SJ0G232P000D-02 / JP Knights Pte Ltd ENTRY DATE & TIME: 25/02/2023 10:49 (SGT) SUBMITTED BY: Weine Chieng VERSION: 3 (13/03/2023 16:01 (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.

- 4. The issue and acceptance of this is form by instrained 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 25/02/2023 10:49 (SGT) Reported by Date of Accident 24/02/2023 14:50 (SGT) Exact Location of Accident PIE, Singapore Additional Location Information **TOWARDS PIPIT ROAD** Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Hyundai

Vehicle Registration Number SHD7291P

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner COMFORT TRANSPORTATION PTE LTD Company Reg No 199303821R Email Address fleetsafety@cdgtaxi.com.sg Mobile Phone No (Phone) +65-82898347 Alternative Phone No (Office) +65-65508768

VEHICLE PARTICULARS

Manufacturer

Model Ae ioniq 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 - Reporting only your vehicle? Vehicle Category Taxi Transmission Auto CC 1580

INSURANCE COMPANY

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

DRIVER

Name of Driver RAMESH S/O V RATNASAMY NRIC No S7443512B Date Of Birth 05/09/1974 Occupation Outdoor



Date Of Driving Pass 15/03/2002 Driving experience 20 YEARS AND 11 MONTHS Gender Mobile Number (Phone) +65-82898347 Alt. Phone Number Email Address fleetsafety@cdgtaxi.com.sg Address **BLK 172 YISHUN AVENUE 7#02-801** Address complement Postcode 760712 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? 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? Nο Was notice of intended Prosecution given? Nο

If yes, against whom?

CIRCUMSTANCES OF ACCIDENT

ON THE 24/02/2023 AT ABOUT 1450 HOURS, I WAS DRIVING VEHICLE A (SHD7291P) ON LANE 3 ALONG PIE SLIP ROAD TOWARDS PIPIT ROAD WHEN I WAS INITIALLY IN STATIONARY POSITION BUT I HAVE ACCIDENTALLY RELEASED MY FOOT OFF THE BRAKE PEDAL AND THE TAXI ROLLED FORWARD AND REAR ENDED VEHICLE B (SLT4831P). NOBODY IS INJURED.

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 IS NOT SUITABLE

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SLT4831U Vehicle Manufacturer Toyota Vehicle Model Vios Vehicle Variant Vehicle Colour

Vehicle Category	Private car
Name of Driver	_
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

- 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.
- 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.
- (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 process my Personal Information for process and/or process; 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

Sketch Plan

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

24/02/2023 1635

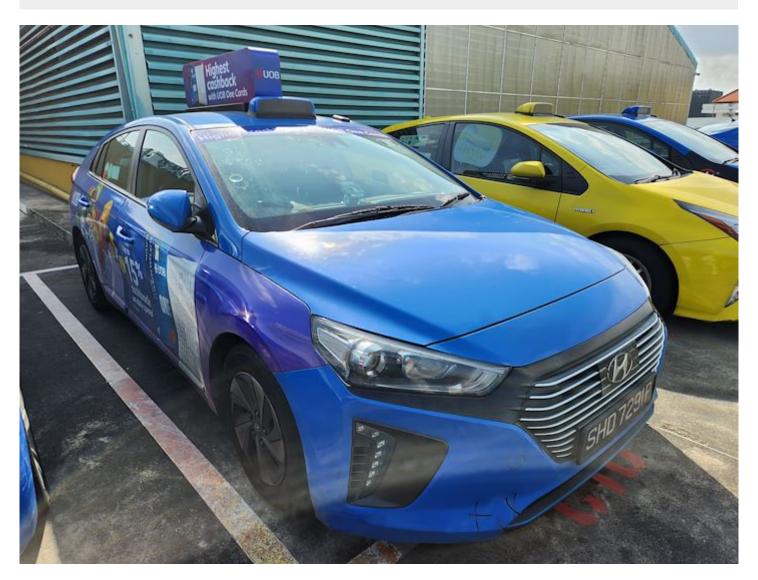
Witnessed by Reporting Centre Personnel

PIE (CHANGI) TOWARDS PIPIT ROAD

A - SHD729TP
B - SLT4831U

Describe Circumstances of the Accident

PIE SLIP ROAD TOWARDS ACCIDENTALLY RELEASED	BOUT 1450 HOURS, I WAS DRIVING VEHICLE A (SEPIPIT ROAD WHEN I WAS INITIALLY IN STATIONAL OF MY FOOT OFF THE BRAKE PEDAL AND THE TAX SLT4831U). NOBODY IS INJURED.	RY POSITION BUT I HAVE
Declaration We declare the foregoing particular	rs are true in every respect.	and in
Policyholder's Signature / Date & Time	Driver's Signature (If driver is not the policyholder) / Date & Time 24/02/2028 1635	Witnessed by Reporting Centre Personnel

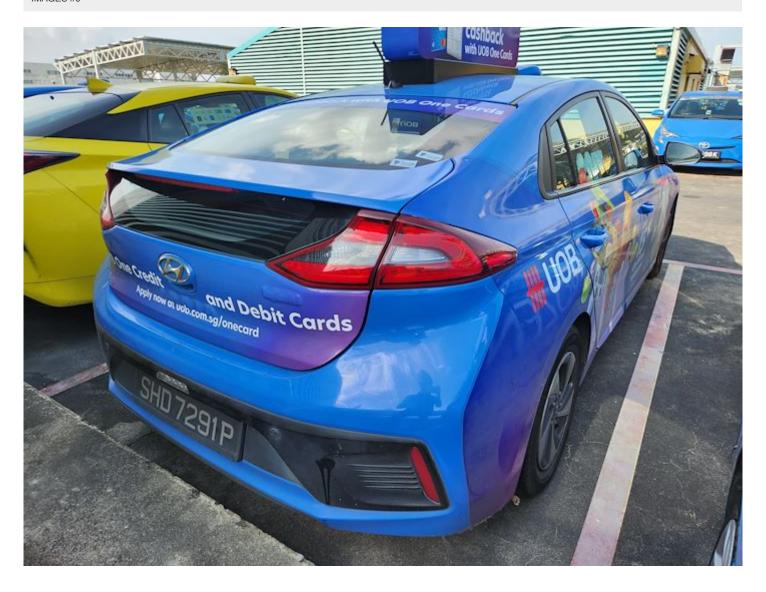




















IMPORTANT NOTE: Please submit the completed Addendum form to the <u>same</u> Accident Reporting Centre with whom you submitted the Original Report.

	ADDEN	DUM	
•	ERSON MAKING THE AMENDME	NTS:	
Original Report No:	SJ0G229C000M	Vehicle Registration No: SHE)7291P
		Ltd_NRIC/FIN/Passport No: 1XX	
(*Vehicle Driver/Ve	hicle Owner) (*) Please delete as	appropriate	
Address:			Singapore (
Contact (Tel):		Mobile No.:	
Email Address:			
Date of Accident: 24	4.02.2023	Time of Accident:14:50	
		Pte Ltd	
	MATION /AMENDMENTS:		
2			
\displaystation \displaystatio			
*			
·-			
	n	BUVANA	
Policyholder / Drive Date:	r's Signature	Reporting Centre Personn Name: NRIC/FIN No.: Date: 13/03/2023	nel's Signature

GIARMC Addendum Form

