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 19/01/2023 14:56 (SGT) Reported by Driver Date of Accident 19/01/2023 11:30 (SGT) Exact Location of Accident Dover Rd, Singapore Additional Location Information Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

SHC2956T Vehicle Registration Number

INSURED/POLICYHOLDER

Is company? Yes COMFORT TRANSPORTATION PTE LTD Name Of Registered Owner 1XXXXX821R Company Reg No Email Address fleetsafety@cdgtaxi.com.sg (Phone) +65-97336996 Mobile Phone No Alternative Phone No (Office) +65-65508768

VEHICLE PARTICULARS

Hyundai Manufacturer Ae ioniq Exact purpose for which vehicle was being used at time of Private hire accident Are you claiming under your own insurance policy for repair to No - Claiming third party your vehicle? Taxi Vehicle Category Auto Transmission 1580

INSURANCE COMPANY

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

DRIVER

Name of Driver ONG KWANG HWEE SXXXX266A NRIC No 18/02/1961 Date Of Birth Outdoor Occupation

Accident report SJ0G231J000X

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Date Of Driving Pass	17/09/1979
Driving experience	43 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97336996
Alt. Phone Number	•
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLK 801C KEAT HONG CLOSE # 02 - 47
Address complement	
Postcode	683801
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 - Major/Minor Rd
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)	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 19.01.2023 AT ABOUT 1130HRS I WAS DRIVING MY VEHICLE A SHC2956T ON THE MOST LEFT LANE OF DOVER IN THE DIRECTION OF CLEMENTI ROAD. VEHICLE B SNH645OL DROVE OUT FROM A SLIP TOAD OF DOVER ROAD AND COLLIDED HER VEHICLE B DRIVER'S DOOR ONTO MY VEHICLE A LEFT FRONT.

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

DETAILS OF OTHER VEHICLE PROPERTY 1



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Vehicle Registration Number	SNH6450L
Vehicle Manufacturer	Mercedes
Vehicle Model	Wercedes
Vehicle Variant	-
Vehicle Colour	-
V-1:1-0	
Name of Driver	Private car
Name of Driver	SHI JUN
NRIC No	SXXXX493I
Contact Number	(Phone) +65-98171365
Address	
Address complement	
	1 4 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Insurance Company Name	Section of the second
Nature Of Damage	Street Control
Details of property damaged in accident	RIGHT FRONT DOOR
No. Of Passenger (Including Driver)	
3 - (3	2

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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)

Lunderstand, 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.
- (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, involces, 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.

Driver's Signature (If driver is not the policyholder) / Date 1340HRS & Time 19.01.2023

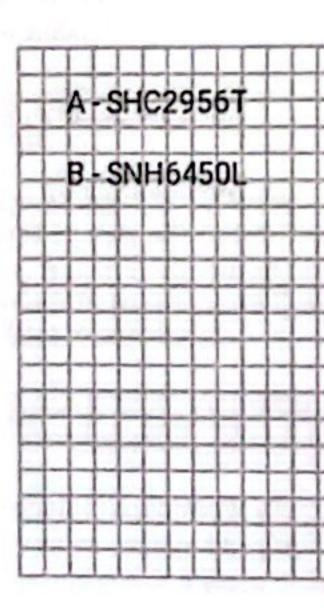
REPORTING OFFICE KYMI YONG

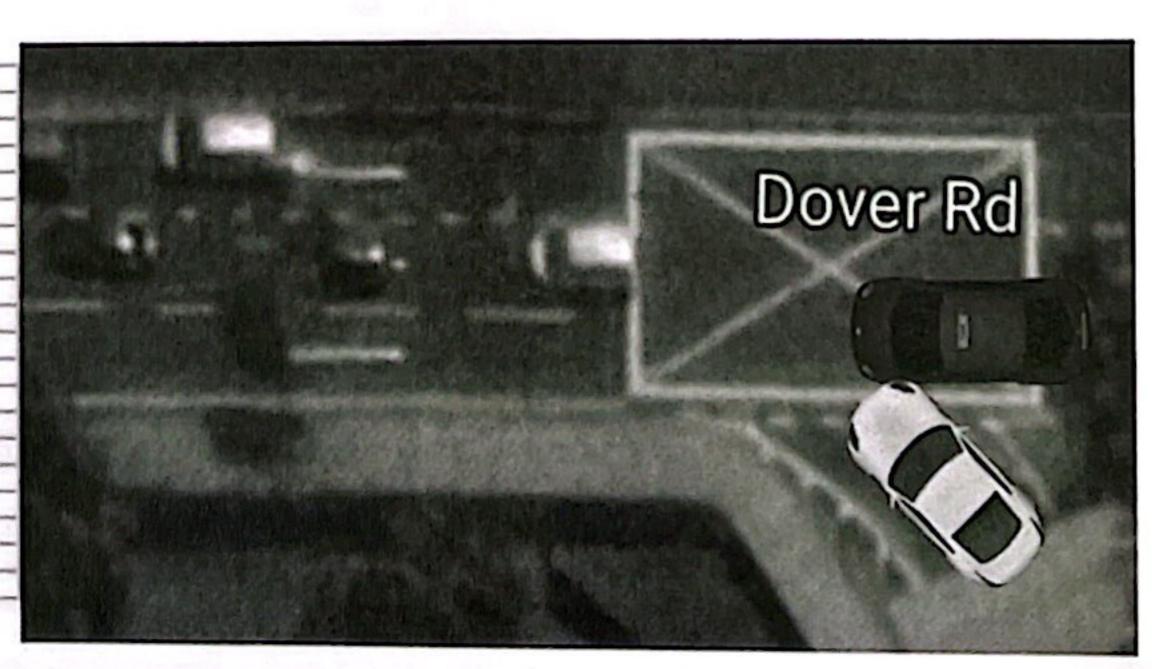
FLASH ACCIDENT

Witnessed by Reporting Centre Personnel

Policyholder's Signature / Date & Time

Sketch Plan





Describe Circumstances of the Accident

ON 19.01.2023 AT ABOUT 1130HRS I WAS DRIVING MY VEHICLE A SHC2956T ON THE MOST LEFT LANE OF DOVER IN THE DIRECTION OF CLEMENTI ROAD. VEHICLE B SNH6450L DROVE OUT FROM A SLIP TOAD OF DOVER ROAD AND COLLIDED HER VEHICLE B DRIVER'S DOOR ONTO MY VEHICLE A LEFT FRONT.

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

Declaration

Time

IWe declare the foregoing particulars are true in every respect.

Driver's Signature (If driver is not the policyholder) / Date & Time 19.01.2023 1345HRS

FLASH ACCIDENT REPORTING OFFICER KYMI YONG

Witnessed by Reporting Centre Personnel

Policyholder's Signature / Date &