

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 withholding 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 First Submission	12/06/2024 18:08 (SGT)
Reported by	Actual Driver
Date of Accident	12/06/2024 14:10 (SGT)
Exact Location of Accident	Toh Guan Rd, Singapore
Additional Location Information	TOWARDS PIE AFTER TOH GUAN ROAD EAST
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA9599E
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	CITYCAB PTE LTD
Company Reg No	199502839G
Email Address	fleetsafety@cdgtaxi.com.sg
Mobile Phone No	(Phone) +65-97507673
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
Vehicle Category	Taxi
Transmission	Auto
CC	1580

INSURANCE COMPANY

Name of Insurance Company	MS First Capital Insurance Ltd
Policy Number / Cover Note Number	D-24101860MFCT

DRIVER

Name of Driver	TAN TIOW LIANG
NRIC No	S1750873C
Date Of Birth	06/01/1966
Occupation	Outdoor

Driving Pass Date	16/12/1986
Driving experience	37 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97507673
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLK 704 JURONG WEST STREET 71 #09-102
Address complement	-
Postcode	640704
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	RELIEF DRIVER
Does Driver Own Other Vehicles?	No
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 - Change/cross lane
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?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	1
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	-

DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

ON 12/06/2024 AT ABOUT 1410HRS I WAS DRIVING VEHICLE (A) BEARING REGISTRATION NUMBER SHA9599E ENROUTE FROM AFTER DROPPING OFF AT IMM TO PUMP PERTOL AT BUKIT BATOK. WHILE STATIONARY ALONG TOH GUAN ROAD TOWARDS PIE AFTER TOH GUAN ROAD EAST IN LANE 1 BEHIND VEHICLES I WANTED TO CHANGE LANE TO LANE 2 AND CHECK FOR TRAFFIC BEFORE DOING SO. WHILE MAKING THE LANE CHANGE AT THE SAME TIME VEHICLE (B) BEARING REGISTRATION NUMBER SLN234B IN LANE 3 BEHIND ME ALSO CHANGE LANE TO LANE 2 AND THE FRONT LEFT OF MY VEHICLE HIT ONTO RIGHT FRONT DOOR PORTION OF VEHICLE (B). NOBODY WAS INJURED.

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 IS NOT SUITABLE

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLN234B
Vehicle Manufacturer	Nissan
Vehicle Model	QASHQAI 1.2 DIG-T CVT ABS 2WD 5DR

Vehicle Variant	-
Vehicle Colour	White
Vehicle Category	Private car
Name of Driver	JULIA
Contact Number	(Phone) +65-93844300
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**

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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)**

I 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 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.
- (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 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.

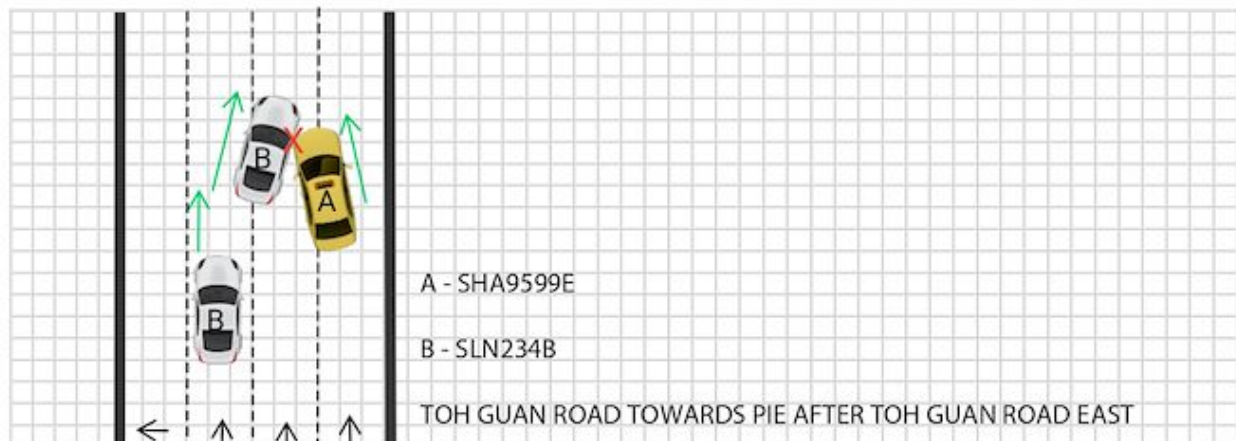
Policyholder's Signature / Date & Time

Sketch Plan

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

12/06/2024 1515HRS

Witnessed by Reporting Centre Personnel



Describe Circumstances of the Accident

ON 12/06/2024 AT ABOUT 1410HRS I WAS DRIVING VEHICLE (A) BEARING REGISTRATION NUMBER SHA9599E ENROUTE FROM AFTER DROPPING OFF AT IMM TO PUMP PERTOL AT BUKIT BATOK. WHILE STATIONARY ALONG TOH GUAN ROAD TOWARDS PIE AFTER TOH GUAN ROAD EAST IN LANE 1 BEHIND VEHICLES I WANTED TO CHANGE LANE TO LANE 2 AND CHECK FOR TRAFFIC BEFORE DOING SO. WHILE MAKING THE LANE CHANGE AT THE SAME TIME VEHICLE (B) BEARING REGISTRATION NUMBER SLN234B IN LANE 3 BEHIND ME ALSO CHANGE LANE TO LANE 2 AND THE FRONT LEFT OF MY VEHICLE HIT ONTO RIGHT FRONT DOOR PORTION OF VEHICLE (B). NOBODY WAS INJURED.

Declaration

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

Policyholder's Signature / Date &
Time

Driver's Signature (If driver is not the policyholder) / Date
& Time
12/06/2024 1515HRS

Witnessed by Reporting Centre
Personnel

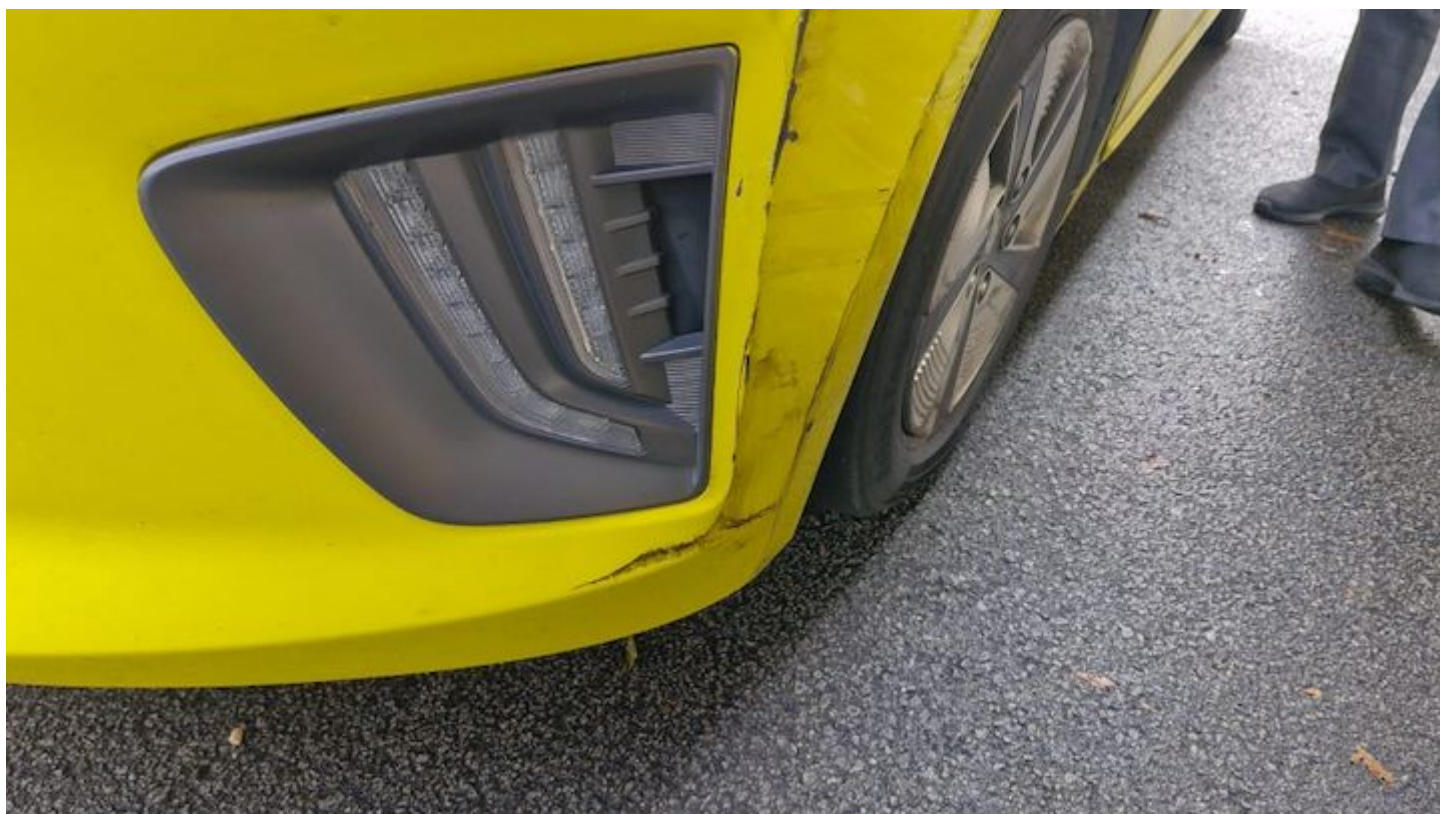


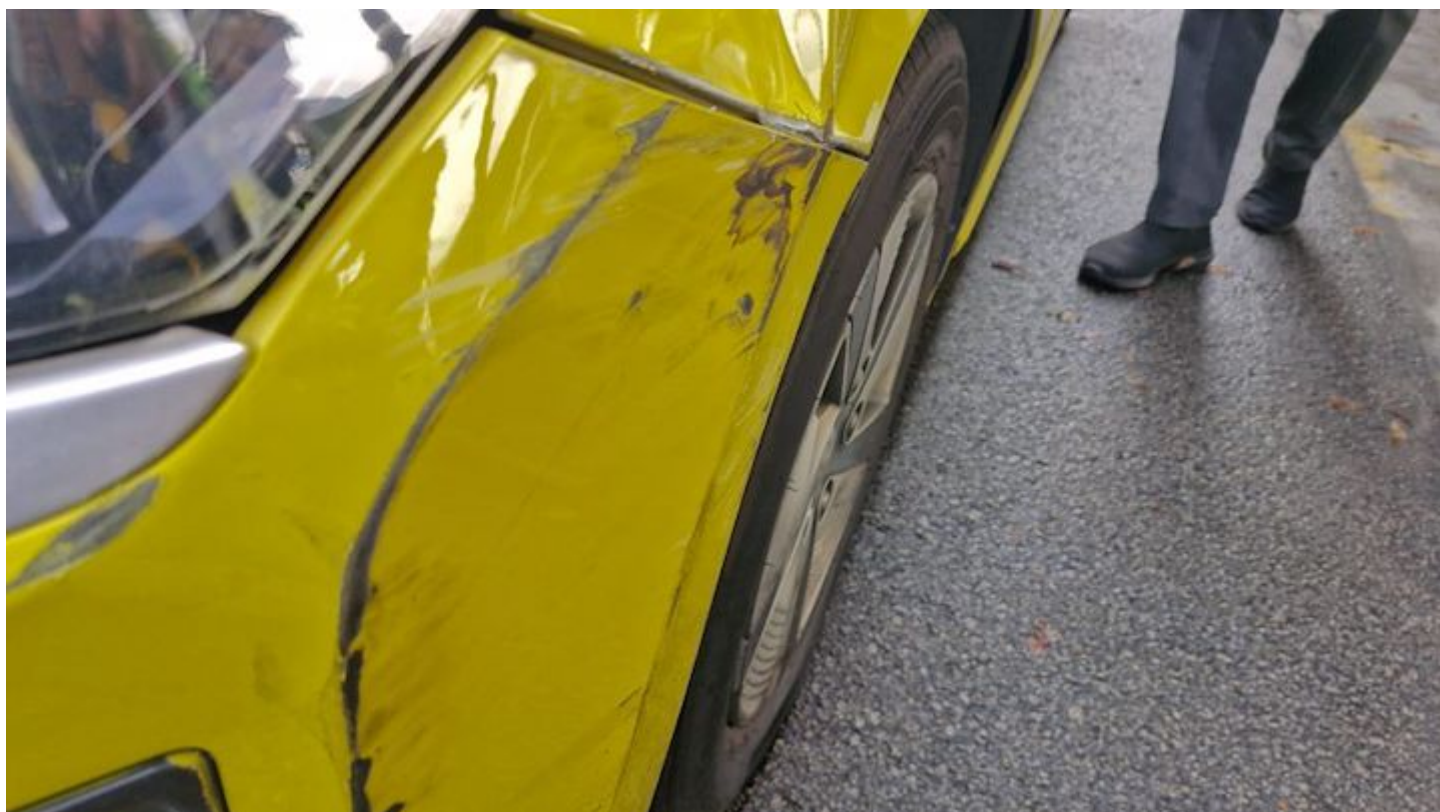
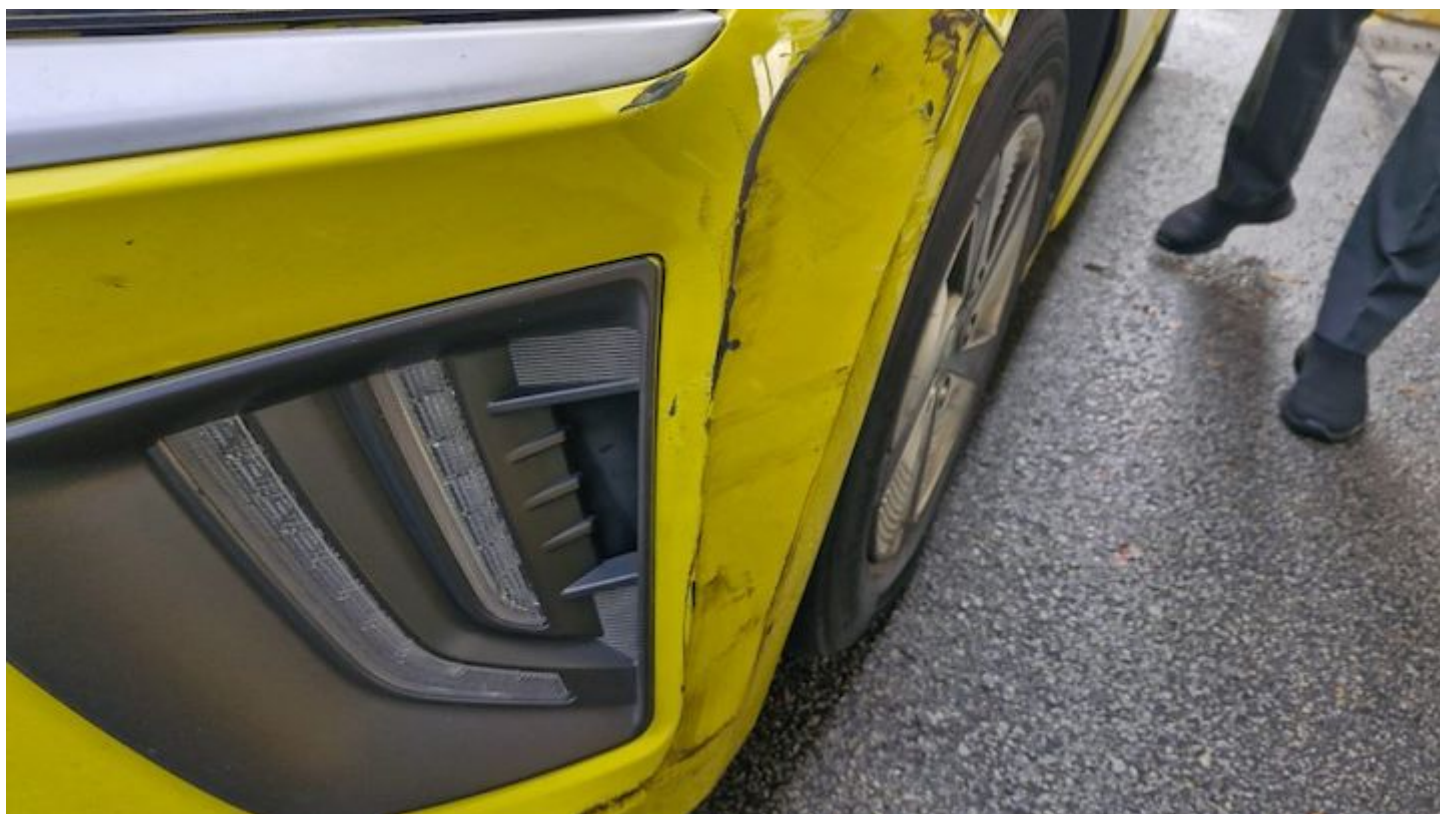








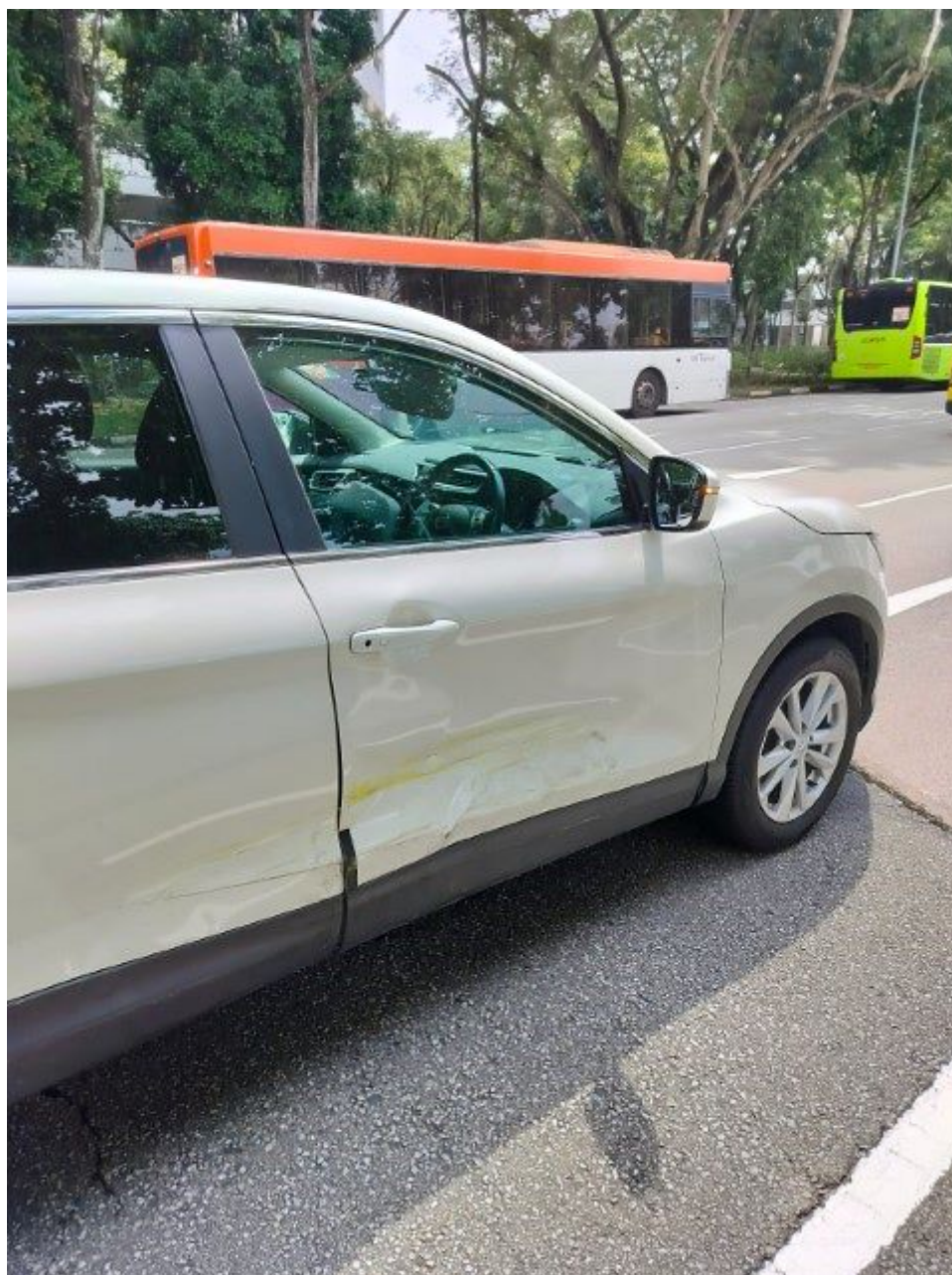
















IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SA1K246C000L Vehicle Registration No: SHA9599E
 Name (as shown in NRIC): CityCab Pte Ltd NRIC/FIN/Passport No: 1XXXXX839G
 (*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
 Address: _____ Singapore ()
 Contact (Tel): _____ Mobile No.: _____
 Email Address: fleetsafety@cdgtaxi.com.sg
 Date of Accident: 12.06.2024 Time of Accident: 14:10
 Place of Accident: Toh Guan Rd, Singapore
 Insurance Company: MS First Capital Insurance Ltd

(B) ADDITIONAL INFORMATION /AMENDMENTS:

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

UPDATE CLAIM STATUS



Policyholder / Driver's Signature
Date:



Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:
Date: 13.06.2024