SJ0G231G000R / JP Knights Pte Ltd
ENTRY DATE & TIME: 16/01/2023 14:19 (SGT)
SUBMITTED BY: Weine Chieng
VERSION: 1 (16/01/2023 14:19 (SGT))

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.
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	16/01/2023 14:19 (SGT)
Reported by	Driver
Date of Accident	15/01/2023 08:40 (SGT)
Exact Location of Accident	Jln Bahagia, Singapore
Additional Location Information	RIGHT TURN JALAN TENTERAM
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SH8185E

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) +65-81013043
Alternative Phone No	(Office) +65-65508768

VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	I40
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	LIM SHEE KHAY
NRIC No	S1785464Z
Date Of Birth	02/03/1967
Occupation	Outdoor

Date Of Driving Pass	13/07/1998
Driving experience	24 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-81013043
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLK 449 CLEMENTI AVENUE 3 #03-241
Address complement	-
Postcode	120449
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 - Change/cross lane
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?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	1
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?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

ON 15/01/2023 AT ABOUT 0840HRS, I WAS DRIVING VEHICLE A BEARING VEHICLE REGISTRATION PLATE, SH8185E, ALONG JALAN BAHAGIA HEADING TO MY ON-CALL PICK UP POINT. AS I WAS TRAVELLING ON THE LEFT LANE OF JALAN BAHAGIA, I DECIDED TO MAKE A RIGHT TURN INTO JALAN TENTERAM. I CHECKED MY REAR VIEW MIRRORS AND SIDE MIRRORS AND IT WAS CLEAR, I SIGNAL TO CHANGE LANE TO THE RIGHT LANE BEFORE PROCEEDING TO MAKE THE RIGHT TURN INTO JALAN TENTERAM . SUDDENLY VEHICLE B BEARING VEHICLE REGISTRATION PLATE, SNC5719X, WHO WAS TRAVELLING ON THE RIGHT LANE OF JALAN BAHAGIA, COLLIDED ONTO MY VEHICLE RIGHT REAR FENDER AND PASSENGER SIDE DOOR. NOBODY WAS INJURED AT THE TIME OF ACCIDENT.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	FILE NOT SUITABLE

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SNC5719X
Vehicle Manufacturer	Toyota

Vehicle Model	Corolla
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	TIONG FONG LIANG
NRIC No	S1850662I
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	2

SKETCH PLAN

IMPORTANT NOTICE

1. Please correctly report the details of the accident to speed up the claims process.
2. This Form must be **completed by the Policyholder and/or the Authorized Driver**.
3. Information provided must be as **truthful and accurate as possible**. Any willful 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 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 lodgment of this report to the insurers, you hereby consent to the archiving of this report at the center 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 workshop 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' lawyers/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 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' 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

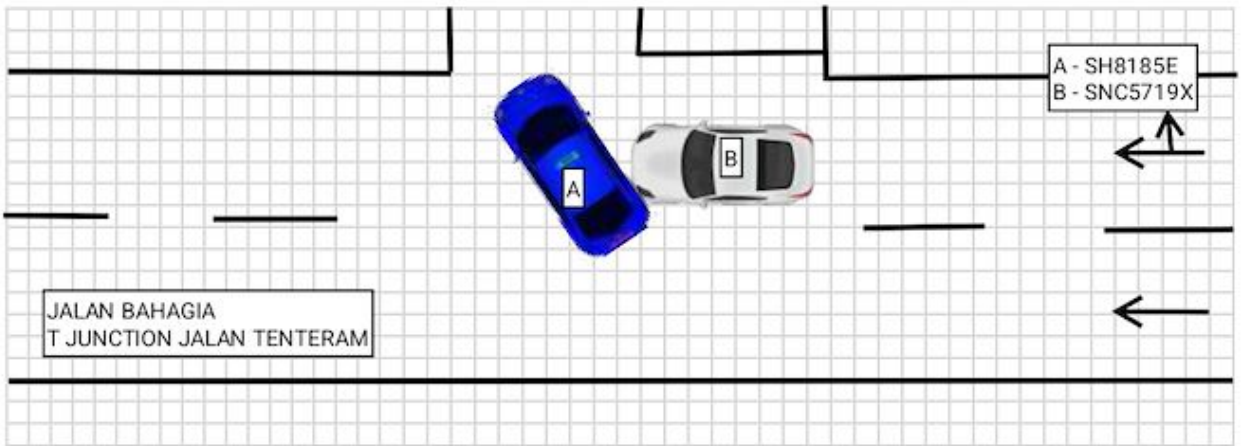
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

FLASH ACCIDENT REPORTING OFFICER

FRO LATIFF

Policyholder's Signature / Date & Time	Driver's Signature (If driver is not the policyholder) / Date & Time	Witnessed by Reporting Centre Personnel
	16/01/2023 0945hrs	

Sketch Plan



Describe Circumstances of the Accident

ON 15/01/2023 AT ABOUT 0840HRS, I WAS DRIVING VEHICLE A BEARING VEHICLE REGISTRATION PLATE, SH8185E, ALONG JALAN BAHAGIA HEADING TO MY ON-CALL PICK UP POINT. AS I WAS TRAVELLING ON THE LEFT LANE OF JALAN BAHAGIA, I DECIDED TO MAKE A RIGHT TURN INTO JALAN TENTERAM. I CHECKED MY REAR VIEW MIRRORS AND SIDE MIRRORS AND IT WAS CLEAR, I SIGNAL TO CHANGE LANE TO THE RIGHT LANE BEFORE PROCEEDING TO MAKE THE RIGHT TURN INTO JALAN TENTERAM . SUDDENLY VEHICLE B BEARING VEHICLE REGISTRATION PLATE, SNC5719X, WHO WAS TRAVELLING ON THE RIGHT LANE OF JALAN BAHAGIA, COLLIDED ONTO MY VEHICLE RIGHT REAR FENDER AND PASSENGER SIDE DOOR. NOBODY WAS INJURED AT THE TIME OF ACCIDENT.

Declaration

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

FLASH ACCIDENT REPORTING OFFICER

FRO LATIFF

Policyholder's Signature / Date & Time	Driver's Signature (If driver is not the policyholder) / Date & Time	Witnessed by Reporting Centre Personnel
	16/01/2023 0945hrs	

IMAGES

IMAGES #2

IMAGES #3

IMAGES #4

IMAGES #5