SJ0G22C30000 / JP Knights Pte Ltd ENTRY DATE & TIME: 03/12/2022 15:13 (SGT) SUBMITTED BY: Weine Chieng VERSION: 1 (03/12/2022 15:13 (SGT))

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process
- 1. Prease report <u>particular</u> the details of the Actual Driver

 2. This Form must be <u>completed by the Policyholder and/or the Actual Driver</u>

 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.

 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. But the betacement of this report to the insurance with beauty operand to the copies of the report being made available aforesaid.
- 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 Reported by Date of Accident **Exact Location of Accident**

Additional Location Information

Country/State of Loss

03/12/2022 15:13 (SGT)

Driver

02/12/2022 15:25 (SGT)

722 Bedok Reservoir Rd, Singapore 470722

Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SHR2337K

INSURED/POLICYHOLDER

is company?

Name Of Registered Owner

Company Reg No

Email Address Mobile Phone No

Alternative Phone No.

Yes

CITYCAB PTE LTD

1XXXXX839G

fleetsafety@cdgtaxi.com.sg (Phone) +65-83331426 (Office) +65-65508768

VEHICLE PARTICULARS

Manufacturer

Model

Hyundai 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

your vehicle?

Vehicle Category

Transmission CC

No - Claiming third party

Taxi

Auto 1580

INSURANCE COMPANY

Name of Insurance Company

Policy Number / Cover Note Number

AXA Insurance Pte Ltd VFX/P2419140

DRIVER

Name of Driver

NRIC No

Date Of Birth Occupation

SXXXX795G 08/10/1961 Outdoor

SEAH KIM HEE

Accident report SJ0G22C3000O

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Date Of Driving Pass Driving experience Gender

Mobile Number Alt. Phone Number **Email Address** Address

Address complement

Postcode

Is the driver the policyholder?

If No, Relationship of the Driver with the Insured

Does Driver Own Other Vehicles?

Vehicle Registration Number of Other Vehicle Owned by Driver

Insurance Company of Other Vehicle Owned by Driver

22/07/1980

42 YEARS AND 5 MONTHS

(Phone) +65-83331426

fleetsafety@cdgtaxi.com.sg

BLK 142 PASIR RIS STREET 11 # 06 - 137

510142

No

Hirer

No

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident Weather Conditions Road Surface

Collision - Head to Rear

Clear

Dry

No

Yes

Yes

Yes

2

OTHER INFORMATION

Was any foreign vehicle involved in the accident? Number of vehicles involved in the accident Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? 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? Police Station Name Pasir Ris Neighbourhood Police Centre Police Station Phone No (Phone) +65-18005852999 Alt. Police Station Phone No (Fax) +65-65855261 1 Pasir Ris Drive 4 #01-01 Singapore 519457 Police Station Address Was notice of intended Prosecution given? No

If yes, against whom?

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT T/20221202/2120

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

Yes

Yes

FILE IS NOT SUITABLE

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number Vehicle Manufacturer Vehicle Model

FBT5361X

Vehicle Variant Vehicle Colour Vehicle Category 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)

INJURED PERSONS DETAILS

INJURED 1

Name of injured person **MOTORCYCLIST** Gender Male Phone No Address Address Complement Post Code Approximate Age Years Old Injuries Sustained **BODY** Injured person in which vehicle? Were seat belts worn? FBT5361X Was this injured conveyed to hospital by ambulance? Yes

INJURED 2

Name of injured person **SEAH KIM HEE** Gender Phone No Male Address Address Complement Post Code Approximate Age Years Old Injuries Sustained NECK SHOULDER AND BACK Injured person in which vehicle? SHB2337K Were seat belts worn? Yes Was this injured conveyed to hospital by ambulance? No

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report <u>correctly</u> 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.
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding 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
- 5. Any false reporting may be referred to the Police for investigation.
- 6. The report will be forw arded 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.
- 8. Consent under the Personal Data Protection Act(PDPA)

i understand, 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
- (ii) investigating the accident and/or my claims;
- (ii) carrying out and/or dealing with 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
- (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' law yers/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 lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

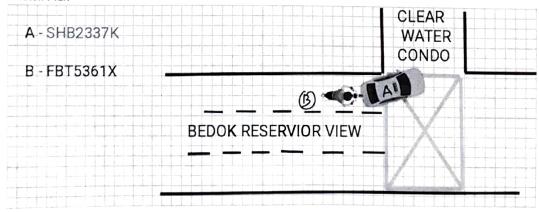
FLASH ACCIDENT REPORTING OFFICER KYMI YONG

Policyholder's Signature / Date &

Driver's Signature (if driver is not the policyholder) / Date & Time 03.12. 2022 0940HRS

Witnessed by Reporting Centre Personnel

Sketch Plan



' ' .

Describe Circumstances of the Accident REFER TO POLICE REPORT T/20221202/2120

Declaration

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

34

Driver's Signature (if driver is not the policyholder) / Date & Time 03.12.2022 0945HRS

FLASH ACCIDENT CERT REPORTING OFFICER KYMI YONG

Witnessed by Reporting Centre Personnel

Policyholder's Signature / Date & Time





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Report No. T/20221202/2120

Police Station Of Origin: Pasir Ris N.P.C

1 Pasir Ris Drive 4 #01-01 SINGAPORE

519457

Tel No: 1800-5852999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 02/12/2022 22:56			Vide Report No.: G/20221202/0115	Station Diary No.: 50		
Informant	's Particu	lars	· 阿尔斯特·斯特·斯特斯特	第四次中央科技 管理等		
Name of Informant: SEAH KIM HEE			Address: APT BLK 142 PASIR RIS STREET 11 #06-137 SINGAPORE 510142			
ID Type / ID No.: NRIC NO / S1494795G Nationality: SINGAPORE CITIZEN			Contact No.: Home/Office: Email:	Contact No.: Home/Office: Mobile: 83331426		
Sex: Male	Age: 61	Date of Birth: 08/10/1961	Type of Informant: Driver			
Race: Chinese			Language:	Institution / School Name:		
Occupation: Taxi driver			Driving Licence Information: Class: Date of Expiry:			

General Information of the Accident							
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 02/12/2022 15:25		Type of Location: Straight Road		
Location: BEDOK RESERVOIR VIEW Lamp Post Number: 6							
01		Road Surface: Dry		Road	Speed Limit:		
Traffic Flow: Traffic Control: Two Way Not Controlled				Traffi No T	c Volume: raffic		
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes			

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
FBT5361X	Motorcycle	YAMAHA	XMAX300	Grey	Slightly Damaged	0
SHB2337K	Car	HYUNDAI	IONIQ	Yellow	Slightly	0
					Damaged	

Details of Person Involved					
Any Pedestrian Involved: No					
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA				





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Report No. T/20221202/2120

Police Station Of Origin: Pasir Ris N.P.C 1 Pasir Ris Drive 4 #01-01 SINGAPORE 519457

Tel No: 1800-5852999

CONTINUATION OF REPORT

Driver						
Name-	SEAH KIM HEE		Carlo Maria Maria del Pristo	ID No.	20,234,004	S1494795G
Related Vehicle	SHB2337K (Car)			Conta	ct No.	83331426
Hospital/Clinic	CHANGI GENERAL I		Class Driving Licent Expiry	g ce &	Class: NIL Date of Expiry: NIL	
Date Treatment	te Treatment 02/12/2022		Date Discl	harge 02/12/2022		2/2022
No. of Days granted Medical Leave 05		Degree of		J		

Brief Details.

On the 2 December 2022 at about 1525hrs, I was driving my taxi bearing plate number SHB2337K along Bedok Reservoir View and I wanted to turn left to enter The Clearwater condo. As I was turning left, I realized a motorcycle bearing plate number FBT5361X had hit onto the rear right bumper of my taxi, which caused one part of the bumper to come off slightly. I then left my taxi and enquired with the rider whether he was okay and needed ambulance. He informed that he was okay at first but subsequently required ambulance as he was feeling some pain. The rider's motorcycle had fallen on the left side and his front mudguard had totally come off and there were some scratches on the motorcycle.

Shortly after, ambulance came and brought him over to hospital. One of the paramedics advised me to see a doctor as I was feeling okay but had some pain on my back as well, to which I did and was given a 5-days mc. Traffic police was also there to attend to the accident, and he informed me that I still had to go to the nearest police station to lodge a traffic accident report.





T/20221202/2120

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Report No. T/20221202/2120

Police Station Of Origin: Pasir Ris N.P.C 1 Pasir Ris Drive 4 #01-01 SINGAPORE 519457 Tel No: 1800-5852999

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.

CONTINUATION OF REPORT

Signature of Officer Recording The Report:	Signature Of Informant:
SGT 2 AHMAD KHAIRUN NAZMI BIN MOHAMAD ARIFF	1
Signature Of Interpreter: Not applicable	Date/Time: 02/12/2022 22:56
Officer In Charge Of Case: TP / GIT / STAFF SGT MOHAMED SUFIAN BIN MOHAMED JUNID Contact No.: 65476247	Classification Of Case:
NP168	