SJ0G23580012 / JP Knights Pte Ltd ENTRY DATE & TIME: 08/05/2023 14:28 (SGT) SUBMITTED BY: Weine Chieng VERSION: 1 (08/05/2023 14:28 (SGT))



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.

1. Fiscal Symmoust 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 08/05/2023 14:28 (SGT) Reported by **Actual Driver Date of Accident** 07/05/2023 02:40 (SGT) **Exact Location of Accident** River Valley Rd, Singapore Additional Location Information Country/State of Loss

Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHD3135J

INSURED/POLICYHOLDER

Is company? COMFORT TRANSPORTATION PTE LTD Name Of Registered Owner 1XXXXX821R Company Reg No fleetsafety@cdgtaxi.com.sg **Email Address** (Phone) +65-90955199 Mobile Phone No (Office) +65-65508768 Alternative Phone No

VEHICLE PARTICULARS

Hvundai Manufacturer 140 Model Variant Exact purpose for which vehicle was being used at time of Private hire Are you claiming under your own insurance policy for repair to No - Claiming third party your vehicle?
Vehicle Category Taxi Auto Transmission ... 1580 CC

INSURANCE COMPANY

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

DRIVER

Name of Driver MUHAMMAD SYAFIQ BIN MOHAMED HASHIM NRIC No SXXXX832D 18/10/1989 Date Of Birth Occupation Outdoor

Accident report SJ0G23580012

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06/08/2010 **Date Of Driving Pass** 12 YEARS AND 9 MONTHS **Driving experience** Male Gender (Phone) +65-90955199 Mobile Number Alt. Phone Number fleetsafety@cdgtaxi.com.sq **Email Address BLK 651 JAAN TENAGA # 04-04** Address Address complement 410651 Postcode Is the driver the policyholder? No If No, Relationship of the Driver with the Insured RELIEF DRIVER 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 Type of Accident Collision - Head to Rear Weather Conditions Raining Road Surface ... Wet 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) 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 PASSENGER 2 Name UNKNOWN Gender Male PASSENGER 3 Name LINKNOWN Gender **Female PASSENGER 4** UNKNOWN Female DETAILS OF POLICE ACTION

Was the accident reported to the police?

Police Station Name

Police Station Phone No

Alt. Police Station Phone No

Police Station Address

Police Station Address

Folice Station Address

Vas notice of intended Prosecution given?

If yes, against whom?

Yes

Orchard Neighbourhood Police Centre

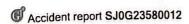
(Phone) +65-18007359999

(Fax) +65-67331934

Folice Station Address

51 Killiney Road Singapore 239572

No



CIRCUMSTANCES OF ACCIDENT

REFER POLICE REPORT:T/20230508/2004

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 **FILE NOT SUITABLE**

DETAILS OF OTHER VEHICLE PROPERTY 1

Yes

SNF1398Z Vehicle Registration Number Porsche Vehicle Manufacturer Vehicle Model Boxster Vehicle Variant Gray Vehicle Colour Vehicle Category Private car Name of Driver (Phone) +65-93628192 Contact Number 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

MUHAMMAD SYAFIQ BIN MOHAMED HASHIM Name of injured person Gender (Phone) +65-90955199 Phone No APT BLK 651 JALAN TENAGA # 04-04 Address Address Complement 410651 Post Code Approximate Age Years Old **NECK AND BACK** Injuries Sustained Injured person in which vehicle? SHD3135J Yes Were seat belts worn? Was this injured conveyed to hospital by ambulance?



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 <u>repudiate policy liability</u>.
- 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)

l 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 (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.
- (N) administering my claims (including the mailing of correspondence, statements, invokes, 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.

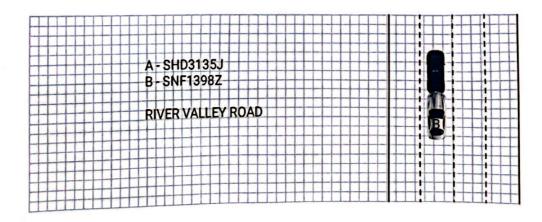
FLASH ACCIDENT CENTER REPORTING OFFICER FRO SUFIYAN

Policyholder's Signature / Date & Time

Driver's Signature (if driver is not the policyholder) / Date & Time 08/05/2023 1045HRS

ate Witnessed by Reporting Centre Personnel

Sketch Plan



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Describe Circumstances of the Accident

REFER TO POLICE

REPORT:T/20230508/2004

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Declaration		
We declare the foregoing particula	ars are true in every respect.	
		FLASH ACCIDENT COIDENT
	/ `	FLASH ACCIDENT
	112	FRO SUFIYAN
		LUC SOLITAIN
W. Laldada Cianalura / Data &	Driver's Signature (If driver is not the policyholder) / Date	Witnessed by Reporting Centre
olicyholder's Signature / Date &	& Time 08/05/2023 1045HRS	Personnel
îme	00/00/2020 1040/110	