SJ0G22C3000Q / JP Knights Pte Ltd ENTRY DATE & TIME: 03/12/2022 16:25 (SGT) SUBMITTED BY: Weine Chieng VERSION: 1 (03/12/2022 16:25 (SGT))

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Please report <u>correctly</u> the details of the accident to speed up the claims process.

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.
- 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. 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 16:25 (SGT)

Driver

02/12/2022 18:00 (SGT)

ECP, Singapore

TOWARDS CITY

Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SH8212K

INSURED/POLICYHOLDER

Is company?

Name Of Registered Owner

Company Reg No

Mobile Phone No Alternative Phone No.

Email Address

COMFORT TRANSPORTATION PTE LTD

1XXXXX821R

fleetsafety@cdgtaxi.com.sg (Phone) +65-96828976

(Office) +65-65508768

VEHICLE PARTICULARS

Manufacturer

Model

Variant

Exact purpose for which vehicle was being used at time of

accident

Are you claiming under your own insurance policy for repair to

your vehicle?

Vehicle Category

Transmission CC

Toyota

Prius

Private hire

No - Claiming third party

Taxi

Auto

1798

INSURANCE COMPANY

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

DRIVER

Name of Driver

NRIC No Date Of Birth Occupation

LEE KOK WEE SXXXX445H 26/04/1968 Outdoor

Date Of Driving Pass 14/10/1994 Driving experience 28 YEARS AND 2 MONTHS Gender Male Mobile Number (Phone) +65-96828976 Alt. Phone Number **Email Address** fleetsafety@cdgtaxi.com.sg Address BLK 404 BEDOK NORTH AVENUE 3 # 09 - 225 Address complement Postcode 460494 Is the driver the policyholder? No If No, Relationship of the Driver with the Insured Hirer Does Driver Own Other Vehicles? No 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 Collision - Head to Rear 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) 2 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 PASSENGER 1 Name **UNKNOWN** Gender Male **DETAILS OF POLICE ACTION** Was the accident reported to the police? No Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT ON 02.12.2022 AT ABOUT 1800HRS I WAS DRIVING MY VEHICLE A SH8212K FETCHING MY PASSENGER TO LITTLE INDIA. MY VEHICLE A WAS ON THE 1ST LANE OF ECP / CITY WHEN VEHICLE B SKK3319Z REAR ENDED MY VEHICLE A. MY PASSENGER IS NOT INJURED AND I PROCEEDED TO SEND HIM TO DESTINATION AFTER TAKING SCENE PHOTOS AND PARTICULARS EXCHANGED. 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	SKK3319Z
Vehicle Manufacturer	· · · · · · · · · · · · · · · · · · ·
Vehicle Model	
Vehicle Variant	•
Vehicle Colour	<u>-</u>
Vehicle Category	-
Name of Driver	Private car
NRIC No	LEE WEIWEI SHIRLEENA
Contact Number	SXXXX832J
Address	(Phone) +65-96726952
Address complement	

Postcode	**************************************
Insurance Company Name	- · · · · · · · · · · · · · · · · · · ·
Nature Of Damage	-
Details of property damaged in accident	<u>-</u>
No. Of Passenger (Including Driver)	FRONT
o (the same of th	1

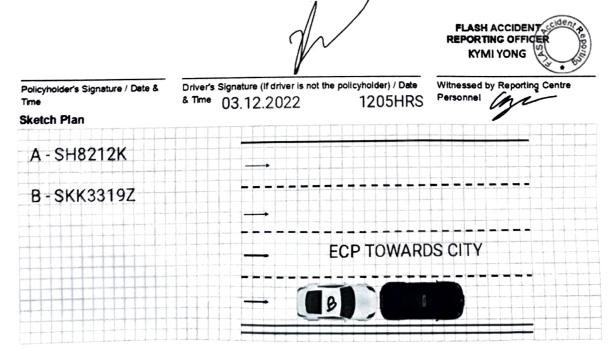
SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
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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.
- 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)

l 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) 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 w ith 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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.



Describe Circumstances of the Accident

ON 02.12.2022 AT ABOUT 1800HRS I WAS DRIVING MY VEHICLE A SH8212K FETCHING MY PASSENGER TO LITTLE INDIA. MY VEHICLE A WAS ON THE 1ST LANE OF ECP / CITY WHEN VEHICLE B SKK3319Z REAR ENDED MY VEHICLE A.

MY PASSENGER IS NOT INJURED AND I PROCEEDED TO SEND HIM TO DESTINATION AFTER TAKING SCENE PHOTOS AND PARTICULARS EXCHANGED.

Declaration

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

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

Witnessed by Reporting C

Policyholder's Signature / Date &

^{& Time} 03.12.2022

1210HRS

Witnessed by Reporting Centre Personnel

FLASH ACCIDENT,