SJ0G2340000L / JP Knights Pte Ltd ENTRY DATE & TIME: 24/04/2023 11:26 (SGT) SUBMITTED BY: Weine Chieng VERSION: 1 (24/04/2023 11:26 (SGT))



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

IMPORTANT NOTICE

1. Please report <u>correctly</u> 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 24/04/2023 11:26 (SGT) Reported by **Actual Driver** 20/04/2023 20:25 (SGT) Date of Accident Telok Blangah Rd, Singapore Exact Location of Accident Additional Location Information Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHD6833H

INSURED/POLICYHOLDER

Name Of Registered Owner COMFORT TRANSPORTATION PTE LTD Company Reg No 1XXXXX821R **Email Address** fleetsafety@cdgtaxi.com.sg Mobile Phone No (Phone) +65-92477579 Alternative Phone No (Office) +65-65508768

VEHICLE PARTICULARS

Manufacturer Hyundai Model 140 Exact purpose for which vehicle was being used at time of Private hire accident Are you claiming under your own insurance policy for repair to No - Claiming third party your vehicle? Vehicle Category Taxi Transmission Auto 1685

INSURANCE COMPANY

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

DRIVER

DEEPAK KANYALAL NANDWANI NRIC No SXXXX061H 27/06/1960 Date Of Birth Occupation Outdoor

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28/10/1977 Date Of Driving Pass 45 YEARS AND 6 MONTHS Driving experience Male Gender (Phone) +65-92477579 Mobile Number Alt. Phone Number fleetsafety@cdgtaxi.com.sg Email Address BLK 664B PUNGGOL DRIVE # 02-222 Address Address complement 822664 Postcode No Is the driver the policyholder? If No, Relationship of the Driver with the Insured Hire No 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 Hit and run / Vandalism / Damaged whilst parked Type of Accident Clear Weather Conditions ... Dry Road Surface OTHER INFORMATION Was any foreign vehicle involved in the accident? No 2 Number of vehicles involved in the accident Was anybody injured in the Accident? 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) 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 PASSENGER 1 IOANNIS KALLINIKOS Male Gender DETAILS OF POLICE ACTION Was the accident reported to the police? Rochor Neighbourhood Police Centre Police Station Name (Phone) +65-18002949999 Police Station Phone No Alt. Police Station Phone No ... (Fax) +65-63918583 11 Kampong Kapor Road Singapore 208678 Police Station Address Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER TO POLICE REPORT:T/20230422/2006 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 NOT SUITABLE **DETAILS OF OTHER VEHICLE PROPERTY 1**

Accident report SJ0G234O000L

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Vehicle Registration Number	SJP3920Y	
Vehicle Manufacturer	Kia	
Vehicle Model	-	
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.
- 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 repudiate policy liability.
- 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.
- (v) administering my claims (including the mailting 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

Policyholder's Signature / Date & Time

Driver's Signature (if driver is not the policyholder) / Date & Time 0200HRS 22 APR 2023

Witnessed by Reporting Centre Personnel

A. SHD6833H B. SJP3920Y

Sketch Plan



Accident report SJ0G234O000L

1/2

BAYFRONT AVENUE TOWER

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Describe Circumstances of the Accident **REFER TO POLICE** REPORT:T/20230422/2006 Declaration I/We declare the foregoing particulars are true in every respect.

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

0200HRS 22 APR 2023

& Time

Policyholder's Signature / Date & Time

Witnessed by Reporting Centre

	POL	GAPORE ICE FORCE					0230422/2006
11 Kamp 208678 Tel No: 1 REPORT O	ong Kapor 800-29499 OF A TRAFFI	Road SINGAPOR	RE			R	eport No. T/2023042
Date/Tin 22/04/20	ne Report I 23 02:18	Made:	Vide Re	port No.:			Station Diary No
Informa	nt's Partic	ulars	77 77 60		The state of the state of	00000	
DEEPAK		AL NANDWANI	Address APT BL 822664	: K 664B P	UNGGOL DRIVE #	02-222	SINGAPORE
ID Type / ID No.: NRIC NO / S1428061H Nationality: SINGAPORE CITIZEN		Contact No.: Home/Office: Mobile: 92477579 Email:					
						Sex: Male	Age: 62
Race: Indian			Language	ge:		00 200	
Occupation		This part of the	Driving	Licence II	nformation:		
Taxi driver			Class: 3 Date of Expiry:				
eneral Ir		of the Accident		16.25 To			
Type of Accident:		lon-Injury lit and Run		Drink Drive: No	Date/Time of Accident: 20/04/2023 20:	25	Type of Location
Location: TELOK B	LANGAH F	ROAD	16.0		2010-12023 20		
Weather: Clear			Road S	urface:			
Traffic Flo	Charles and the same of		Traffic Control:		St. 19-10.	affic Volume:	
Dual Carriage Way			Traffic Light - Working			STATE SHADOW	oderate nyone conveyed by
Type of Collision: Between Moving Vehicles - Head To F							

Vehide No.	Туре	Make	Model	Color	Condition	No of Passenger
SHD6833H	Car			00.01	Slightly	1
SJP3920Y	Car	Mile Observery	All The Contract		Slightly	0

The state of the s	Use of Pedestrian Crossing: NA
No. of Pedestrians Injured: NIL	(1) 10 (1) (2) (2) (2) (2) (2) (2) (2) (3) (3) (3) (4) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4
Any Pedestrian Involved: No	- 1000日本日本の本本ののの日本日本の日本日本日本日本日本の日本日本の日本日本の
Details of Person Involved	
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Report No. T/20230422/2006

Police Station Of Origin: Rochor N.P.C 11 Kampong Kapor Road SINGAPORE 208678 Tel No: 1800-2949999

CONTINUATION OF REPORT

Driver			医加勒特别的	国际企业的
Name	DEEPAK KANYALAL NANDW	VANI	ID No.	S1428061H
Related Vehicle	NIL		Contact No.	92477579
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Disch	The second section of the second	117
No. of Days gran	ted Medical Leave NIL	Degree of I	njury NIL	
Passenger		美国共享的 种社会	1000	
Name	IOANNIS KALLINIKOS		ID No.	NIL
Related Vehicle	NIL		Contact No.	88828840
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Disch	arge NIL	Mary Mary Res &
	ed Medical Leave NIL	Degree of I	njury NIL	THE PARTY NAMED IN

Brief Details.

On 20/04/2023 around 2025hrs, I was driving from the airport towards Carribean Keppel Bay Residences to drop off a passenger along Telok Blagah Rd on the left most lane. As I approached the condominium to turn left into the condominium, I stopped at the pedestrian crossing to give way to pedestrians. The road traffic light was green at the time. While my vehicle (SHD6833H) was stationary while waiting for pedestrains to cross, I suddenly heard a loud bang from the rear right side of my taxi vehicle and both my passenger, and I got a shock. I looked towards the right side and saw one car speed off and I quickly noted down the carplate number to be SJP3920Y. I did not notice the make or model of the car and what damages the other car sustained. My taxi sustained slight scratches and dents on the rear bumper and body. I am unsure about the cost of damages. I have informed Comfort Delgro Engineering regarding the incident and they have reviewed the in-car cameras (both front and rear) and have verified the car plate number to be SJP3920Y. Comfort Delgro Engineering has advised me to lodge a police report. There were security guards from Carribean Keppel Bay Residences who witnessed the incident and I managed to get the same of their supervisor, Mr Faizal.



Police Station Of Origin: Rochor N.P.C 11 Kampong Kapor Road SINGAPORE 208678 Tel No: 1800-2949999



3013 Report No. 7/20230422/2006

CONTINUATION OF REPORT

SGT 2 VALERIE LEANN CHAN KAR MUN	象
Signature Of Interpreter: Not applicable	
Officer In Charge Of Case: TP / HRT /	

Signature of Officer Recording The Report:

Signature Of Informant:	
	On-
Date/Time: 22/04/2023 02:18	
Classification Of Case:	

Accident report SJ0G234O000L

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