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 01/12/2022 16:10 (SGT) Reported by Driver Date of Accident 01/12/2022 10:00 (SGT) Exact Location of Accident 63 Jurong West Street 61, Singapore Additional Location Information Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Toyota

Vehicle Registration Number SHA7256H

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) +65-96821898 Alternative Phone No (Office) +65-65508768

VEHICLE PARTICULARS

Manufacturer

Model Prius 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 1798

INSURANCE COMPANY

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

DRIVER

Name of Driver **TEO SONG SENG** NRIC No S1130090A Date Of Birth 28/01/1955 Occupation Outdoor

Date Of Driving Pass 03/11/1976 Driving experience 46 YEARS AND 1 MONTH Gender Mobile Number (Phone) +65-96821898 Alt. Phone Number Email Address fleetsafety@cdgtaxi.com.sg Address BLK 526 SERANGOON NORTH AVE 4 # 10 - 114 Address complement Postcode 550526 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 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 Male 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 01.12.2022 AT ABOUT 1000HRS I WAS DRIVING MY VEHICLE A SHA7256H FETCHING MY PASSENGER TO SGH. MY VEHICLE A WAS STATIONARY ON THE RIGHT LANE OF JURONG WEST STREET 61 INTENDING TO MAKE A U TURN. VEHICLE B SML9139H (NOT SURE WHICH DIRECTION DIRECTION) THEN COLLIDED ONTO MY STATIONARY VEHICLE A FRONT RIGHT. VEHICLE B CONTINUED TO CRASHED INTO THE CENTRE RAILING AND COLLIDED ONTO VEHICLE C SLG8678M WHICH WAS BEHIND MY VEHICLE A. VEHICLE B CONTINUED TO COLLIDE INTO VEHICLE D FBB6655L WHICH WAS BEHIND VEHICLE C. VEHICLE D BIKER WAS CONVEYED. MY PASSENGER IS NOT INJURED AND HE HAD TO GET DESTINATION HIMSELF. SCENE PHOTOS TAKEN BUT NO PARTICULARS EXCHANGED. ATTACHMENT(S)

Yes

Yes

FILE IS NOT SUITABLE

Are accident photos available for attachment?

Was there any video captured by Car Camera?

Reasons for not uploading a video of the accident

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SML9139H
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private hire
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	SLG8678M
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private hire
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)	_
5	

DETAILS OF OTHER VEHICLE PROPERTY 3

FBB6655L
-
-
-
-
Motorcycle
UNKNOWN
-
-
-
-
-
-
-
-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	MOTORCYCLIST
Gender	Male
Phone No	-
Address	-
Address Complement	-



Post Code	_
Approximate Age Years Old	20
njuries Sustained	NOT SURE
njured person in which vehicle?	FBB6655L
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes

SKETCH PLAN

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- 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.

FLASH ACCIDENT REPORTING OFFICER KYMI YONG Policyholder's Signature / Date & Driver's Signature (If driver is not the policyholder) / Date Witnessed by Reporting Centre & Time 01.12.2022 1425HRS Time Personnel Sketch Plan A - SHA7256H JURONG JURONG WEST STREET 61 B-SML9139H WEST STREET RAILING 18/ C - SI G8678M D - FBB6655L

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Describe Circumstances of the Accident

ON 01.12.2022 AT ABOUT 100HRS I WAS DRIVING MY VEHICLE A SHA7256H FETCHING MY PASSENGER TO SGH. MY VEHICLE A WAS STATIONARY ON THE RIGHT LANE OF JURONG WEST STREET 61 INTENDING TO MAKE A U TURN. VEHICLE B SML9139H (NOT SURE WHICH DIRECTION DIRECTION) THEN COLLIDED ONTO MY STATIONARY VEHICLE A FRONT RIGHT. VEHICLE B CONTINUED TO CRASHED INTO THE CENTRE RAILING AND COLLIDED ONTO VEHICLE C SLG8678M WHICH WAS BEHIND MY VEHICLE A. VEHICLE B CONTINUED TO COLLIDE INTO VEHICLE D FBB6655L WHICH WAS BEHIND VEHICLE C.

VEHICLE D BIKER WAS CONVEYED.

MY PASSENGER IS NOT INJURED AND HE HAD TO GET DESTINATION HIMSELF.

SCENE PHOTOS TAKEN BUT NO PARTICULARS EXCHANGED.

Declaration

I/We declare the foregoing particulars are true in everyrespect.

Policyholder's Signature / Date & Time

Driver's Signature (Il driver's not the policyholder) / Date & Time 01.12.2022 1430HRS

Witnessed by Reporting Centre

FLASH ACCIDENT













