SJ0G234I0001 / JP Knights Pte Ltd
ENTRY DATE & TIME: 18/04/2023 08:26 (SGT)
SUBMITTED BY: Weine Chieng
VERSION: 1 (18/04/2023 08:26 (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	18/04/2023 08:26 (SGT)
Reported by	Actual Driver
Date of Accident	17/04/2023 20:50 (SGT)
Exact Location of Accident	Jurong East Central, Singapore
Additional Location Information	TOWARDS JURONG TOWN HALL ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA5748T

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) +65-96929909
Alternative Phone No	(Office) +65-65508768

VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	I40
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?	No - Claiming third party
Vehicle Category	Taxi
Transmission	Auto
CC	1685

INSURANCE COMPANY

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

DRIVER

Name of Driver	LIM TECK LOONG
NRIC No	SXXXX214I
Date Of Birth	26/06/1954
Occupation	Outdoor

Date Of Driving Pass	14/07/1978
Driving experience	44 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96929909
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLK 32 TELOK BLANGAH RISE #05-275
Address complement	-
Postcode	090032
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	RELIEF DRIVER
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	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	2
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	ESTHER HO
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

ON 17/04/2023 AROUND 2050HRS I VEHICLE A BEARING REGISTRATION NUMBER SHA5748T WAS DRIVING AT JURONG EAST CENTRAL TOWARDS JURONG TOWN HALL ROAD , I WAS ON THE EXTREME LEFT LANE WHILE STATIONARY WAITING FOR OTHER VEHICLE TO DRIVE OUT TO THE MAIN ROAD JURONG TOWN HALL RD ON THE FILTER LANE , SUDDENLY I HEARD A LOUD SOUND AND FELT A HARD JERK ON MY REAR PORTION, I GET DOWN TO CHECK AND GOT TO KNOW THAT VEHICLE B BEARING REGISTRATION NUMBER SLT5480S FAILED TO BRAKE IN TIME AND REAR ENDED VEHICLE (A) . I HAVE 1 PASSENGER ON BOARD. AFTER CHECKING THERE WERE NO INJURIES WERE PRESENTED DURING THE COLLISIONS.

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	SLT5480S
Vehicle Manufacturer	Mazda
Vehicle Model	3
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	LIM SAY BAO
NRIC No	SXXXX036Z
Contact Number	(Phone) +65-96884086
Address	144 BUKIT BATOK WEST AVENUE 6 #02-371
Address complement	-
Postcode	650144
Insurance Company Name	-
Nature Of Damage	FRONT BUMPER PORTION
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

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)

I understand, 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 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.

FLASH ACCIDENT REPORTING OFFICER
FRO VICKY

Policyholder's Signature / Date & Time	Driver's Signature (If driver is not the policyholder) / Date & Time	Witnessed by Reporting Centre Personnel

Sketch Plan

18042023 — 0100HRS

Describe Circumstances of the Accident

ON 17/04/2023 AROUND 2050HRS I VEHICLE A BEARING REGISTRATION NUMBER SHA5748T WAS DRIVING AT JURONG EAST CENTRAL TOWARDS JURONG TOWN HALL ROAD , I WAS ON THE EXTREME LEFT LANE WHILE STATIONARY WAITING FOR OTHER VEHICLE TO DRIVE OUT TO THE MAIN ROAD JURONG TOWN HALL RD ON THE FILTER LANE , SUDDENLY I HEARD A LOUD SOUND AND FELT A HARD JERK ON MY REAR PORTION, I GET DOWN TO CHECK AND GOT TO KNOW THAT VEHICLE B BEARING REGISTRATION NUMBER SLT5480S FAILED TO BRAKE IN TIME AND REAR ENDED VEHICLE (A) . I HAVE 1 PASSENGER ON BOARD. AFTER CHECKING THERE WERE NO INJURIES WERE PRESENTED DURING THE COLLISIONS.

Declaration

I/We declare the foregoing particulars are true in every respect.

FLASH ACCIDENT REPORTING OFFICER
FRO VICKY

Policyholder's Signature / Date & Time	Driver's Signature (if driver is not the policyholder) / Date & Time	Witnessed by Reporting Centre Personnel
	18/04/2023 ---0100HRS	

IMAGES

IMAGES #2

IMAGES #3


COMFORTDELGRO
6552 1111
SHA5748T
i40


COMFORTDELGRO
zig
SHA5748T
i40

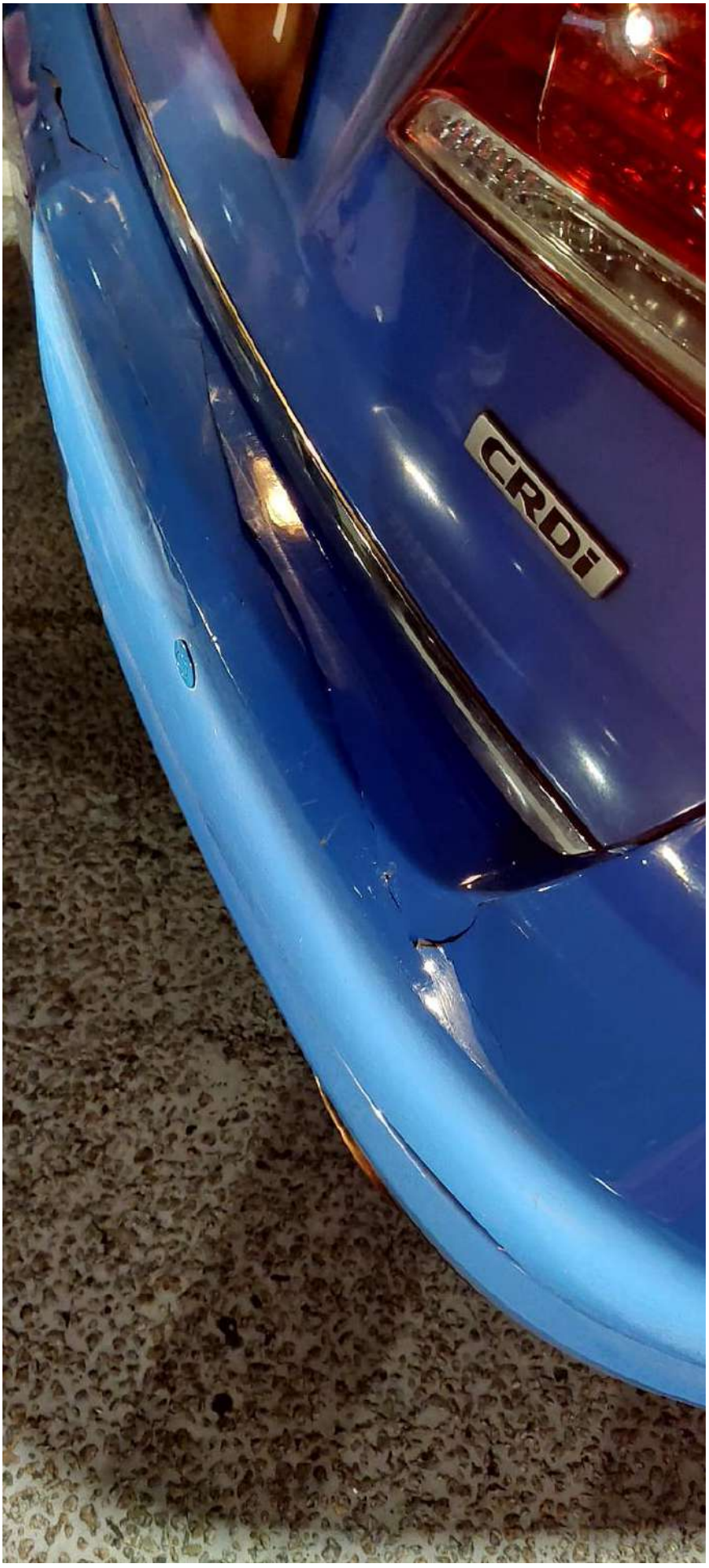
IMAGES #4

IMAGES #5

IMAGES #6

IMAGES #7

IMAGES #8



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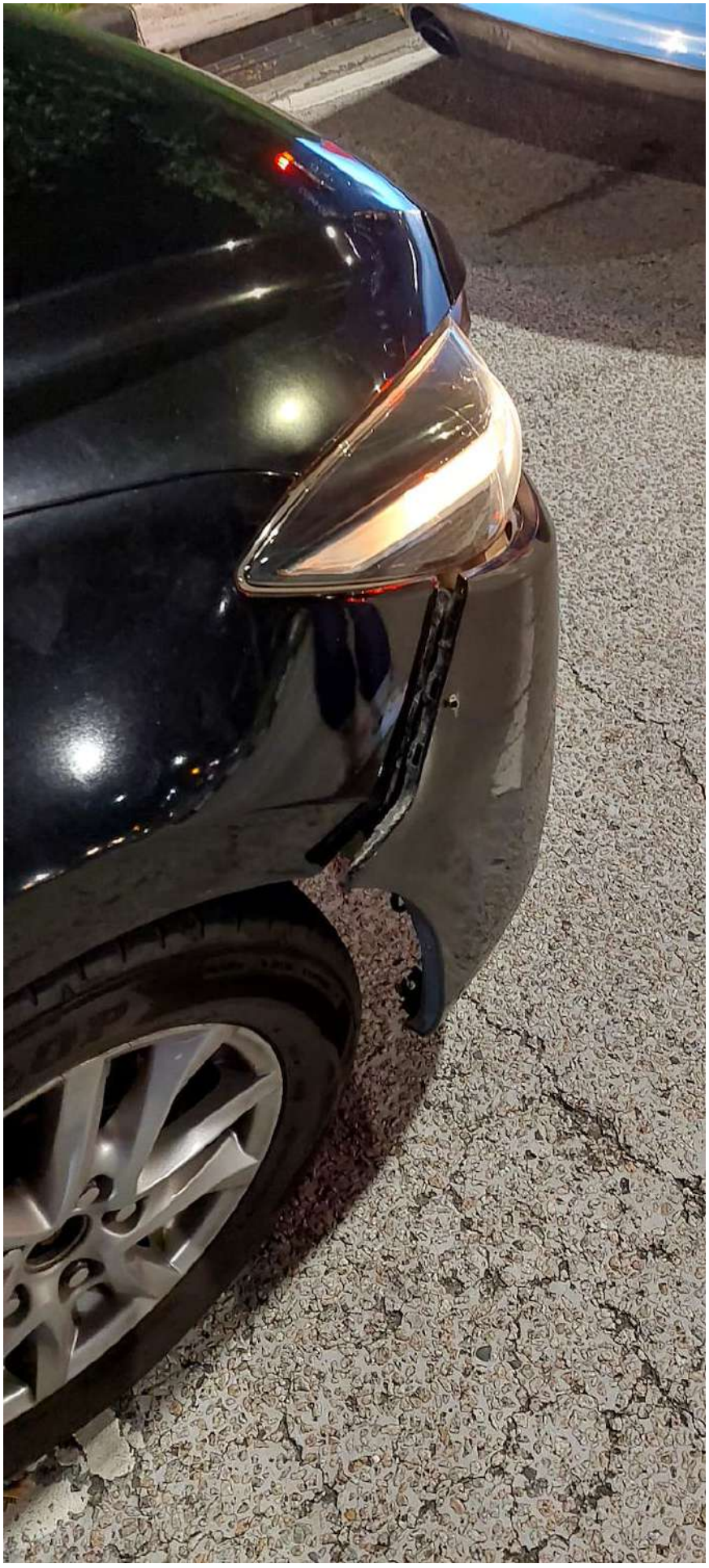

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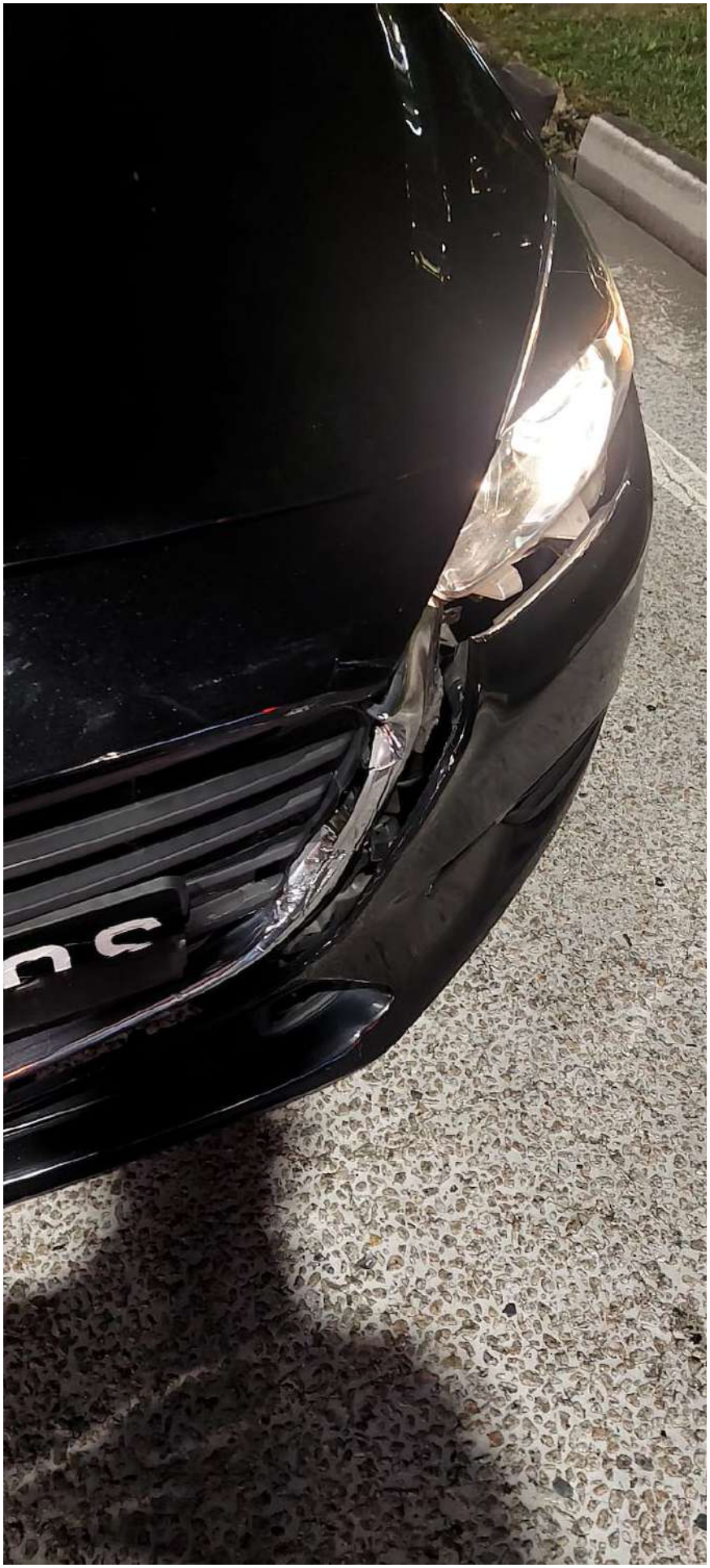


SLT54


SLT 5480 S
EUROKARS Group

OTHER DOCUMENTS