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 22/12/2022 13:51 (SGT) Reported by Driver Date of Accident 22/12/2022 10:30 (SGT) Exact Location of Accident PIE, Singapore Additional Location Information **TUAS** Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Hyundai

Vehicle Registration Number SH6866L

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner COMFORT TRANSPORTATION PTE LTD Company Reg No VFX/P2419138 Email Address fleetsafety@cdgtaxi.com.sg Mobile Phone No (Phone) +65-97546603 Alternative Phone No (Office) +65-65508768

VEHICLE PARTICULARS

Manufacturer

Model 140 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? No - Reporting only Vehicle Category Taxi Transmission Auto CC 1685

INSURANCE COMPANY

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

DRIVER

Name of Driver TOH SEONG PITT NRIC No S0180687D Date Of Birth 26/04/1953 Occupation Outdoor

Date Of Driving Pass 10/02/1971 Driving experience 51 YEARS AND 10 MONTHS Gender Mobile Number (Phone) +65-97546603 Alt. Phone Number Email Address fleetsafety@cdgtaxi.com.sg Address BLK 127 RIVERVALE STREET # 10 - 834 Address complement Postcode 540127 Is the driver the policyholder? No If No, Relationship of the Driver with the Insured Hirer Does Driver Own Other Vehicles? Nο 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 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? 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? Nο Was notice of intended Prosecution given? Nο If yes, against whom? CIRCUMSTANCES OF ACCIDENT ON 22.12.2022 AT ABOUT 1030HRS I WAS DRIVING MY VEHICLE A SH6866L FETCHING MY PASSENGER TO JOO CHIAT ROAD. MY VEHICLE A WAS ON THE LEFT LANE FROM PIE / TUAS SLIP ROAD AT THE EUNOS EXIT. VEHICLE B SMH3056Z WHICH WAS IN FRONT WAS STOPPING. I APPLIED BRAKES BUT SOMEHOW MY VEHICLE A CONTINUED FORWARD AND REAR ENDED VEHICLE B. MY PASSENGER IS NOT INJURED AND SHE DECIDED TO TAKE ANOTHER TAXI. VEHICLE B DRIVER TOLD ME HIS WIFE HURT HER NECK AND SHOULDER. SCENE PHOTOS AND PARTICULARS TAKEN. ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? Yes

FILE IS NOT SUITABLE

Reasons for not uploading a video of the accident

DETAILS OF OTHER VEHICLE PROPERTY 1

SMH3056Z
-
-
-
-
Private car
JAGDIP SINGH
S8615102B
(Phone) +65-91390476
-
-
-
-
-
REAR
2

INJURED PERSONS DETAILS

INJURED 1

Name of injured person Gender Phone No Address	JAGDIP SINGH Male (Phone) +65-91390476
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	NECK AND SHOULDER PAIN
Injured person in which vehicle?	SMH3056Z
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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- 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.
- 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)

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

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

Witnessed by Reporting Centre Personnel

Sketch Plan

A - SH6866L

B - SMH3056Z

PIE / TUAS

Describe Circumstances of the Accident

ON 22.12.2022 AT ABOUT 1030HRS I WAS DRIVING MY VEHICLE A SH6866L FETCHING MY PASSENGER TO JOO CHIAT ROAD. MY VEHICLE A WAS ON THE LEFT LANE FROM PIE / TUAS SLIP ROAD AT THE EUNOS EXIT. VEHICLE B SMH3056Z WHICH WAS IN FRONT WAS STOPPING. I APPLIED BRAKES BUT SOMEHOW MY VEHICLE A CONTINUED FORWARD AND REAR ENDED VEHICLE B. MY PASSENGER IS NOT INJURED AND SHE DECIDED TO TAKE ANOTHER TAXI. VEHICLE B DRIVER TOLD ME HIS WIFE HURT HER NECK AND

SHOULDER. SCENE PHOTOS AND PARTICULARS TAKEN.

Declaration

Time

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

Policyholder's Signature / Date &

Driver's Signature (If drifter is not the policyholder) / Date & Time 22.12.2022 1200HRS

FLASH ACCIDENT EPORTING OFFICER KYMI YONG

Witnessed by Reporting Centre Personnel

















