© 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.

- 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. o. This report will be forwarded by the insurers of the Gircheston management centre established by the defended insurers 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 afor

ACCIDENT STATEMENT

Date of Submission 11/02/2023 13:05 (SGT) Reported by Driver

Date of Accident 10/02/2023 19:30 (SGT)

Exact Location of Accident BKE, Singapore Additional Location Information BEFORE SLE EXIT

Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Private hire

Vehicle Registration Number SHD3584X

INSURED/POLICYHOLDER

Is company?

COMFORT TRANSPORTATION PTE LTD Name Of Registered Owner

1XXXXX821R Company Reg No

Email Address fleetsafety@cdgtaxi.com.sg Mobile Phone No (Phone) +65-97543173 Alternative Phone No (Office) +65-65508768

VEHICLE PARTICULARS

Manufacturer Hyundai 140 Model

Variant

Exact purpose for which vehicle was being used at time of accident

Are you claiming under your own insurance policy for repair to your vehicle?

No - Claiming third party Taxi Vehicle Category

Transmission Auto CC 1685

INSURANCE COMPANY

Name of Insurance Company HSBC Life (Singapore) Pte. Ltd

Policy Number / Cover Note Number VFX/P2419138

DRIVER

Name of Driver CHUAH HOCK HUAT NRIC No SXXXX538A Date Of Birth 04/03/1967 Occupation Outdoor

Accident report SJ0G232B000O

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Date Of Driving Pass 17/07/1995 Driving experience 27 YEARS AND 7 MONTHS Gender Male Mobile Number (Phone) +65-97543173 Alt. Phone Number fleetsafety@cdgtaxi.com.sg Email Address BLK 322 SEMBAWANG CLOSE # 10-293 Address Address complement 750322 Postcode No Is the driver the policyholder? If No, Relationship of the Driver with the Insured Hirer 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 Chain Collision
Weather Conditions Raining
Road Surface Wet

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) 2 Has the driver been approached by unknown person(s) Yes 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

Name UNKNOWN
Gender Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?

Was notice of intended Prosecution given?

No
If yes, against whom?

CIRCUMSTANCES OF ACCIDENT

ON 10.02.2023 AT ABOUT 1930HRS I WAS DRIVING MY VEHICLE A SHD3584X FETCHING MY PASSENGER TO WOODLANDS. MY VEHICLE A WAS ON THE 3RD LANE OF BKE/ WOODLANDS. BEFORE SLE EXIT VEHICLE C SMN4387E WHICH WAS INFRONT STOP, I TOO STOP

VEHICLE B SKP8838H THEN REAR ENDED MY STATIONARY VEHICLE A CAUSING MY VEHICLE A SURGE FORWARD AND REAR ENDED VEHICLE C. MY PASSENGER IS NOT INJURED AND I PROCEEDED TO SEND HIM TO DESTINATION AFTER TAKING SCENE PHOTOS AND HANDPHONE EXCHANGED.

ATTACHMENT(S)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

Reasons for not uploading a video of the accident

Yes

FILE NOT SUITABLE

Accident report SJ0G232B000O

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DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SKP8838H Vehicle Manufacturer Volkswagen Vehicle Model Vehicle Variant Vehicle Colour Private car Vehicle Category Name of Driver Contact Number (Phone) +65-90623565 Address Address complement Postcode Insurance Company Name FRONT Nature Of Damage Details of property damaged in accident No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number **SMN4387E** Vehicle Manufacturer Honda Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category Private car Name of Driver (Phone) +65-93391261 Contact Number Address Address complement Postcode Insurance Company Name Nature Of Damage Details of property damaged in accident No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

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- 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.
- (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 malling 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")

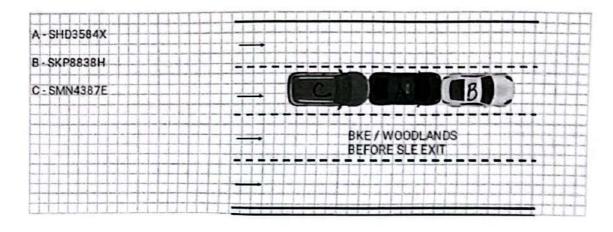
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents(including their tawyers/law firms), which may be sted outside of Singapore, for one or more of the above Purposes.

FLASH ACCIDENT

Policyholder's Signature / Date &

Driver's Signature (if driver is not the policyholder) / Date & Time 11,02,2023 0855HRS Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

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

Declaration

We declare the foregoing particulars are true in every respect.

Driver's Signature (If driver is not the policyholder) / Date & Time 11.02.2023 0900HRS

FLASH ACCIDENT REPORTING OFFIC KYMI YONG

Witnessed by Reporting Centre Personnel

Policyholder's Signature / Date &