SJ0G237F0010-01 / JP Knights Pte Ltd ENTRY DATE & TIME: 15/07/2023 14:35 (SGT) SUBMITTED BY: Weine Chieng VERSION: 2 (17/07/2023 15:06 (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.

- 4. The issue and acceptance of this is form by instrained 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 15/07/2023 14:35 (SGT) Reported by **Actual Driver** Date of Accident 14/07/2023 18:00 (SGT) Exact Location of Accident PIE, Singapore Additional Location Information BEFORE LORNIE EXIT Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

1580

Vehicle Registration Number SHB4338U

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner COMFORT TRANSPORTATION PTE LTD Company Reg No 199303821R Email Address fleetsafety@cdgtaxi.com.sg Mobile Phone No (Phone) +65-96776355 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 No - Claiming third party your vehicle? Vehicle Category Taxi Transmission Auto

INSURANCE COMPANY

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

DRIVER

CC

Name of Driver SOH KOK WAH NRIC No S1436377G Date Of Birth 20/08/1960 Occupation Outdoor

Date Of Driving Pass 05/01/1978 Driving experience 45 YEARS AND 6 MONTHS Gender Mobile Number (Phone) +65-96776355 Alt. Phone Number Email Address fleetsafety@cdgtaxi.com.sg Address BLK 875 YISHUN STREET 81 #06 - 191 Address complement Postcode 760875 Is the driver the policyholder? No If No, Relationship of the Driver with the Insured Hirer Does Driver Own Other Vehicles? Nο 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 Chain Collision Weather Conditions Raining Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident Was anybody injured in the Accident? Yes Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Yes

Nο

PASSENGER 1

Translator's ID

Translator's email

Name UNKNOWN Gender Male

PASSENGER 2

Name UNKNOWN Gender Male

DETAILS OF POLICE ACTION

Number of Passengers (Including Driver)

Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?

Translator's name

Translator's phone number

Original language used in the statement

Was the accident reported to the police?

Was notice of intended Prosecution given?

No
If yes, against whom?

CIRCUMSTANCES OF ACCIDENT

ON 14.07.2023 AT ABOUT 1800HRS I WAS DRIVING VEHICLE A SHB4338U FETCHING MY PASSENGERS TO GEYLANG. VEHICLE A WAS ON THE 1ST LANE OF PIE / CHANGI .

BEFORE LORNIE EXIT, VEHICLE A WAS INVOLVED IN A 3 CAR CHAIN

VEHICLE B SJU1145E REAR ENDED VEHICLE A WHICH THEN REAR ENDED VEHICLE C SLG2422Z.

MY PASSENGERS ARE NOT INJURED AND I PROCEEDED TO SEND THEM TO DESTINATION.

I HURT MY CHEST AND BACK AFTER IMPACT.

SCENE PHOTOS TAKEN AND PARTICULARS EXCHANGED

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

Yes

FILE IS NOT SUITABLE

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number **SLG2422Z** Vehicle Manufacturer Honda Vehicle Model Vezel Vehicle Variant Vehicle Colour Vehicle Category Private car Name of Driver SIA TONG LAI Contact Number (Phone) +65-91771771 Address Address complement Postcode Insurance Company Name Nature Of Damage **REAR** Details of property damaged in accident No. Of Passenger (Including Driver) 1

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SJU1145E Vehicle Manufacturer Toyota Vehicle Model Wish Vehicle Variant Vehicle Colour Vehicle Category Private hire Name of Driver LEE YONG KWEE NRIC No S0079596H Contact Number (Phone) +65-82010849 Address Address complement Postcode Insurance Company Name Nature Of Damage **FRONT** Details of property damaged in accident No. Of Passenger (Including Driver)

INJURED PERSONS DETAILS

INJURED 1

Name of injured person SOH KOK WAH Male Phone No (Phone) +65-96776355 Address BLK 875 YISHUN STREET 81 # 06 - 191 Address Complement Post Code 760875 Approximate Age Years Old Injuries Sustained CHEST AND BACK Injured person in which vehicle? SHB4338U Were seat belts worn? Yes Was this injured conveyed to hospital by ambulance? Nο

SKETCH PLAN

IMPORTANT NOTICE

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- 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.
- 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.
- (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.

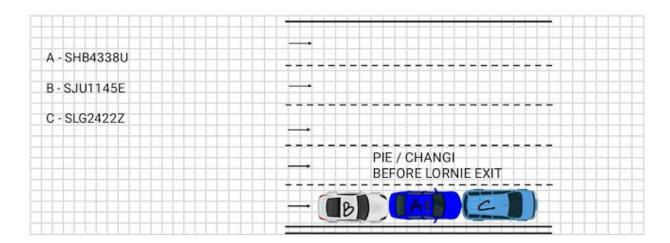


Policyholder's Signature / Date & Time Driver's Signature (If driver is not the policyholder) / Date & Time 15.07.2023. 1240HRS

FLASH ACCIDENT COME REPORTING OFFICER KYMI

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

ON 14.07.2023 AT ABOUT 1800HRS I WAS DRIVING VEHICLE A SHB4338U FETCHING MY PASSENGERS TO GEYLANG. VEHICLE A WAS ON THE 1ST LANE OF PIE / CHANGI . BEFORE LORNIE EXIT, VEHICLE A WAS INVOLVED IN A 3 CAR CHAIN VEHICLE B SJU1145E REAR ENDED VEHICLE A WHICH THEN REAR ENDED VEHICLE C SLG2422Z.
MY PASSENGERS ARE NOT INJURED AND I PROCEEDED TO SEND THEM TO DESTINATION. I HURT MY CHEST AND BACK AFTER IMPACT. SCENE PHOTOS TAKEN AND PARTICULARS EXCHANGED

Declaration

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

4

FLASH ACCIDENT COMERCIAL REPORTING OFFICER

KYMI

Policyholder's Signature / Date & Time

Witnessed by Reporting Centre Personnel







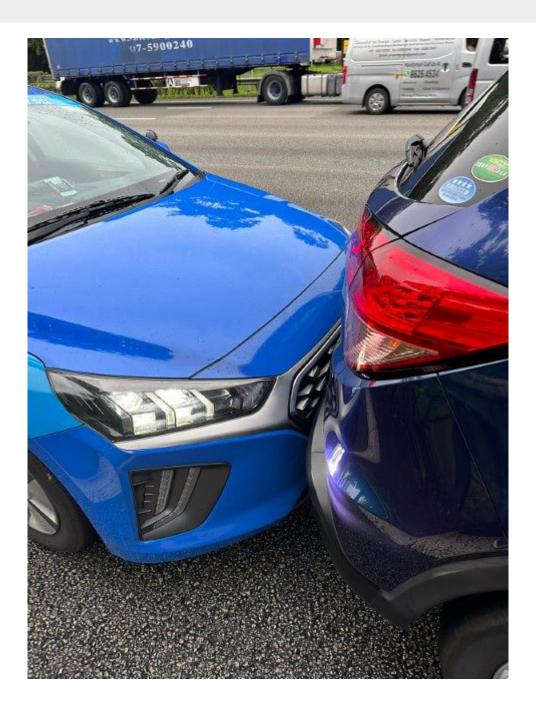


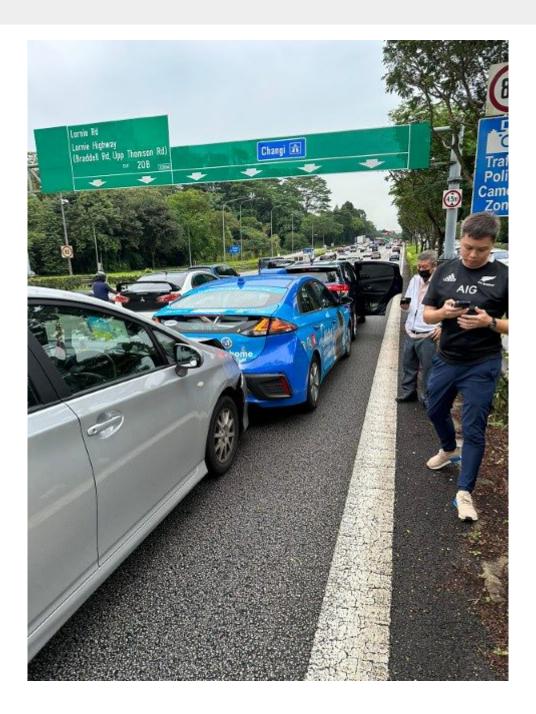


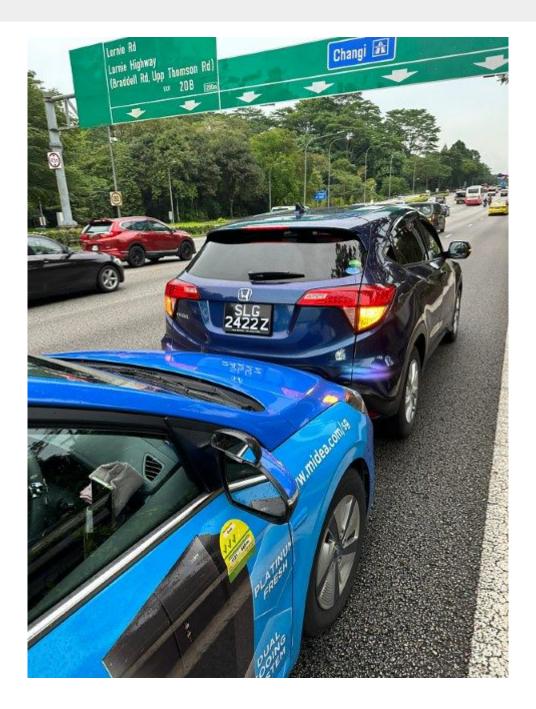


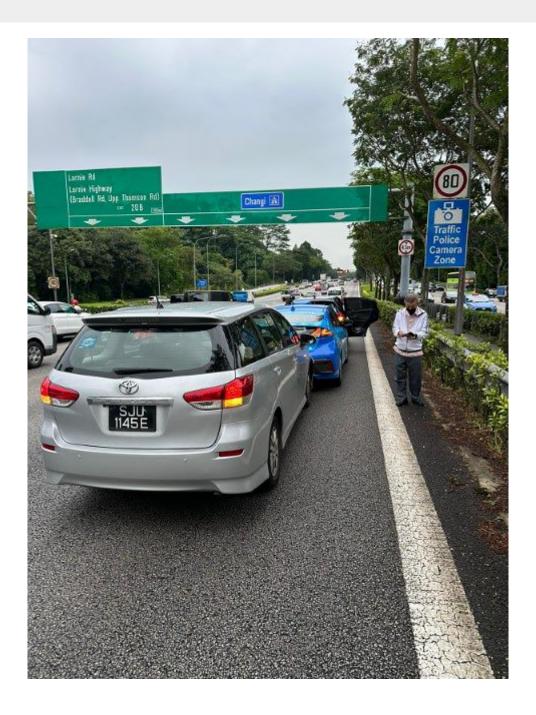


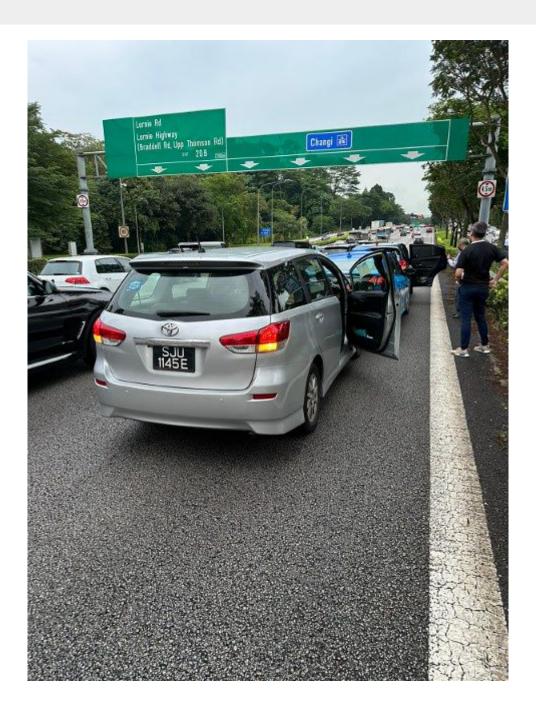


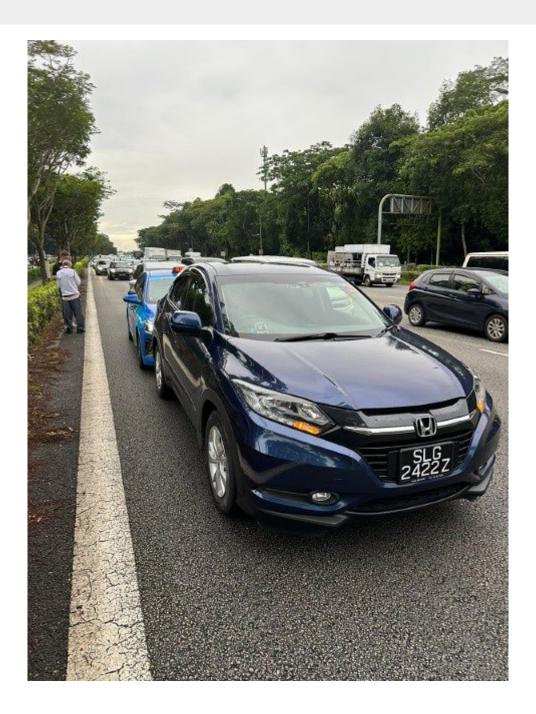


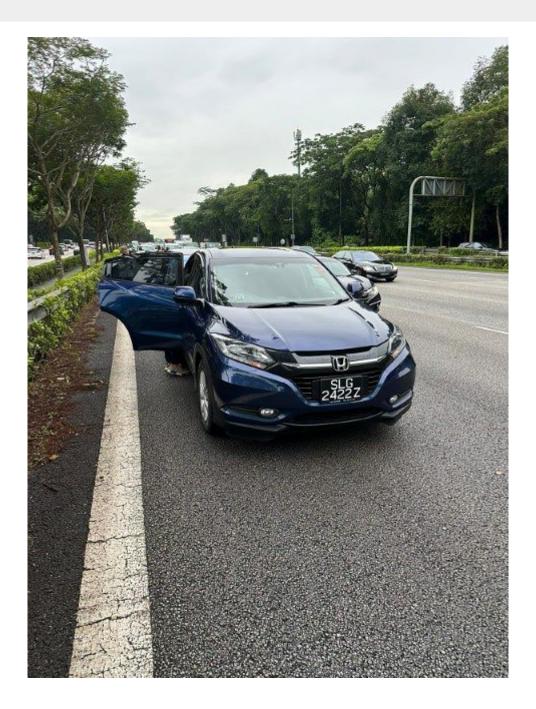














IMPORTANT NOTE: Please submit the completed Addendum form to the <u>same</u> Accident Reporting Centre with whom you submitted the Original Report.

	ADDENDU	м	
(A)	PARTICULARS OF PERSON MAKING THE AMENDMENTS		
	Original Report No: SJ0G237F0010	Vehicle Registration No:	SHB4338U
	Name (as shown in NRIC): Comfort Transportation Pte Ltd	NRIC/FIN/Passport No:	1XXXXXX821R
	(*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate		
	Address:		Singapore ()
	Contact (Tel):	Mobile No.:	
	Email Address:		
	Date of Accident: 14/07/2023	Time of Accident: 18:00	0
	Place of Accident: PIE, Singapore		
	Insurance Company: HSBC Life (Singapore) Pte. Ltd		
(B)	ADDITIONAL INFORMATION /AMENDMENTS:		
	I have made a report on the above-mentioned accident a make the following amendments: UPDATE DRIVER RELATIONSHIP	nd would like to Include a	dditional information or
		Siti	
	Policyholder / Driver's Signature Date:	Reporting Centre Per Name: NRIC/FIN No.: Date: 17.07.2023	sonnel's Signature

GIARMC Addendors Form

