*J0G234C0008 / JP Knights Pte Ltd ENTRY DATE & TIME: 12/04/2023 11:19 (SGT) SUBMITTED BY: Weine Chieng VERSION: 1 (12/04/2023 11:19 (SGT))



SINGAPORE ACCIDENT STATEMENT

- 1. Please report correctly the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Actual Driver
 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 12/04/2023 11:19 (SGT) Reported by **Actual Driver** Date of Accident 12/04/2023 08:45 (SGT) **Exact Location of Accident** TPE, Singapore Additional Location Information **NEAR ELIAS EXIT** Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Private hire

Taxi

No - Claiming third party

Vehicle Registration Number SHD3848K

INSURED/POLICYHOLDER

Is company? Yes

Name Of Registered Owner COMFORT TRANSPORTATION PTE LTD

Company Reg No 1XXXXXX821R

Email Address fleetsafety@cdgtaxi.com.sg Mobile Phone No (Phone) +65-90592828 Alternative Phone No (Office) +65-65508768

VEHICLE PARTICULARS

Manufacturer Hyundai Model Ae ionig Variant

Exact purpose for which vehicle was being used at time of accident

Are you claiming under your own insurance policy for repair to

your vehicle?

Vehicle Category

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 HO CHIN HUAT NRIC No SXXXX614G Date Of Birth 09/09/1957 Occupation Outdoor



Date Of Driving Pass 28/09/1977 45 YEARS AND 7 MONTHS Driving experience Gender Mobile Number (Phone) +65-90592828 Alt. Phone Number **Email Address** fleetsafety@cdgtaxi.com.sg Address BLK 621 ANG MO KIO AVENUE 9 # 02-66 Address complement 560621 Postcode 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 Chain Collision
Weather Conditions Clear
Road Surface Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident 3 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) 2 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

PASSENGER 1

Name UNKNOWN Gender Male

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 12.04.2023 AT ABOUT 0845HRS I WAS DRIVING MY VEHICLE A SHD3848K FETCHING MY PASSENGER TO AIRPORT. MY VEHICLE A WAS ON THE 1ST LANE OF TPE/ AIRPORT. NEAR ELIAS EXIT, VEHICLE IN FRONT SUDDENLY BRAKE. I IMMEDIATELY APPLIED BRAKES AND MANAGED TO STOP IN TIME. VEHICLE B SNC3023H WHICH WAS BEHIND ALSO MANAGED TO STOP IN TIME. VEHICLE C SKQ1320A THEN REAR ENDED VEHICLE B AND PUSHED FORWARD TO REAR END MY VEHICLE A.

MY PASSENGER IS NOT INJURED AND I PROCEEDED TO SEND HIM TO DESTINATION. SCENE PHOTOS TAKEN. HANDPHONE EXCHANGED ONLY WITH VEHICLE B.

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

FILE NOT SUITABLE

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SNC3023H
Vehicle Manufacturer	Honda
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	(Phone) +65-93834317
Address	-
Address complement	-
Postcode	_
Insurance Company Name	_
Nature Of Damage	FRONT AND BACK
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	2

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SKQ1320A
Vehicle Manufacturer	Toyota
Vehicle Model	- 1
Vehicle Variant	_
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	2
Address	_
Address complement	
Postcode	_
Insurance Company Name	_
Nature Of Damage	FRONT
Details of property damaged in accident	_
No. Of Passenger (Including Driver)	1

SKETCH PLAN

IMPORTANT NOTICE

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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.
- 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 invoive 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")

Policyholder's Signature / Date &

- (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.

Park

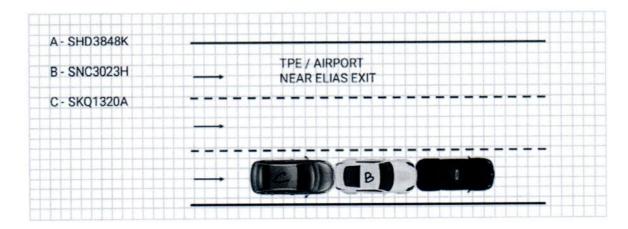
Driver's Signature (if driver is not the policyholder) / Date & Time 12.04.2023. 1020HRS

Witnessed by Reporting Centre

FLASH ACCIDENT

Personnel

Sketch Plan



Describe Circumstances of the Accident

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MY PASSENGER IS NOT INJURED AND I PROCEEDED TO SEND HIM TO DESTINATION. SCENE PHOTOS TAKEN. HANDPHONE EXCHANGED ONLY WITH VEHICLE B.

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 12.04.2023. 1030HRS

FLASH ACCIDENT

Witnessed by Reporting Centre Personnel