SJ0G232F0007-01 / JP Knights Pte Ltd ENTRY DATE & TIME: 15/02/2023 09:53 (SGT) SUBMITTED BY: Weine Chieng VERSION: 2 (15/02/2023 16:16 (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.

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 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 15/02/2023 09:53 (SGT) Reported by Driver Date of Accident 14/02/2023 16:40 (SGT) Exact Location of Accident Choa Chu Kang Loop, Singapore Additional Location Information INFRONT OF NORTHVALE CONDO Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHC2526B

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner COMFORT TRANSPORTATION PTE LTD Company Reg No 1XXXXX821R Email Address fleetsafety@cdgtaxi.com.sg Mobile Phone No (Phone) +65-92347985 Alternative Phone No (Office) +65-65508768

VEHICLE PARTICULARS

Manufacturer

Hyundai Model 140 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 No - Claiming third party your vehicle? Vehicle Category Taxi 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 ASZRI BIN SARKAWI NRIC No SXXXX726J Date Of Birth 23/10/1972 Occupation Outdoor

Date Of Driving Pass 19/07/1990 Driving experience 32 YEARS AND 7 MONTHS Gender Mobile Number (Phone) +65-92347985 Alt. Phone Number Email Address fleetsafety@cdgtaxi.com.sg Address 346, YISHUN AVE 11 - # 06 - 107 Address complement Postcode 760346 Is the driver the policyholder? No If No, Relationship of the Driver with the Insured Hirer Does Driver Own Other Vehicles? Nο 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) soliciting/offering accident claims assistance? Nο Translator's name Translator's ID Translator's phone number Translator's email Original language used in the statement PASSENGER 1 Name **UNKNOWN** Gender DETAILS OF POLICE ACTION Was the accident reported to the police? Nο Was notice of intended Prosecution given? Nο If yes, against whom? CIRCUMSTANCES OF ACCIDENT ON 14/02/2023 AROUND 1640HRS I WAS DRIVING VEHICLE A (SHC2526B) AT CHOA CHU KANG LOOP I WAS AT THE TRAFFIC LIGHT JUNCTION TURNING RIGHT TO NORTHVALE CONDO. AS I WAS ABOUT TO MOVE SUDDENLY THERE WAS THIS VEHICLE B(FT6595J) REAR ENDED VEHICLE A. NOBODY IS INJURED AND NO OTHER VEHICLE IS INVOLVED. ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

FILE IS NOT SUITABLE

Reasons for not uploading a video of the accident

Vehicle Registration Number	FT6595J
Vehicle Manufacturer	Honda
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
Name of Driver	LEE TÉCK MAN
NRIC No	SXXXX166B
Contact Number	(Phone) +65-94745711
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

- 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 <u>truthful and accurate as possible</u>. Any willful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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, 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

Policyholder's Signature / Date & Time

Driver's Signature (1 triver is not the policyholder) / Date & Time 14/02/2023 2200HRS

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

ON 14/02/2023 AROUND 1640HRS I WAS DRIVING VEHICLE A (SHC2526B) AT CHOA CHU KANG LOOP I WAS AT THE TRAFFIC LIGHT JUNCTION TURNING RIGHT TO NORTHVALE CONDO. AS I WAS ABOUT TO MOVE SUDDENLY THERE WAS THIS VEHICLE B(FT6595J) REAR ENDED VEHICLE A. NOBODY IS INJURED AND NO OTHER VEHICLE IS INVOLVED.

Declaration

I/We declare the foregoing particulars are true in every respec

Policyholder's Signature / Date & Time

Driver's Signature (Indriver is not the policyholder) / Date & Time 12/02/2023 2200HRS

FLASH ACCIDENT COUNTY REPORTING OFFICER
FRO VICKY

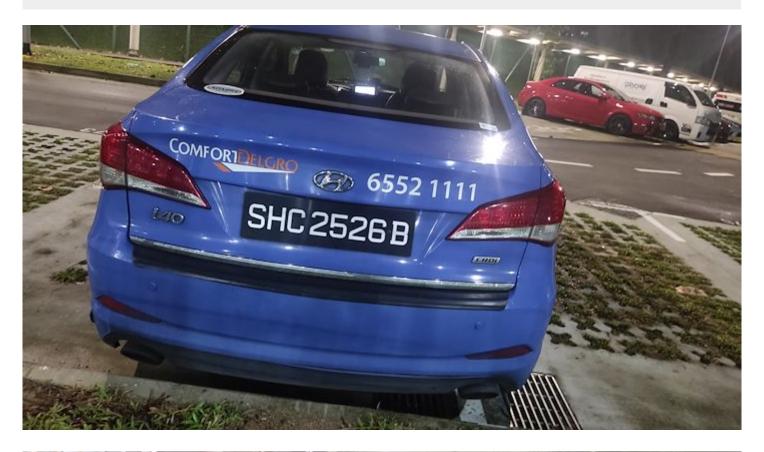
Witnessed by Reporting Centre Personnel







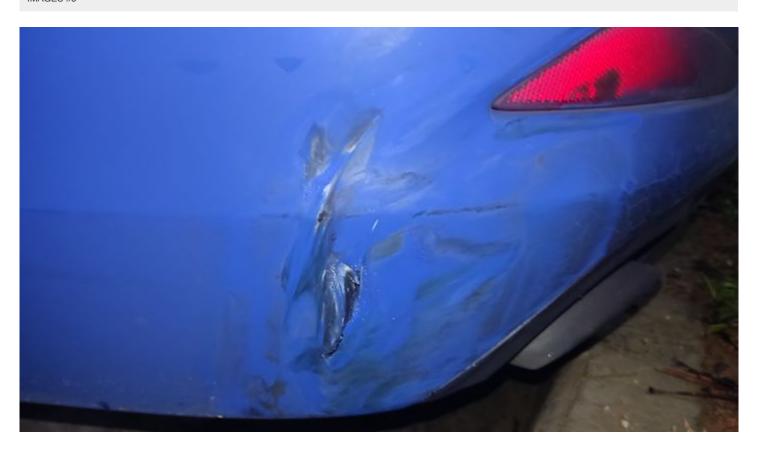














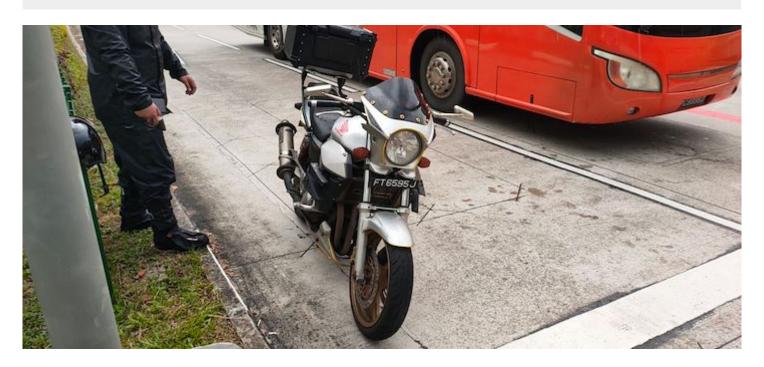














IMPORTANT NOTE: Please submit the completed Addendum form to the <u>same</u> Accident Reporting Centre with whom you submitted the Original Report.

ADDENDU	M					
PARTICULARS OF PERSON MAKING THE AMENDMENTS	:					
Original Report No: SJ0G232F0007						
Name (as shown in NRIC): Comfort Transportation Pte Ltd						
Address:			Singapore ()		
Contact (Tel):	Mobile No.:					
Email Address:						
14/02/2023	The of tooldest.	16:40				
		-				
Insurance Company: HSBC LIFE(SINGAPORE) PTE	LID					
ADDITIONAL INFORMATION /AMENDMENTS:						
	nd would like to inc	lude add	litional information	n or		
§						
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2						
<u> </u>						
	303,0000					
Policyholder / Driver's Signature	Säta	S	nnel's Signature			
	Original Report No: SJ0G232F0007 Name (as shown in NRIC): Comfort Transportation Pte Ltd (*Vehicle Driver/Vehicle Owner) (*) Please delete as apple Address: Contact (Tel): Email Address: Date of Accident: 14/02/2023 Place of Accident: Choa Chu Kang Loop, Insurance Company: HSBC LIFE(SINGAPORE) PTE INSURANCE COMPANY (AMENDMENTS:	Original Report No: SJ0G232F0007 Vehicle Registration Name (as shown in NRIC): Comfort Transportation Pte Ltd NRIC/FIN/Passpo (*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate Address: Mobile No.: Mobile No.: Date of Accident: 14/02/2023 Time of Accident: Choa Chu Kang Loop, Insurance Company: HSBC LIFE(SINGAPORE) PTE LTD ADDITIONAL INFORMATION /AMENDMENTS: I have made a report on the above-mentioned accident and would like to incomake the following amendments:	Original Report No: SJ0G232F0007 Vehicle Registration No: S Name (as shown in NRIC): Comfort Transportation Pte Ltd NRIC/FIN/Passport No: 1 (*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate Address:	Original Report No: SJ0G232F0007 Vehicle Registration No: SHC2526B Name (as shown in NRIC): Comfort Transportation Pte Ltd NRIC/FIN/Passport No: 1XXXXX821R (*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate Address: Singapore (Contact (Tel): Mobile No.: Email Address: Date of Accident: 14/02/2023 Time of Accident: 16:40 Place of Accident: Choa Chu Kang Loop, Insurance Company: HSBC LIFE(SINGAPORE) PTE LTD ADDITIONAL INFORMATION /AMENDMENTS: I have made a report on the above-mentioned accident and would like to include additional information make the following amendments:		

