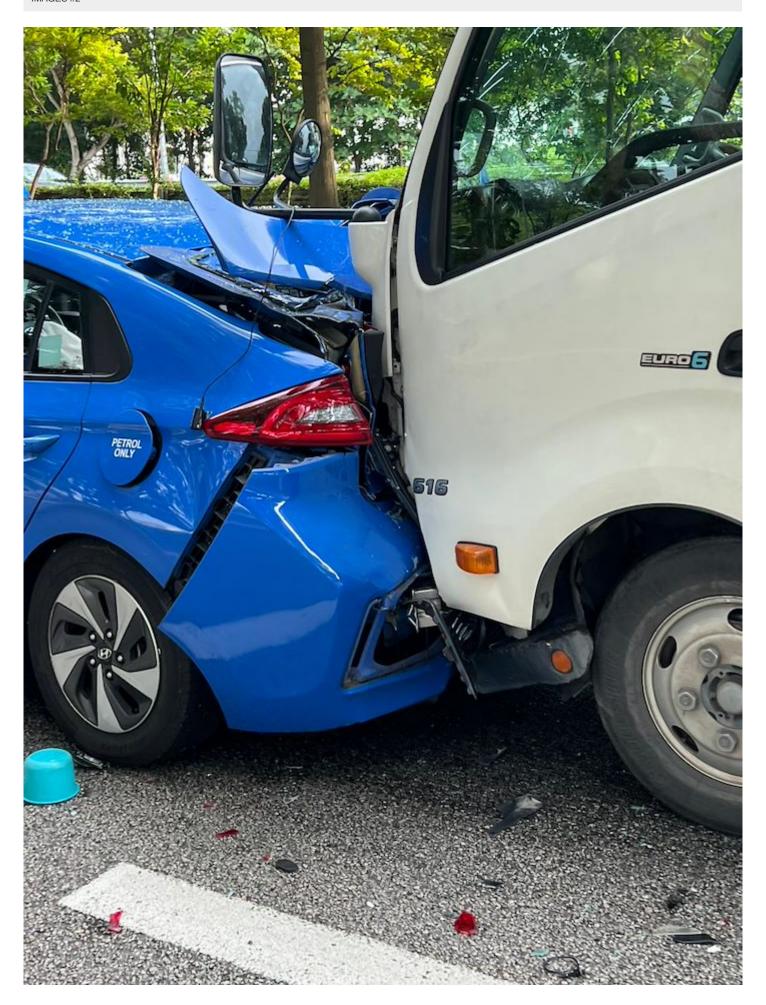
I/We declare the foregoing particulars are true in every respect.

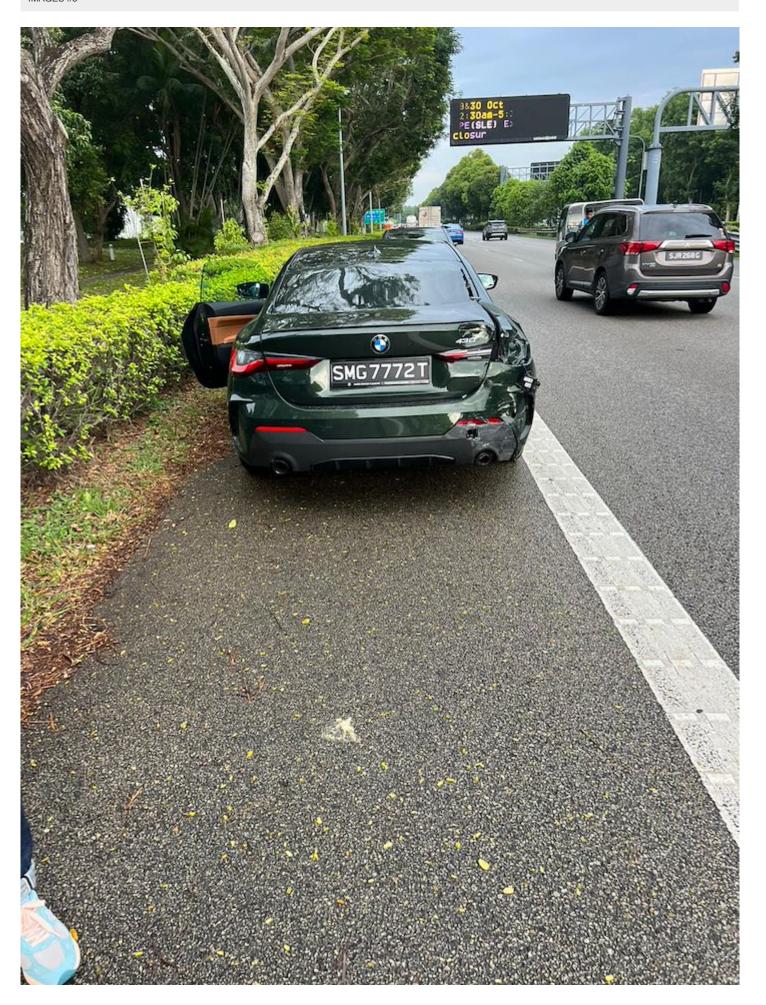
Policyholder's Signature / Date & Time Driver's Signature (If driver is not the policyholder) / Date

1045M

Witnessed by Reporting Centre













Lof3 Report No. T/20221029/2026

Police Station Of Origin: Punggol N.P.C 151 Punggol Central SINGAPORE 828727 Tel No: 1800-6049999

REPORT	OF A TRAFFI	CACCIDENT			
Date/Time Report Made: 29/10/2022 08:46			Vide Report No.:	Station Diary No.: 25	
Informa	nt's Partic	ulars			
	Informant: NG GUAN		Address: APT BLK 170C PUNG 823170	GGOL FIELD #12-695 SINGAPORE	
	/ ID No.: O / S16919	95J	Contact No.: Home/Office: Mobile: 91467966		
National SINGAP	ity: ORE CITIZ	EN	Email:		
Sex: Male	Age: 57	Date of Birth: 13/10/1965	Type of Informant:		
Race: Chinese		Language: Institution / School Name:			
Occupation: Taxi driver		Driving Licence Information: Class: Date of Expiry:			

General Inform	mation of the Accident				
Type of Accident:	Type of Injury		Date/Time of Accident: 28/10/2022 07:50	Type of Location: Straight Road	
Location: PAN-ISLAND Weather:	EXPRESSWAY	nd Surface:		Road Speed Limit:	
Sunny	Dry				
Traffic Flow:				Traffic Volume: Moderate	
Type of Collision Between Movin	on: ng Vehicles - Head To Rear	w die	31 = 5	Anyone conveyed by ambulance: Yes	

Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
GBD8213E	Lorry					0
SHD3988P	Car	7 70 30	3		Seriously Damaged	
SLX67P	Car				Damageo	0
YQ2306U	Lorry			+	-	0

JH PAN - 96168673



T/20221029/2026

2 of 3

Report No. T/20221029/2026

Police Station Of Origin: Punggol N.P.C 151 Punggol Central SINGAPORE 828727 Tel No: 1800-6049999

CONTINUATION OF REPORT

Details of Perso	n Involved				Weave	
Any Pedestrian Ir	volved: No			1 11-	0	for NA
No. of Pedestrians Injured: NIL.			Use of Pe	Use of Pedestrian Crossing: NA		
Driver						
Name	GOH PENG GUAN		ID No.		S1691995J	
Related Vehicle	SHD3988P (Car)		Conta	ct No.	91467966	
Hospital/Clinic	CHANGI GENERAL HOSPITAL		L	Class Drivin Licent Expiry	g	Class: NIL Date of Expiry: NIL
Date Treatment	28/10/2022 Date I			scharge	28/10	0/2022
No. of Days granted Medical Leave 02			Degree	of Injury	Sligh	t

Brief Details

I am a taxi driver of SHD3988P. On 28/010/2022 at about 0750hrs, I was travelling on the 2nd lane of the PIE going towards Tuas. Suddenly, the vehicle infront of me made a jam brake and I managed to stop in time. However, right after I made a complete stop, there was a big impact came from the rear.

I believed I was in concussion upon the impact and only woke up after about 5 minutes later. I then alighted from my vehicle and discovered that there is a lorry bearing registration number YQ2306U had hit me from the rear. The impact caused me to moved forward and banged on the rear of the front vehicle. There were a total of 4 vehicles including mine and 2 vehicles in front of me were SLX67P and GBD8213E. However, I could not recall which vehicle was right in front of me.

Due to the impact, my vehicle sustained serious damage on the front and rear. I was then conveyed to Changi General Hospital and received 2 days of Medical Leave. Doctor diagnosed me with muscle strain on the back of my neck and back of my waist. There were also some redness on my right arm. It was quite painful whenever I try to move around. That is all.





Police Station Of Origin: Punggol N.P.C 151 Punggol Central SINGAPORE 828727 Tel No: 1800-6049999 3 of 3 Report No. T/20221029/2026

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: F / STAFF SGT FARHAN BIN ABU	Signature Of Informant:	las
Signature Of Interpreter: Not applicable	Date/Time: 29/10/2022 08:46	
Officer In Charge Of Case; TP / GIT / SGT 3 MUHAMMAD AFIQ BIN RAHMAT Contact No.: 65476171	Classification Of Case:	
NP168		