SJ0G2341000K / JP Knights Pte Ltd ENTRY DATE & TIME: 01/04/2023 12:22 (SGT) SUBMITTED BY: Weine Chieng VERSION: 1 (01/04/2023 12:22 (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.

 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 01/04/2023 12:22 (SGT) Reported by **Actual Driver** Date of Accident 31/03/2023 09:15 (SGT) **Exact Location of Accident** Tuas Ave 1, Singapore Additional Location Information **TOWARDS TUAS AVENUE 6**

Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHC7516Y

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner CITYCAB PTE LTD Company Reg No 1XXXXX839G **Email Address** fleetsafety@cdgtaxi.com.sg Mobile Phone No (Phone) +65-91884328 Alternative Phone No. (Office) +65-65508768

VEHICLE PARTICULARS

Manufacturer Toyota 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 your vehicle?

Vehicle Category Transmission

CC

INSURANCE COMPANY

Name of Insurance Company Policy Number / Cover Note Number

HSBC Life (Singapore) Pte. Ltd

No - Claiming third party

VFX/P2419140

Taxi

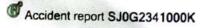
Auto

1798

DRIVER

Name of Driver NRIC No Date Of Birth Occupation

KWA HOW THEIN SXXXX568G 10/09/1963 Outdoor



Date Of Driving Pass Driving experience

Gender

Mobile Number

Alt. Phone Number Email Address

Address

Address complement

Postcode

Is the driver the policyholder?

If No, Relationship of the Driver with the Insured

Does Driver Own Other Vehicles?

Vehicle Registration Number of Other Vehicle Owned by Driver

Insurance Company of Other Vehicle Owned by Driver

29/11/1982

40 YEARS AND 4 MONTHS

Male

(Phone) +65-91884328

fleetsafety@cdgtaxi.com.sg

BLK 112 COMMONWEALTH CRESCENT # 08-314

140112

No

Hirer

No

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878

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident Weather Conditions Road Surface Side Swipe Clear Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident 2 Was anybody injured in the Accident? Yes Was any injured conveyed to hospital by ambulance? No Was any other vehicle or property damaged? Yes Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) No soliciting/offering accident claims assistance? 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?

Was notice of intended Prosecution given?

No
If yes, against whom?

CIRCUMSTANCES OF ACCIDENT

ON 31/03/2023 AT ABOUT 0915HRS I WAS DRIVING VEHICLE A(SHC7516Y) ALONG TUAS AVENUE 1. WHILE I WAS TURNING INTO TUAS AVENUE 6WITH MY RIGHT INDICATOR ON, VEHICLE B(FBU527M) SPED UP AND ITS FRONT COLLIDED ONTO VEHICLE A REAR RIGHT SIDE.

NO OTHER VEHICLES INVOLVED DAX B SLIGHT ABRASIONS

ATTACHMENT(S)

Are accident photos available for attachment?
Was there any video captured by Car Camera?
Reasons for not uploading a video of the accident

Yes

Yes

FILE NOT SUITABLE

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number Vehicle Manufacturer Vehicle Model

FBU527M

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Accident report SJ0G2341000K

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Vehicle Variant Vehicle Colour Vehicle Category Motorcycle Name of Driver AZURA BTE AZLAN NRIC No TXXXX332A Contact Number (Phone) +65-88172483 Address Address complement Postcode Insurance Company Name Nature Of Damage Details of property damaged in accident No. Of Passenger (Including Driver)

INJURED PERSONS DETAILS

INJURED 1

Name of injured person AZURA BTE AZLAN Gender Female Phone No (Phone) +65-88172483 Address 561A JURONG WEST STREET 42 # 10-1149 Address Complement Post Code 641561 Approximate Age Years Old 20 Injuries Sustained SLIGHT ABRASIONS Injured person in which vehicle? FBU527M Were seat belts worn? Yes Was this injured conveyed to hospital by ambulance? No

SKETCH PLAN

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- 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.
- (v) 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

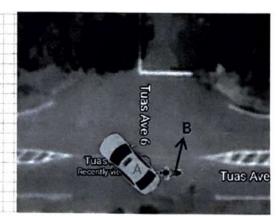
Sketch Plan

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

01/04/2023 1020HRS

Witnessed by Reporting Centre Personnel DHIYAA

A - SHC7516Y B-FBU527M TUAS AVE 1 X TUAS AVENUE 6



Describe Circumstances of the Accident

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NO OTHER VEHICLES INVOLVED DAX B SLIGHT ABRASIONS

Declaration

 $t \dot{\ensuremath{\mathbb{W}}} e$ declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date &

Driver's Signature (If driver is not the policyholder) / Date 01/04/2023 1020HRS

Personnel

Witnessed by Reporting Centre DHIYAA