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 14:04 (SGT)

Reported by

Date of Accident 19/01/2023 10:00 (SGT)

Exact Location of Accident PIE, Singapore

Additional Location Information **CHANGI BEFORE LORNIE**

Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SH8101Y

INSURED/POLICYHOLDER

Is company?

COMFORT TRANSPORTATION PTE LTD Name Of Registered Owner

Company Reg No 1XXXXXX821R

fleetsafety@cdgtaxi.com.sg **Email Address** Mobile Phone No (Phone) +65-96630085 (Office) +65-65508768 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Model Prius

Variant

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

your vehicle? No - Claiming third party Vehicle Category Taxi

Transmission Auto

CC 1798

INSURANCE COMPANY

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

DRIVER

Name of Driver WONG KIAT KEONG NRIC No SXXXX371D Date Of Birth 09/12/1963 Occupation Outdoor

Accident report SJ0G231J000O

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30/10/1981 **Date Of Driving Pass** 41 YEARS AND 3 MONTHS **Driving experience** Male Gender (Phone) +65-96630085 Mobile Number Alt. Phone Number fleetsafety@cdgtaxi.com.sg Email Address BLK 288 CHOA CHU KANG AVENUE 3 #09 - 282 Address Address complement 680288 Postcode No Is the driver the policyholder? Hirer If No, Relationship of the Driver with the Insured No Does Driver Own Other Vehicles? 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? No 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) No soliciting/offering accident claims assistance? Translator's name Translator's ID Translator's phone number Translator's email Original language used in the statement PASSENGER 1 UNKNOWN Name Male Gender PASSENGER 2 UNKNOWN Name

Gender Male

PASSENGER 3

UNKNOWN Name Gender

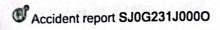
DETAILS OF POLICE ACTION

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 1000HRS I WAS DRIVING MY VEHICLE A SH8101Y FETCHING MY PASSENGERS TO AIRPORT. MY VEHICLE A WAS ON THE 1ST LANE OF PIE / CHANGI. BEFORE LORNIE EXIT, TRAFFIC WAS HEAVY AND I STOP MY VEHICLE A , VEHICLE B SJK5446M THEN REAR ENDED MY STATIONARY VEHICLE A. MY PASSENGERS ARE NOT INJURED AND I PROCEEDED TO SEND THEM TO DESTINATION. SCENE PHOTOS TAKEN NO PARTICULARS EXCHANGED.

ATTACHMENT(S)



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FILE IS NOT SUITABLE

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SJK5446M Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category Name of Driver Contact Number **Address** Address complement Postcode Insurance Company Name Nature Of Damage **FRONT** Details of property damaged in accident No. Of Passenger (Including Driver)

SKETCH PLAN

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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 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.
- B. 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.
- (v) 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")

Policyholder's Signature / Date &

- (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.

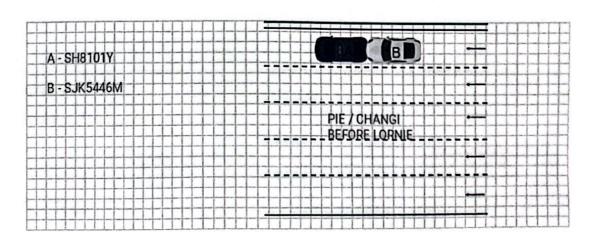
Driver's Signature (if driver is not the policyholder) / Date & Time 19.01.2023 1140HRS

Witnessed by Reporting Centre Personnel

FLASH ACCIDENT REPORTING OFFICE KYMI YONG

Sketch Plan

Time



Describe Circumstances of the Accident

ON 19.01.2023 AT ABOUT 1000HRS I WAS DRIVING MY VEHICLE A SH8101Y FETCHING MY PASSENGERS TO AIRPORT. MY VEHICLE A WAS ON THE 1ST LANE OF PIE / CHANGI. BEFORE LORNIE EXIT, TRAFFIC WAS HEAVY AND I STOP MY VEHICLE A . VEHICLE B SJK5446M THEN REAR ENDED MY STATIONARY VEHICLE A. MY PASSENGERS ARE NOT INJURED AND I PROCEEDED TO SEND THEM TO DESTINATION.

SCENE PHOTOS TAKEN.

NO PARTICULARS EXCHANGED.

Declaration

IWe 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 19.01.2023 1145HRS

FLASH ACCIDENT KYMI YONG

Witnessed by Reporting Centre Personnel