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 18/02/2023 10:24 (SGT) Reported by Driver 17/02/2023 08:15 (SGT) Date of Accident Exact Location of Accident Bedok North Ave 1, Singapore TWDS BEDOK SOUTH ROAD Additional Location Information Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHC8288Z

INSURED/POLICYHOLDER

Is company? Yes COMFORT TRANSPORTATION PTE LTD Name Of Registered Owner Company Reg No 1XXXXX821R Email Address fleetsafety@cdgtaxi.com.sg (Phone) +65-96188420 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? Vehicle Category Taxi Auto Transmission 1580

INSURANCE COMPANY

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

DRIVER

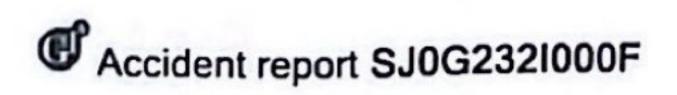
Name of Driver LEE CHIN KOK SXXXX753A Date Of Birth 01/02/1966 Occupation Outdoor

Accident report SJ0G232I000F

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Date Of Driving Pass	13/03/1986
Driving experience	36 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96188420
Alt. Phone Number	
Email Address	fleetsafety@cdgtaxl.com.sg
Address	BLK 844 YISHUN STREET 81 # 10 - 170
Address complement	
Postcode	760844
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	Side Swipe
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? Translator's name	No
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?	
ii yes, against whom?	
CIRCUMSTANCES OF ACCIDENT	
TOWARDS BEDOK SOUTH AVE 1. VEHICLE B SLH9481B ON MY LANE, HIS VEHICLE B LEFT WING MIRROR HIT MY VEHI	ICLE A SHC8288Z ON THE 3RD LANE OF BEDOK NORTH AVE 1 MY RIGHT WITH PASSENGER ON BOARD, SUDDENLY CUT INTO ICLE A RIGHT WING MIRROR. VEHICLE B MIRROR WAS FLIP K AND HE SPED OFF. I GAVE CHASE BUT HE STILL CONTINUE
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
	D VELICLE PROPERTY 1
DETAILS OF OTHER	R VEHICLE PROPERTY 1
Vehicle Registration Number	SLH9481B
	- OLI 10401D
Vehicle Manufacturer	
Vehicle Model	
-0	
Accident report SJ0G232I000F	Page 2 of 9

Vehicle Variant	
Vehicle Colour	
Vehicle Category	Private hire
Name of Driver	-
Contact Number	
Address	-
Address complement	
Postcode	•
Insurance Company Name	
Nature Of Damage	LEFT WING MIRROR
Details of property damaged in accident	
No. Of Passenger (Including Driver)	



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SKETCH PLAN

IMPORTANT NOTICE

- 1. Please correctly report the details of the accident to speed up the claims process.
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- 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 aforesald.
- 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.

Policyholder's Signature / Date & Time

Driver's Signature (If driver is not the policyholder) / Date 1440HRS & Time 17.02.2023

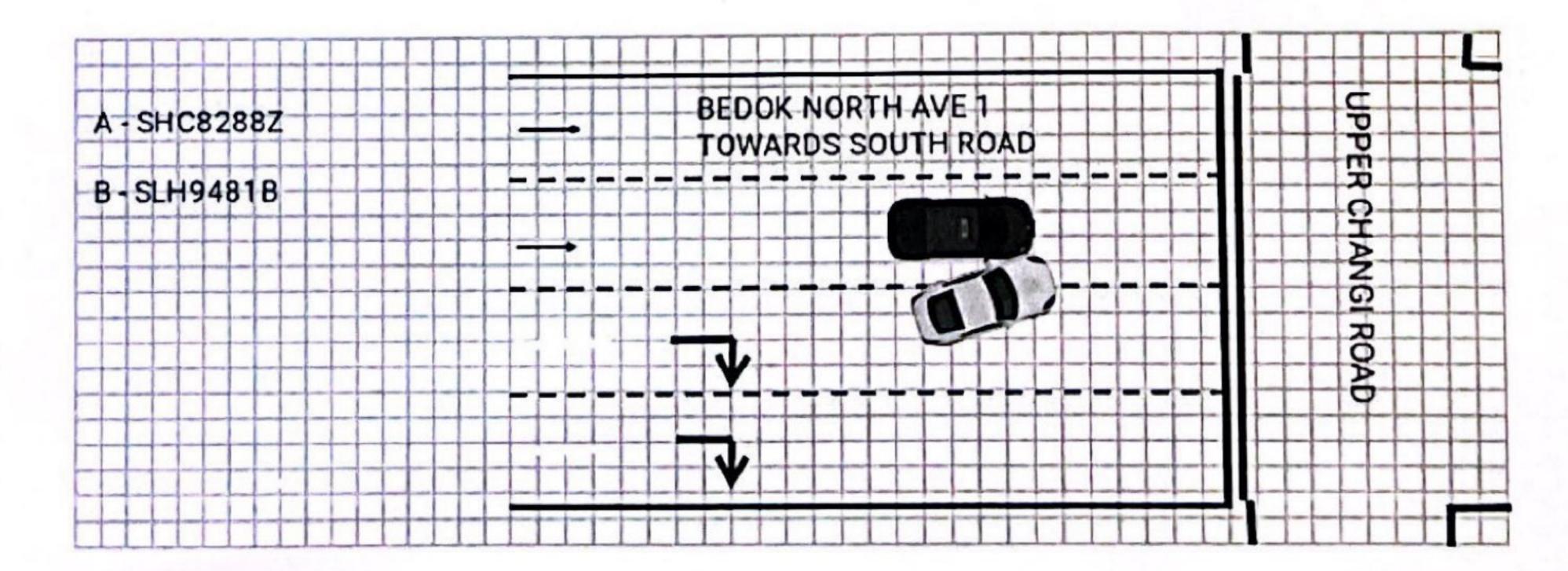
Witnessed by Reporting Centre Personnel

FLASH ACCIDENT

REPORTING OFFICER

KYMI YONG

Sketch Plan



Describe Circumstances of the Accident

ON 17.02.2023 AT ABOUT 0815HRS I WAS DRIVING MY VEHICLE A SHC8288Z ON THE 3RD LANE OF BEDOK NORTH AVE 1 TOWARDS BEDOK SOUTH AVE 1. VEHICLE B SLH9481B ON MY RIGHT WITH PASSENGER ON BOARD, SUDDENLY CUT INTO MY LANE. HIS VEHICLE B LEFT WING MIRROR HIT MY VEHICLE A RIGHT WING MIRROR. VEHICLE B MIRROR WAS FLIP BACKWARDS, HE DID NOT STOP AND DID NOT EVEN CHECK AND HE SPED OFF. I GAVE CHASE BUT HE STILL CONTINUE TO DRIVE AWAY AND TURN INTO THE INDUSTRIAL AREA. NO SCENE PHOTOS 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 17.02.2023

1445HRS

FLASH ACCIDENT REPORTING OFFICER KYMI YONG

Witnessed by Reporting Centre Personnel



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