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 09/11/2022 16:19 (SGT) Reported by Driver Date of Accident 08/11/2022 17:40 (SGT) Exact Location of Accident ECP, Singapore Additional Location Information CITY LAMPOST 466 Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Hyundai

Vehicle Registration Number **SHA7057R**

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) +65-81260703 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 - 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 **CHONG SENG SEE** NRIC No S1349919E Date Of Birth 20/08/1959 Occupation Outdoor

Date Of Driving Pass 14/05/1979 Driving experience 43 YEARS AND 6 MONTHS Gender Mobile Number (Phone) +65-81260703 Alt. Phone Number Email Address fleetsafety@cdgtaxi.com.sg Address 550 HOUGANG STREET 51 #08-180 Address complement Postcode 530550 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 Chain Collision Weather Conditions Clear 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 Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?

Was notice of intended Prosecution given?

No
If yes, against whom?

CIRCUMSTANCES OF ACCIDENT

ON 08.11.2022 AT ABOUT 1740HRS I WAS DRIVING MY VEHICLE A SHA7057R FETCHING MY PASSENGER TO WESTIN HOTEL. MY VEHICLE A WAS ON THE 1ST LANE OF ECP/CITY AND NEAR LAMP POST 466, VEHICLE C SJN393Z WHICH WAS IN FRONT SUDDENLY STOP. HENCE MY VEHICLE A REAR ENDED VEHICLE C. IT IS A 3 CAR CHAIN AND VEHICLE C HAD REAR ENDED VEHICLE B SND610C. NO ONE WAS INJURED AND NO PARTICULARS EXCHANGED. MY PASSENGER IS NOT INJURED AND I GOT ANOTHER TAXI TO FETCH HER.

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 | SND610C Mercedes C180 |
|--|-----------------------------|
| Vehicle Variant | - |
| Vehicle Colour | White |
| Vehicle Category | Private car |
| 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) | 1 |

DETAILS OF OTHER VEHICLE PROPERTY 2

| Vehicle Registration Number | SJN393Z |
|---|----------------|
| Vehicle Manufacturer | Mitsubishi |
| Vehicle Model | - |
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Private car |
| Name of Driver | - |
| Contact Number | - |
| Address | - |
| Address complement | - |
| Postcode | - |
| Insurance Company Name | - |
| Nature Of Damage | FRONT AND BACK |
| Details of property damaged in accident | - |
| No. Of Passenger (Including Driver) | 1 |

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) who have insured vehicle(s) involved in this accident (all insurer(s) who 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 & Driver's Signature (if driver is not the policyholder) / Date & Time Sketch Plan

A - SHA 7057 R

B - SND 6(0C

C - SJN 393 Z

TOSON B

ECP / CLTY

Describe Circumstances of the Accident

| ON 08.11.2022 AT ABOUT 1740HRS I WAS DRIVING MY VEHICLE A SHA7057R FETCHING MY PASSENGER TO WESTIN HOTEL. MY VEHICLE A WAS ON THE 1ST LANE OF ECP/CITY AND NEAR LAMP POST 466, VEHICLE C SJN393Z WHICH WAS IN FRONT SUDDENLY STOP. HENCE MY VEHICLE A REAR ENDED VEHICLE C. IT IS A 3 CAR CHAIN AND VEHICLE C HAD REAR ENDED VEHICLE B SND610C. NO ONE WAS INJURED AND NO PARTICULARS EXCHANGED. MY PASSENGER IS NOT INUURED AND I GOT ANOTHER TAXI TO FETCH HER. | 3 |
|---|---|
| | |
| | |
| | |
| | |

Declaration

I/We declare the foregoing particulars are true in every respe

Policyholder's Signature / Date & Time

Driver's Signature (If driver is not the policyholder) / Date & Time 09.11.2022

Personnel V























