SJ0G233B000C / JP Knights Pte Ltd ENTRY DATE & TIME: 11/03/2023 11:36 (SGT) SUBMITTED BY: Weine Chieng VERSION: 1 (11/03/2023 11:36 (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 11/03/2023 11:36 (SGT) Reported by Driver Date of Accident 10/03/2023 22:30 (SGT) Exact Location of Accident Alexandra Rd, Singapore Additional Location Information TOWARDS IKEA (OPPOSITE DAWSON SHOPPING MALL) Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Toyota

Vehicle Registration Number SH8725Y

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) +65-97410548 Alternative Phone No (Office) +65-65508768

VEHICLE PARTICULARS

Manufacturer

Model Prius 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 1798

INSURANCE COMPANY

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

DRIVER

Name of Driver TEO HOCK SOON NRIC No SXXXX743B Date Of Birth 04/04/1961 Occupation Outdoor



Date Of Driving Pass 13/05/1982 Driving experience 40 YEARS AND 10 MONTHS Gender Mobile Number (Phone) +65-97410548 Alt. Phone Number Email Address fleetsafety@cdgtaxi.com.sg Address BLK 159 HOUGANG STREET 11 # 04-23 Address complement Postcode 530159 Is the driver the policyholder? If No, Relationship of the Driver with the Insured RELIEF DRIVER 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 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? Yes 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 **Female** DETAILS OF POLICE ACTION Was the accident reported to the police? Nο Was notice of intended Prosecution given? Nο If yes, against whom?

ON 10.03.2023 AT ABOUT 2230HRS I WAS DRIVING MY VEHICLE A SH8725Y FETCHING MY PASSENGER TO STIRLING ROAD. AT THE TRAFFIC JUNCTION OF ALEXANDRA ROAD TOWARDS IKEA (OPPOSITE DAWSON SHOPPING MALL) I STOP MY VEHICLE A. VEHICLE B SMK7611D THEN REAR ENDED MY STATIONARY VEHICLE A. UPON IMPACT MY PASSENGER FELT NAUSEOUS AND I ASKED IF SHE NEEDED AN AMBULANCE BUT SHE DECLINED. SHE THEN DECIDE TO WALK HERSELF HOME WHICH WAS AHEAD. AS FOR MYSELF I HURT MY NECK AND SHOULDER. SCENE PHOTOS AND PARTICULARS TAKEN.

ATTACHMENT(S)

CIRCUMSTANCES OF ACCIDENT

Are accident photos available for attachment?

Was there any video captured by Car Camera?

Reasons for not uploading a video of the accident

FILE NOT SUITABLE

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SMK7611D Vehicle Manufacturer Hyundai Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category Private car Name of Driver LIM JING JUN NRIC No SXXXX504A Contact Number (Phone) +65-91451355 Address Address complement Postcode Insurance Company Name Nature Of Damage **FRONT** Details of property damaged in accident No. Of Passenger (Including Driver)

INJURED PERSONS DETAILS

INJURED 1

Name of injured person Gender Phone No Address Address Complement Post Code Approximate Age Years Old Injuries Sustained Injured person in which vehicle? Were seat belts worn? Was this injured conveyed to hospital by ambulance?	530159 - NECK AND SHOULDER
INJURED 2	
Name of injured person Gender Phone No Address Address Complement Post Code Approximate Age Years Old Injuries Sustained Injured person in which vehicle? Were seat belts worn? Was this injured conveyed to hospital by ambulance?	- - - - - FELT NAUSEOUS

SKETCH PLAN

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- 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.
- (iii) 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 involvedisclosure 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.

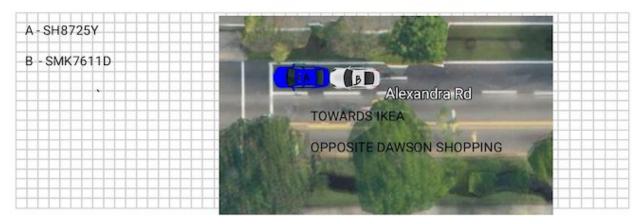


Policyholder's Signature / Date & Time Driver's Signature (If driver is not the policyholder) / Date& Time 11.03.2023. 0955HRS

FLASH ACCIDENT CODE REPORTING OFFICER KYMI YONG

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

ON 10.03.2023 AT ABOUT 2230HRS I WAS DRIVING MY VEHICLE A SH8725Y FETCHING MY PASSENGER TO STIRLING ROAD. AT THE TRAFFIC JUNCTION OF ALEXANDRA ROAD TOWARDS IKEA (OPPOSITE DAWSON SHOPPING MALL) I STOP MY VEHICLE A. VEHICLE B SMK7611D THEN REAR ENDED MY STATIONARY VEHICLE A. UPON IMPACT MY PASSENGER FELT NAUSCOUS AND I ASKED IF SHE NEEDED AN AMBULANCE BUT SHE DECLINED. SHE THEN DECIDE TO WALK HERSELF HOME WHICH WAS AHEAD. AS FOR MYSELF I HURT MY NECK AND SHOULDER. SCENE PHOTOS AND PARTICULARS TAKEN.
Declaration

I/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 11.03.2023. 1000HRS

FLASH ACCIDENT COMPANY OF THE REPORTING OFFICER KYMI YONG

Witnessed by Reporting Centre Personnel



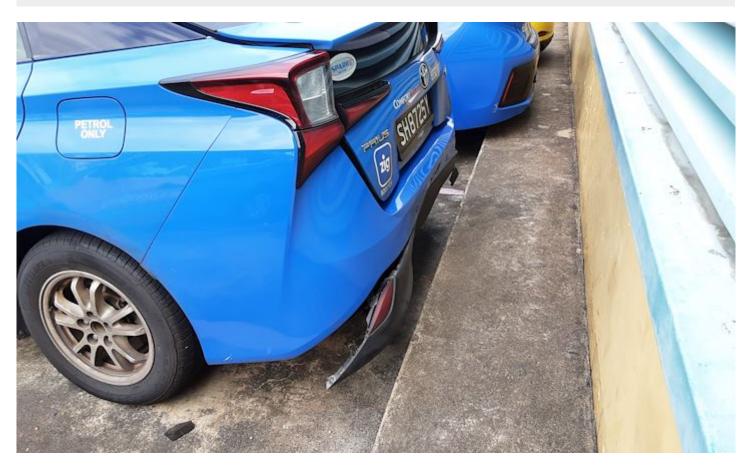




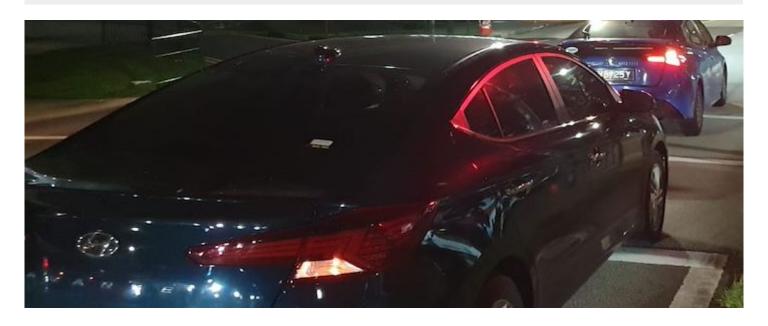














OTHER DOCUMENTS

