SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report <u>correctly</u> the details of the accident to speed up the claims process.

2. This Form must be <u>completed by the Policyholder and/or the Actual Driver</u>

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

3. Information provided must be as itstitution and acceptance to possess the 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

14/02/2023 16:51 (SGT) Date of Submission Driver Reported by 13/02/2023 21:30 (SGT) Date of Accident Exact Location of Accident PIE, Singapore Additional Location Information Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHD3223M

INSURED/POLICYHOLDER

Is company? Yes COMFORT TRANSPORTATION PTE LTD Name Of Registered Owner 1XXXXX821R Company Reg No fleetsafety@cdgtaxi.com.sg Email Address (Phone) +65-97472775 Mobile Phone No (Office) +65-65508768 Alternative Phone No

VEHICLE PARTICULARS

Hyundai Manufacturer Model 140 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 No - Claiming third party your vehicle? Taxi Vehicle Category Transmission Auto 1685 CC

INSURANCE COMPANY

HSBC Life (Singapore) Pte. Ltd Name of Insurance Company Policy Number / Cover Note Number VFX/P2419138

DRIVER

Name of Driver HO LIANG QWEE NRIC No SXXXX954E Date Of Birth 25/06/1951 Occupation Outdoor

Accident report SJ0G232E000P

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Date Of Driving Pass Driving experience Gender Mobile Number Alt. Phone Number Email Address Address Address complement Postcode Is the driver the policyholder?	07/05/1971 51 YEARS AND 9 MONTHS Male (Phone) +65-97472775 - fleetsafety@cdgtaxi.com.sg 27 LOR 7 REALTY PARK - 536785 No	
If No, Relationship of the Driver with the Insured	RELIEF DRIVER	
Does Driver Own Other Vehicles?	No	
Vehicle Registration Number of Other Vehicle Owned by Driver		
Insurance Company of Other Vehicle Owned by Driver	opposite of the	
GENERAL INFORMATION OF THE ACCIDENT		The state of the s
Type of Accident	Chain Collision	
Weather Conditions	Clear	
Road Surface	Dry	

Type of Accident	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
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

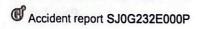
ON 13.02.2023 AT ABOUT 2130HRS I WAS DRIVING MY VEHICLE A SHD3223M ON THE 1ST LANE OF PIE/CHANGI. AT THE EUNOS FLYOVER, TRAFFIC WAS HEAVY VEHICLE B SLP356Y REAR ENDED MY VEHICLE A AND VEHICLE C SLC5594L HAD REAR ENDED VEHICLE B NO ONE WAS INJURED. SCENE PHOTOS AND PARTICULARS TAKEN.

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	SLP356Y
Vehicle Manufacturer	Mazda
Vehicle Model	No.
Vehicle Variant	OH-
Vehicle Colour	-



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Vehicle Category	Private car
Name of Driver	DONG CHEN YEW (Phone) +65-93694167
Contact Number	(Phone) +63-93694107
Address	•
Address complement	•
Postcode	·
Insurance Company Name	14 124
Nature Of Damage	FRONT AND REAR
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SLC5594L
Vehicle Manufacturer	Honda
Vehicle Model	
Vehicle Variant	CONTROL OF THE PROPERTY OF THE
Vehicle Colour	A THE CONTRACTOR
Vehicle Category	Private car
Name of Driver	IDRIS
Contact Number	(Phone) +65-96725657
Address	Towns in page of
Address complement	and population to the contract
Postcode	and a continue of the contract
Insurance Company Name	Park the Allert Control
Nature Of Damage	FRONT
Details of property damaged in accident	
No. Of Passenger (Including Driver)	- 1 Day 2 Day 2

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please correctly report the details of the accident to speed up the claims process.
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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
- (ii) Investigating the accident and/or my claims,
- (ii) carrying out and/or dealing with my instructions or responding to any enquiries by me.
- (M) 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.

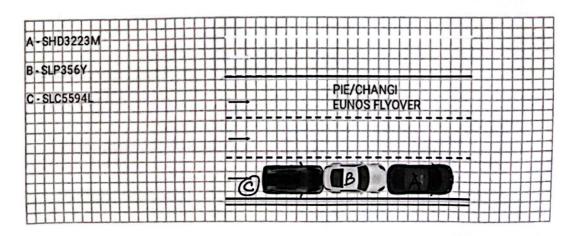
FLASH ACCIDENT REPORTING OFFIC KYMI YONG

Policyholder's Signature / Date & Time

Driver's Signature (if driver is not the policyholder) / Date & Time 14.02.2023 0910HRS

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident ON 13.02.2023 AT ABOUT 2130HRS I WAS DRIVING MY VEHICLE A SHD3223M ON THE 1ST LANE OF PIE/CHANGI. AT THE EUNOS FLYOVER, TRAFFIC WAS HEAVY. VEHICLE B SLP356Y REAR ENDED MY VEHICLE A AND VEHICLE C SLC5594L HAD REAR ENDED VEHICLE B. NO ONE WAS INJURED. SCENE PHOTOS AND PARTICULARS TAKEN.

Declaration

We 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 14.02.2023 0915HRS

Witnessed by Reporting Centre Personnel

FLASH ACCIDENT REPORTING OFFICE KYMI YONG

