SJ0G236U001F / JP Knights Pte Ltd ENTRY DATE & TIME: 30/06/2023 15:02 (SGT) SUBMITTED BY: Weine Chieng VERSION: 1 (30/06/2023 15:02 (SGT))



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 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
- 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 30/06/2023 15:02 (SGT) Reported by **Actual Driver** Date of Accident 30/06/2023 10:30 (SGT) **Exact Location of Accident** PIE, Singapore Additional Location Information TOWARDS THE AIRPORT Country/State of Loss Singapore

DETAILS	OF OWN	VEHICLE
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Private hire

No - Claiming third party

Vehicle Registration Number SHC2182J

INSURED/POLICYHOLDER

Is company?

Name Of Registered Owner COMFORT TRANSFORTATION PTE LTD

Company Reg No 1XXXXX821R

Email Address fleetsafety@cdgtaxi.com.sg Mobile Phone No (Phone) +65-83632971

Alternative Phone No. (Office) +65-65508768

VEHICLE PARTICULARS

Manufacturer Hyundai Model 140

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 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 YUEN CHEE MENG NRIC No SXXXX654F Date Of Birth 09/01/1955

Occupation Outdoor **Date Of Driving Pass** 12/07/1979 Driving experience 43 YEARS AND 11 MONTHS Gender Mobile Number (Phone) +65-83632971 Alt. Phone Number **Email Address** fleetsafety@cdgtaxi.com.sg BLK 237 TAMPINES ST 21 #11-551 Address Address complement Postcode 520237 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? Was any other vehicle or property damaged? Yes Number of Passengers (Including Driver) 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

Name UNKNOWN Gender Male

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 S

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT NO T/20230630/2028

ATTACHMENT(S)

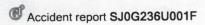
Are accident photos available for attachment?

Was there any video captured by Car Camera?

Reasons for not uploading a video of the accident

FILE IS NOT SUITABLE

DETAILS OF OTHER VEHICLE PROPERTY 1



Vehicle Registration Number	SJJ2919R
Vehicle Manufacturer	Honda
Vehicle Model	Fit
Vehicle Variant	
Vehicle Colour	Black
Vehicle Category	Private car
Name of Driver	JASMINE KOH CHAI TING
NRIC No	SXXXX991A
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

Name of injured person Gender	YUEN CHEE MENG Male	
Phone No	(Phone) +65-83632971	
Address	BLK 237 TAMPINES ST 21 #11-551	
Address Complement		
Post Code	520237	
Approximate Age Years Old	68	
Injuries Sustained	RIGHT HIP, UPPER BACK, BOTH SHOULDERS AND NECK	
Injured person in which vehicle?	SHC2182J	
Were seat belts worn?	Yes	
Was this injured conveyed to hospital by ambulance?	No	

SKETCH PLAN

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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" 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 involvedisclosure 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
- (e) 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.

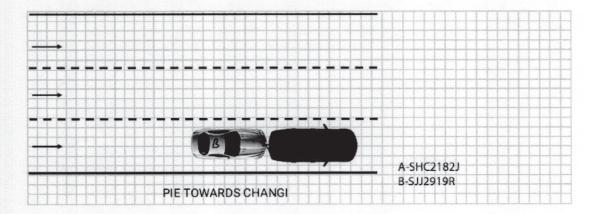
FLASH ACCIDENT
REPORTING OFFICER
FRO ZIKRUL

Policyholder's Signature / Date & Time

Driver's Signature (If driver is not the policyholder) / Date& Time 30/06/23 1420HRS

Witnessed by Reporting CentrePersonnel

Sketch Plan



Describe Circumstances of the	Accident	
REFER TO POLICE REPOR	T NO T/20230630/2028	
Declaration		
I/We declare the foregoing particulars	are true in every respect,	
•		ELACH ACCIDENT SIGERY
		FLASH ACCIDENT
	Yuelly	FRO ZIKRUL
Policyholder's Signature / Date &	Driver's Signature (If driver is not the policyholder) / Date&	Witnessed by Danadia Control
Time	Time 30/06/23 1420HRS	Witnessed by Reporting CentrePersonnel