SJ0G22C6001C / JP Knights Pte Ltd ENTRY DATE & TIME: 06/12/2022 17:42 (SGT) SUBMITTED BY: Weine Chieng VERSION: 1 (06/12/2022 17:42 (SGT))



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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

 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. 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

06/12/2022 17:42 (SGT) Driver 05/12/2022 23:40 (SGT) MacPherson Rd, Singapore TOWARDS UPPER ALJUNIED ROAD

Singapore

DETAILS OF OWN VEHICLE

	Could don't have at a large property of the second second
Vehicle Registration Number	SHA3319L
INSURED/POLICYHOLDER	
s company?	
Name Of Registered Owner	Yes
Company Reg No	COMFORT TRANSPORTATION PTE LTD
Email Address	1XXXXX821R
	fleetsafety@cdgtaxi.com.sg
	(Phone) +65-98574525
Alternative Phone No	(Office) +65-65508768
VEHICLE PARTICULARS	
Manufacturer	Harada
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	Frivate fille
your vehicle?	No - Reporting only
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	LAI KIUN POON
NRIC No	SXXXX223E
Date Of Birth	29/10/1959
Occupation	Outdoor

Date Of Driving Pass 15/03/2006 Driving experience 16 YEARS AND 9 MONTHS Gender Male Mobile Number (Phone) +65-98574525 Alt. Phone Number **Email Address** fleetsafety@cdgtaxi.com.sg Address 503B CANBERRA LINK #09-23 Address complement Postcode 752503 Is the driver the policyholder? Nο 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 - Cross Junction Weather Conditions Clear Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident 2 Was anybody injured in the Accident? Yes Was any injured conveyed to hospital by ambulance? No Was any other vehicle or property damaged? Yes Number of Passengers (Including Driver) 3 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 PASSENGER 2 Name **UNKNOWN** Gender Female **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 05/12/2022 AT ABOUT 2340HRS, I WAS DRIVING VEHICLE A (SHA3319L) ALONG MACPHERSON ROAD, AT THE JUNCTION OF UPPER ALJUNIED ROAD I DECIDED TO MAKE A U-TURN. WHEN SUDDENLY VEHICLE B (GBE5731R) RAN THE RED LIGHT WHEN I HAD THE RIGHT OF WAY AND COLLIDED INTO THE FRONT PORTION OF MY VEHICLE WHILE I WAS TURNING, WILL SEEK MEDICAL ATTENTION. ATTACHMENT(S) Are accident photos available for attachment?

Yes

Yes

FILE IS NOT SUITABLE

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 GBE5731R

Vehicle Manufacturer - Vehicle Model - -

Vehicle Variant - Vehicle Colour - -

Vehicle Category Commercial vehicle

Name of Driver

Contact Number (Phone) +65-90860162

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
Male

Phone No

Address 503B CANBERRA LINK #09-23
Address Complement

Post Code 752503

Approximate Age Years Old

Injuries Sustained NECK AND BACK

Injured person in which vehicle?

SHA3319L

Ves

Was this injured conveyed to hospital by ambulance?

SKETCH PLAN

IMPORTANT NOTICE

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- 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>repud late policy liability</u>.
- 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. The report will be forw arded by the insurers of the GIA Records Management Centre established by the General Insurence Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made evallable 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)

funderstand, 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;
- (i) 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 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' 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.

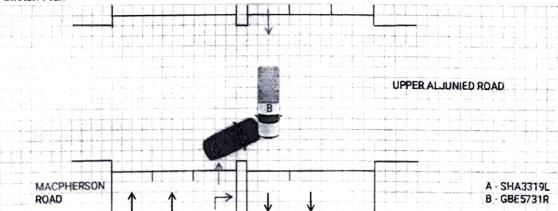
Jai

Policyholder's Signature / Date &

Driver's Signature (If driver is not the policyholder) / Date & Time D\(\psi \text{1472}\) | 10(0)

Witnessed by Reporting Centre
Personnel Make

Sketch Plan



Describe Circumstances of the Accident ON 05/12/2022 AT ABOUT 2340HRS, I WAS DRIVING VEHICLE A (SHA3319L) ALONG MACPHERSON ROAD, AT THE JUNCTION OF UPPER ALJUNIED ROAD I DECIDED TO MAKE A U-TURN. WHEN SUDDENLY VEHICLE B (GBE5731R) RAN THE RED LIGHT WHEN I HAD THE RIGHT OF WAY AND COLLIDED INTO THE FRONT PORTION OF MY VEHICLE WHILE I WAS TURNING. WILL SEEK MEDICAL ATTENTION. 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 & Time 06/11/12 U00

Witnessed by Reporting Centre
Personnel Nin