SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 1. Please report <u>correctly</u> the details of the accident to speed up the claims process.
 2. This Form must be <u>completed by the Policyholder and/or the Actual Driver</u>
 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 13/05/2023 09:34 (SGT) Reported by Actual Driver Date of Accident 12/05/2023 16:50 (SGT) **Exact Location of Accident** AYE, Singapore Additional Location Information ALEXANDRA EXIT Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHC8347L

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) +65-96501779 Alternative Phone No (Office) +65-65508768

VEHICLE PARTICULARS

Manufacturer Hyundai Model Ae ioniq

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

Taxi 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 TAN HOCK SENG NRIC No SXXXX420A Date Of Birth 22/07/1956 Occupation Outdoor

Date Of Driving Pass Driving experience Gender	03/06/1993 29 YEARS AND 11 MONTHS
Mobile Number	Male (Phone) +65-96501779
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLK 177 LOMPANG ROAD #25-04
Address complement	-
Postcode	670177
Is the driver the policyholder? If No, Relationship of the Driver with the Insured	No
Does Driver Own Other Vehicles?	Hirer No
Vehicle Registration Number of Other Vehicle Owned by Driver	NO
	•
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?	Yes
Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged?	No Voc
Number of Passengers (Including Driver)	Yes 2
Has the driver been approached by unknown person(s)	2
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	MURUGESAN
Gender	Male
DETAILS OF POLICE ACTION	
Was the accident reported to the police?	N
Was notice of intended Prosecution given?	No No
If yes, against whom?	-
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
CIRCUMSTANCES OF ACCIDENT	
ON 12/05/23 AT ABOUT 1650HRS, I WAS DRIVING VEHICLE A WAS HEAVY AND SLOWING DOWN WHEN SUDDENLY VEHIC MINOR INJURYWILL SEEK MEDICAL.	
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	
DETAILS OF OTHER	VEHICLE PROPERTY 1

PC5747R

Vehicle Registration Number

Vehicle Manufacturer Toyota Vehicle Model Hiace Vehicle Variant Vehicle Colour Vehicle Category Commercial vehicle Name of Driver MOHAMMAD NAZRIN BIN TAJUDIN NRIC No SXXXX137D Contact Number (Phone) +65-98340440 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 TAN HOCK SENG Gender Male Phone No (Phone) +65-96501779 Address BLK 177 LOMPANG ROAD #25-04 Address Complement Post Code 670177 Approximate Age Years Old 66 Injuries Sustained MINOR INJURY Injured person in which vehicle? SHC8347L Were seat belts worn? Yes Was this injured conveyed to hospital by ambulance? No

SKETCH PLAN

IMPORTANT NOTICE

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- 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.

& Time

- (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.

REPORTING OFFICER FRO AMIN Driver's Signature (Notiver is not the policyholder) / Date Witnessed by Reporting Centre

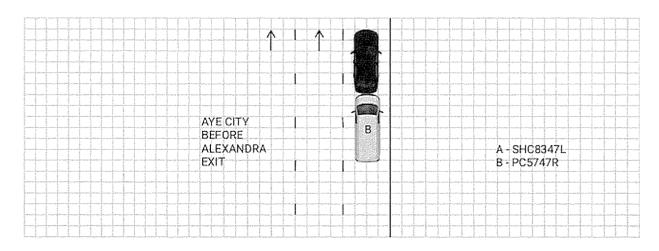
120523 1930

FLASH ACCIDENT

Personnel

Policyholder's Signature / Date & Time

Sketch Plan



ON 10/05/00 AT ADOLET 1550/100 TIMAG DOS/INO VEHICLE A (OLICOOAT)) ALONG AVE OUTVION THE FIRST LAND
ON 12/05/23 AT ABOUT 1650HRS, I WAS DRIVING VEHICLE A (SHC8347L TRAFFIC WAS HEAVY AND SLOWING DOWN WHEN SUDDENLY VEHICLE	L) ALONG AYE CITY ON THE FIRST LANE B (PC5747R) COLLIDED INTO THE REAR
OF VEHICLE A. MINOR INJURYWILL SEEK MEDICAL.	
claration	
e declare the foregoing particulars are true in event respect	
e declare the foregoing particulars are true in every respect,	
$\mathcal{U}\lambda$	FLASH ACCIDENT COURSE REPORTING OFFICER
$\Lambda \mathcal{W}$	REPORTING OFFICER

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

120523 1930

Time

Policyholder's Signature / Date &

Witnessed by Reporting Centre

Personnel







Police Station Of Origin: Bukit Panjang N.P.C 1 Segar Road #01-05 SINGAPORE 677738

Tel No: 1800-8929999

1 of 3 Report No. T/20230513/2066

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 13/05/2023 16:30		Made:	Vide Report No.:		Station Di	ary No.:	
Informar	it's Partic	ulars				Server comescen	
Name of Informant: TAN HOCK SENG			Address: APT BLK 177 LOMPANG ROAD #25-04 SINGAPORE 670177				
ID Type / ID No.: NRIC NO / S1164420A			Contact No.: Home/Office:	Mobile: 96		- 0/01//	
Nationality: SINGAPORE CITIZEN		EN.	Email:	WODIIC. OO	501779		
Sex: Male	Age: 66	Date of Birth: 22/07/1956	Type of Informant:				
Race: Chinese		1	Language:				
Occupation Faxi driver			Driving Licence Information	n: Date of Ev	nin.		

Type of Accident:	nation of the Accid Injury Others	Drink Drive: No	Date/Time of Accident: 12/05/2023 16:50	Type of Location: Straight Road
Location:		111	11210012023 10:50	
AYER RAJAH	EXPRESSWAY			
ATEN TO TO ATE	LXI NESSVAT			
			그는 그는 그리고 싶어요. 나는 어떤 해당한 경지 않는 그 것이 되었다.	
		- 1 名		
		Road Surface:		
Clear		Road Surface:		
Clear Traffic Flow:		1 ことながさがずられませる場合はない。		Traffic Volume:
Clear Traffic Flow:	Way	Dry		Traffic Volume:
Weather: Clear Traffic Flow: Dual Carriage \ Type of Collisio		Dry Traffic Control:		Traffic Volume: Heavy Anyone conveyed by

PC5747R Van Slightly	No of Passenger
	10
Damaged Damaged	
SHC8347L Car Seriously	A CONTRACTOR OF THE PROPERTY O

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA
	OSC OFF Edestrian Crossing, 14A







Police Station Of Origin:
Bukit Panjang N.P.C
1 Segar Road #01-05 SINGAPORE 677738
Tel No: 1800-8929999

2 of 3 Report No. T/20230513/2066

CONTINUATION OF REPORT

Driver			28-200 p=71-5 ()p=1010	
Name	Mohammad Nazrin Bin Tajudin		ID No.	S7907137D
Related Vehicle	PC5747R (Van)		Contact No.	. 98340440
Hospital/Clinic	NIL		Class of Driving Licence &	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Data Dia	Expiry Date	
No. of Days gran Driver	ted Medical Leave NIL	Date Disc	charge NIL f Injury NIL	
Name	TAN HOCK SENG		ID No.	S1164420A
Related Vehicle	SHC8347L (Car)		Contact No.	96501779
lospital/Clinic	PARKWAY SHENTON BUKIT PA	ANJANG	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
ate Treatment	13/05/2023	Date Disc	harge 13/05	5/2023
i. or Days grante	d Medical Leave 04	Degree of		

Brief Details.

On 12/05/2023 at about 1650hrs, I was travelling along AYE towards City before Alexandra Road Exit in my vehicle of SHC8347L. I was travelling along lane one and subsequently I was rear ended by the vehicle of PC5747R after slowing down as traffic ahead of me slowed down. We then alighted to exchange particulars and check on one another before parting ways.







3 of 3 Report No. T/20230513/2066

Police Station Of Origin Bukit Canjand N.P.C 1 Segat Road #01-05 SINGAPORE 677738 Tel No. 1800-8929999

CONTINUATION OF REPORT

Signature	of	Officer	Recording	The	Report:
J /					

SGT 2 GOH KANG LER MELVIN

Signature Of Interpreter: Not applicable

Officer In Charge Of Case: TP / AEIT / SI ANG YI TING, STEPHANIE Contact No.: 65476414

Signature Of Informant:



Date/Time: 13/05/2023 16:30

Classification Of Case:

NP168

