

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	09/09/2024 15:54 (SGT)
Reported by	Actual Driver
Date of Accident	07/09/2024 18:00 (SGT)
Exact Location of Accident	14 Simei Street 1, Singapore 529948
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB2238M
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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) +65-90187235
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
Vehicle Fuel	Petrol-Electric
First Registration Date	-
Chassis no	KMHC851CVJU103766
Effective Date/Time of Ownership	-

INSURANCE COMPANY

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

DRIVER

Name of Driver	GOH BUCK CHOON
NRIC No	S0701301I
Date Of Birth	04/05/1950
Occupation	Outdoor
Driving Pass Date	08/05/1969
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	55 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90187235
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLK 106 SERANGOON NORTH AVENUE 1 #06-733
Address complement	-
Postcode	1955
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
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 - Head on collision
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 THE 07/09/2024 AT ABOUT 18:00HRS I WAS DRIVING VEHICLE A BEARING REGISTRATION NUMBER (SHB2238M) ALONG SIMEI ST 1 EN-ROUTE FROM SIMEI EAST TOWARDS MELVILLE PARK SEND PASSENGER FOR WORK PURPOSE, AFTER DROP OFF MY PASSENGER I WAS EXITING OUT FROM THE PLACE, WHILE I WAS LEFT BEND TOWARDS GANTRY SHORTLY AFTER, I FELT AN IMPACT ON MY FRONT RIGHT SIDE BUMPER PORTION OF VEHICLE A AND REALISED VEHICLE B BEARING REGISTRATION NUMBER (SLU7440P) THAT WAS COMING FROM OPPOSITE DIRECTION AND COLLIDED ONTO VEHICLE A FRONT RIGHT SIDE PORTION. NO INJURIES WERE PRESENTED DURING THE COURSE OF COLLISION.

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	SLU7440P
Vehicle Manufacturer	Nissan
Vehicle Model	QASHQAI 1.2 DIG-T CVT
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	THAN CHEE SENG PETER
NRIC No	S0076943F
Contact Number	(Phone) +65-91734359
Address	22 SIMEI STREET 1 # 07-12
Address complement	-
Postcode	529945
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

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SKETCH PLAN**IMPORTANT NOTICE**

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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.



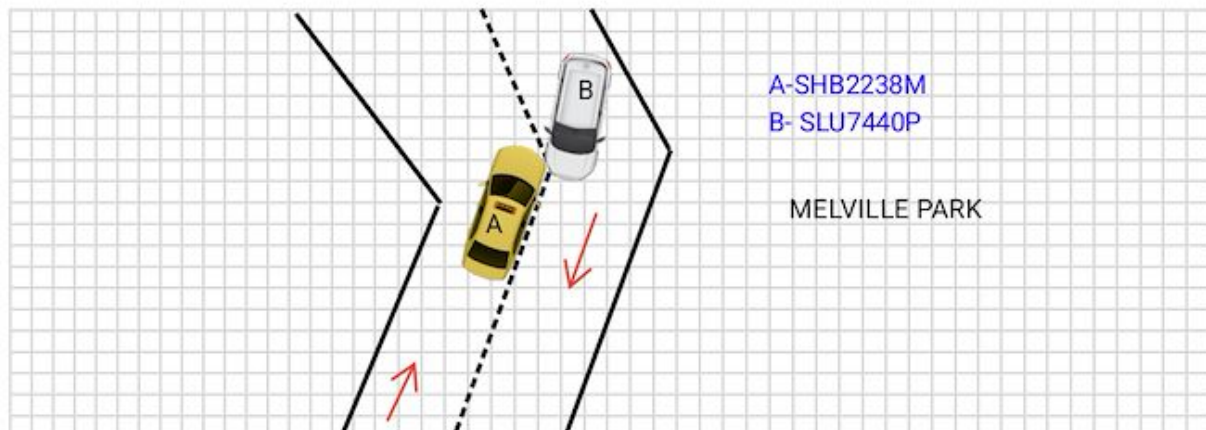
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

09/09/2024 – 11:00HRS



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Describe Circumstances of the Accident

ON THE 07/09/2024 AT ABOUT 18:00HRS I WAS DRIVING VEHICLE A BEARING REGISTRATION NUMBER (SHB2238M) ALONG SIMEI ST 1 EN-ROUTE FROM SIMEI EAST TOWARDS MELVILLE PARK SEND PASSENGER FOR WORK PURPOSE, AFTER DROP OFF MY PASSENGER I WAS EXITING OUT FROM THE PLACE, WHILE I WAS LEFT BEND TOWARDS GANTRY SHORTLY AFTER, I FELT AN IMPACT ON MY FRONT RIGHT SIDE BUMPER PORTION OF VEHICLE A AND REALISED VEHICLE B BEARING REGISTRATION NUMBER (SLU7440P) THAT WAS COMING FROM OPPOSITE DIRECTION AND COLLIDED ONTO VEHICLE A FRONT RIGHT SIDE PORTION. NO INJURIES WERE PRESENTED DURING THE COURSE OF COLLISION.

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

09/09/2024 – 11:00HRS



Witnessed by Reporting Centre Personnel



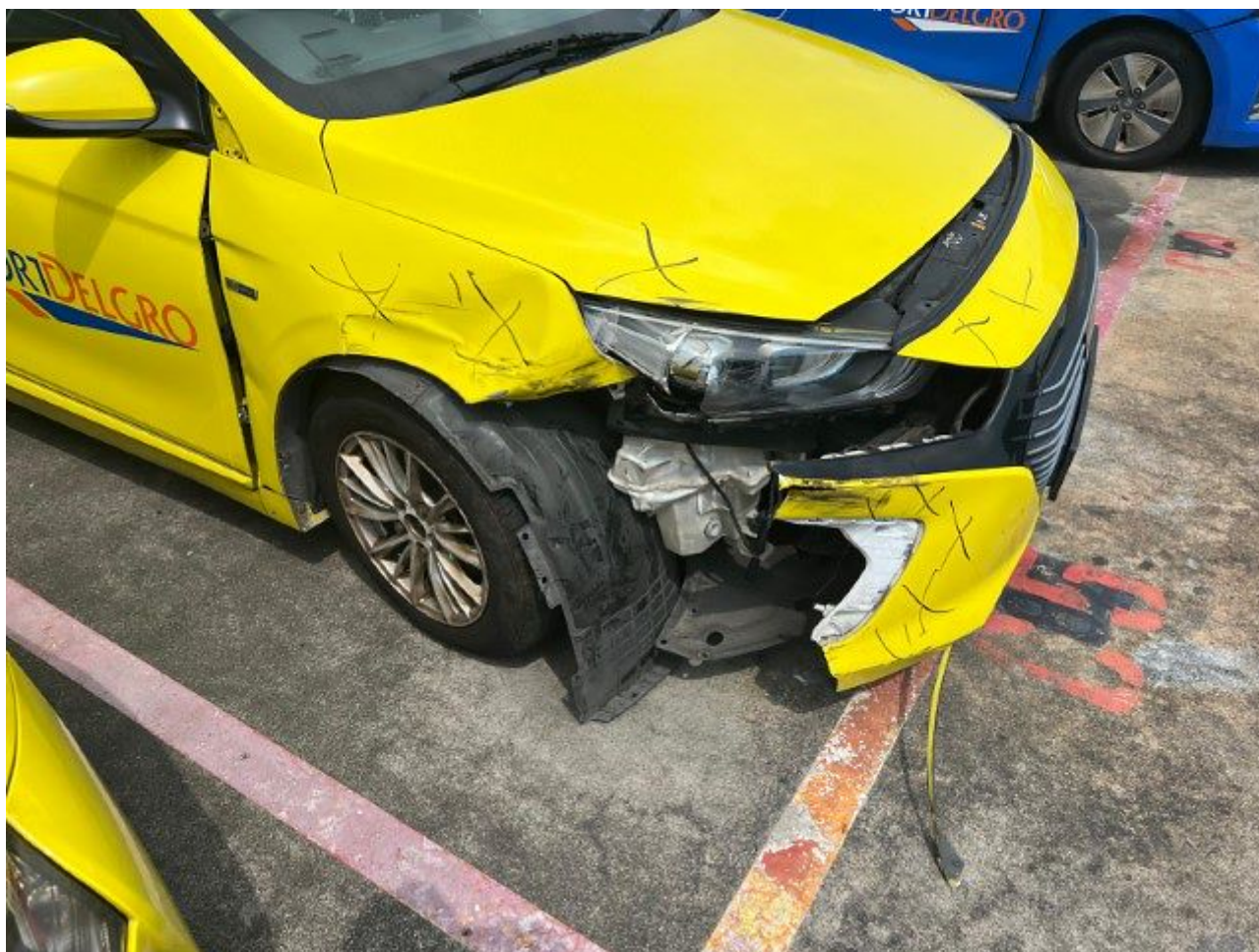




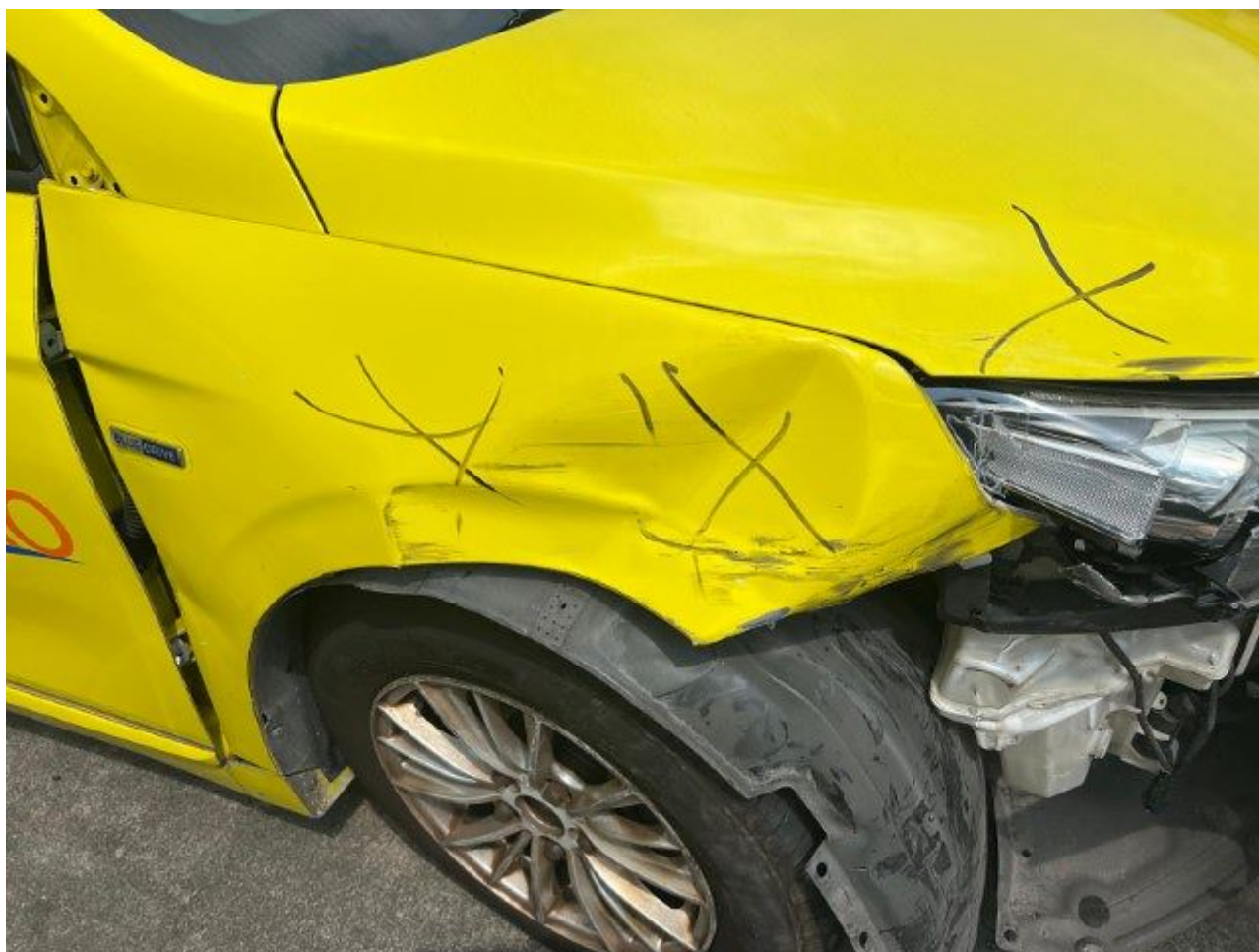


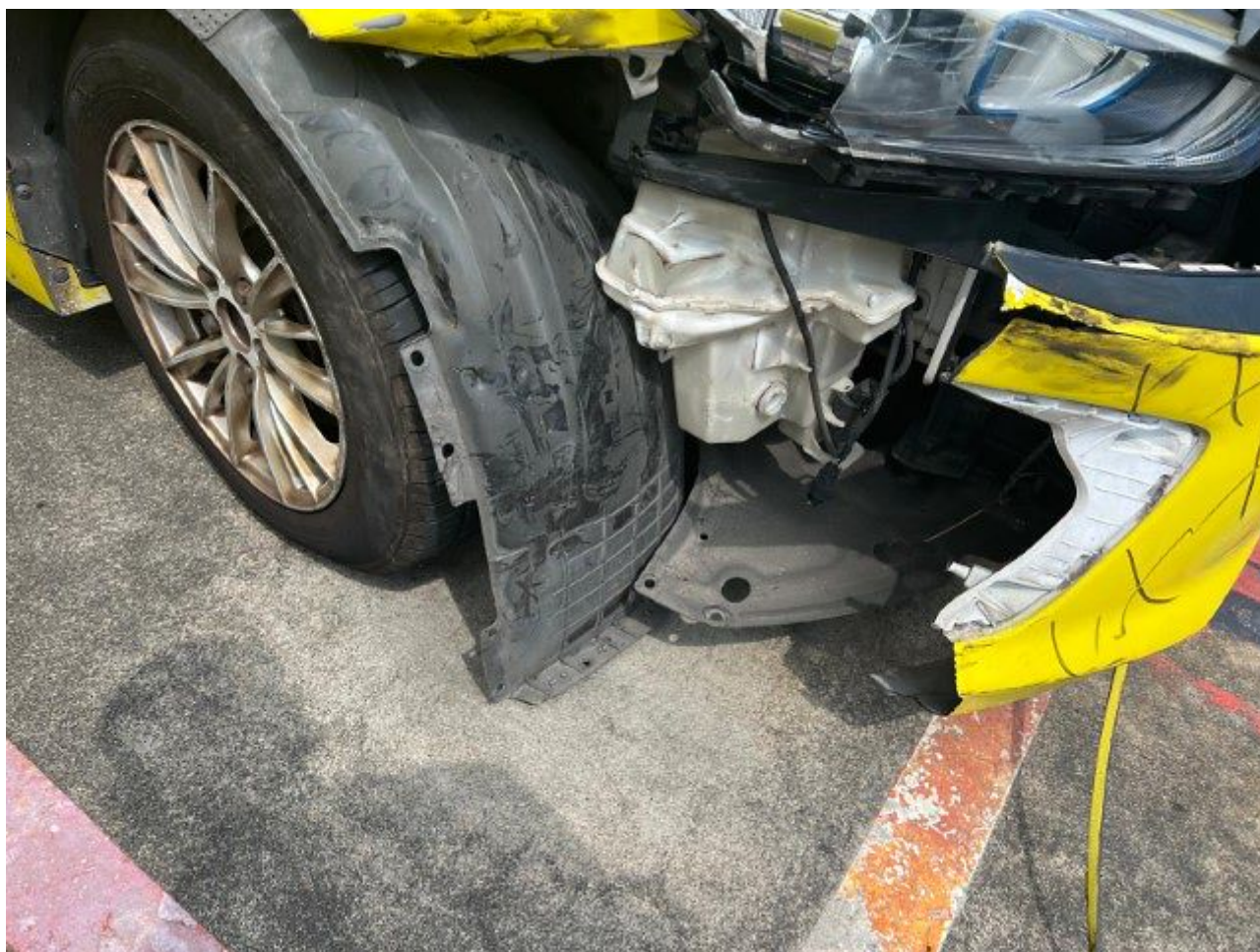






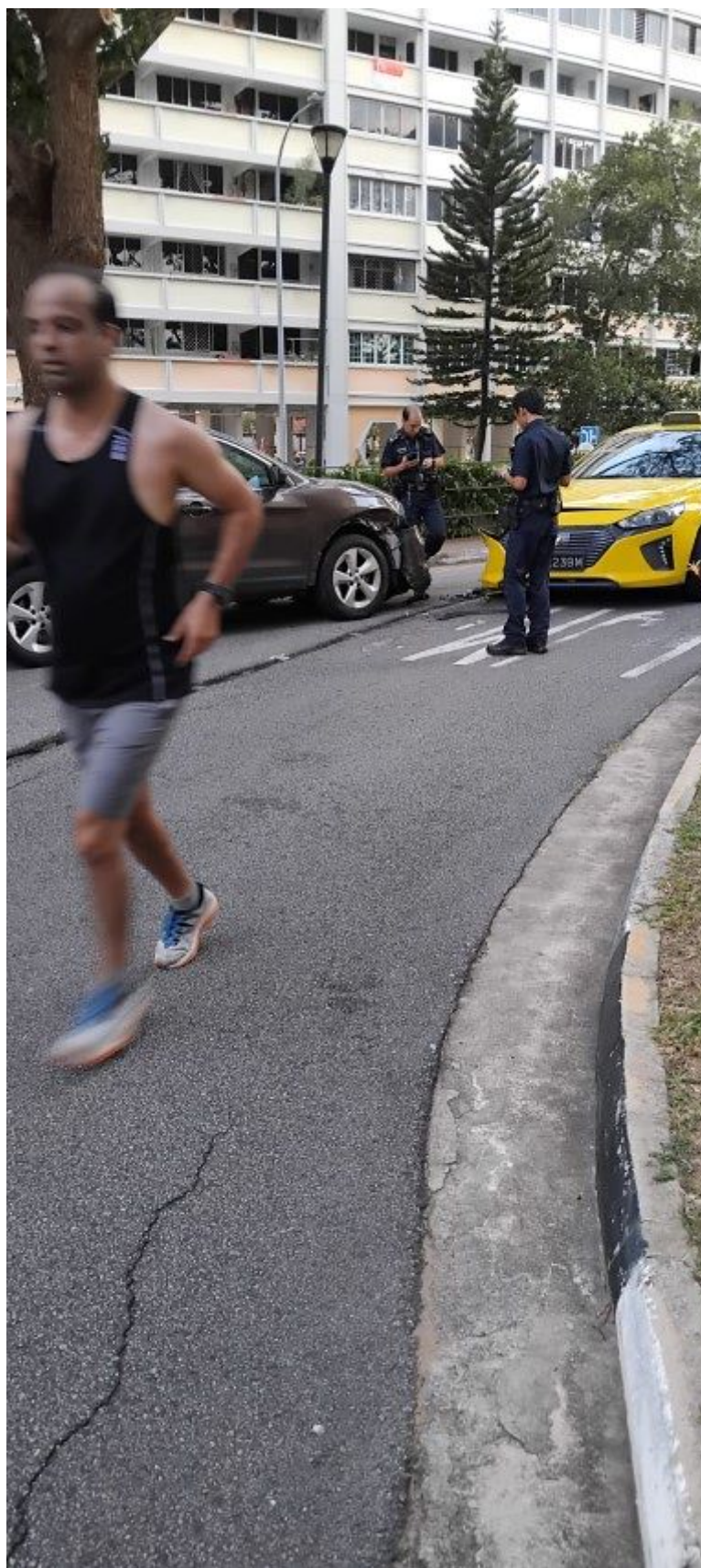


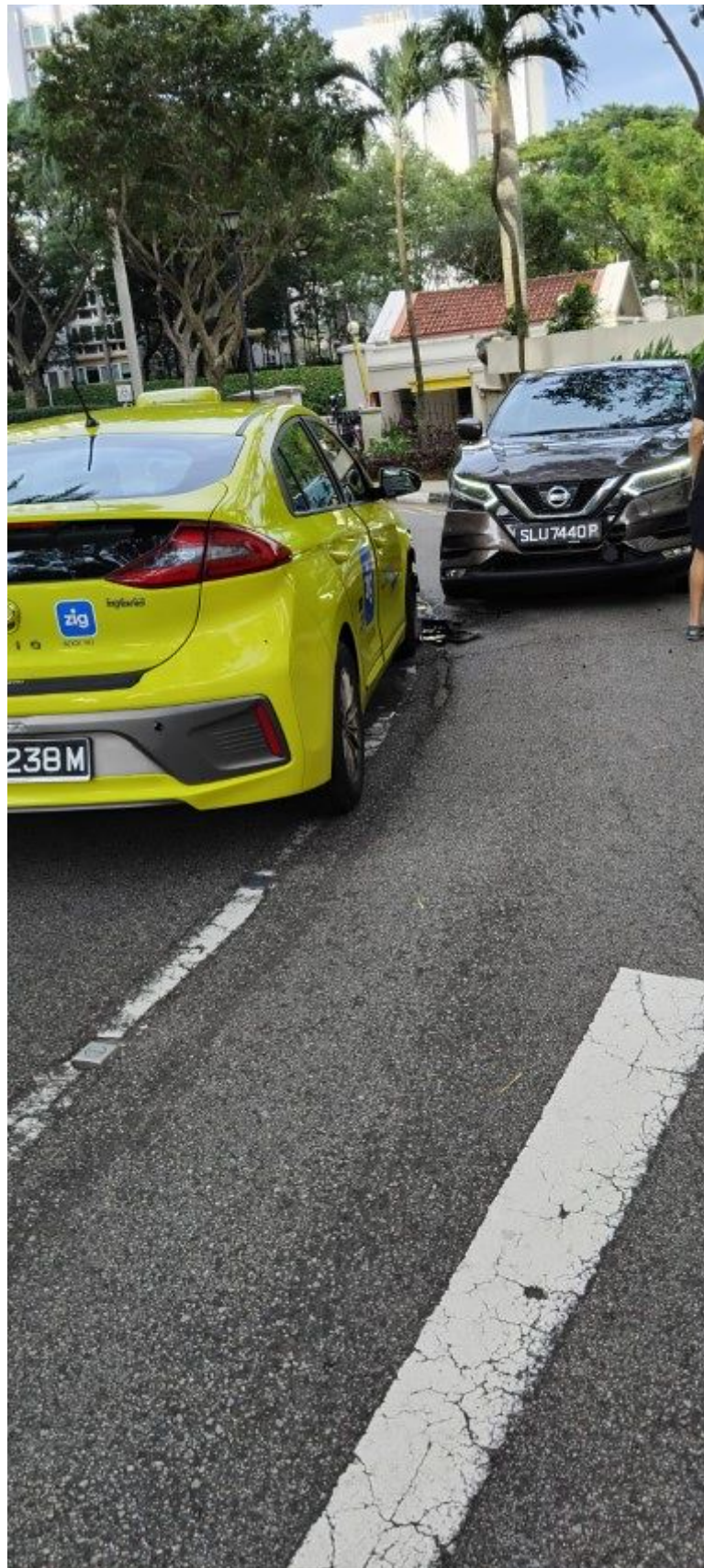






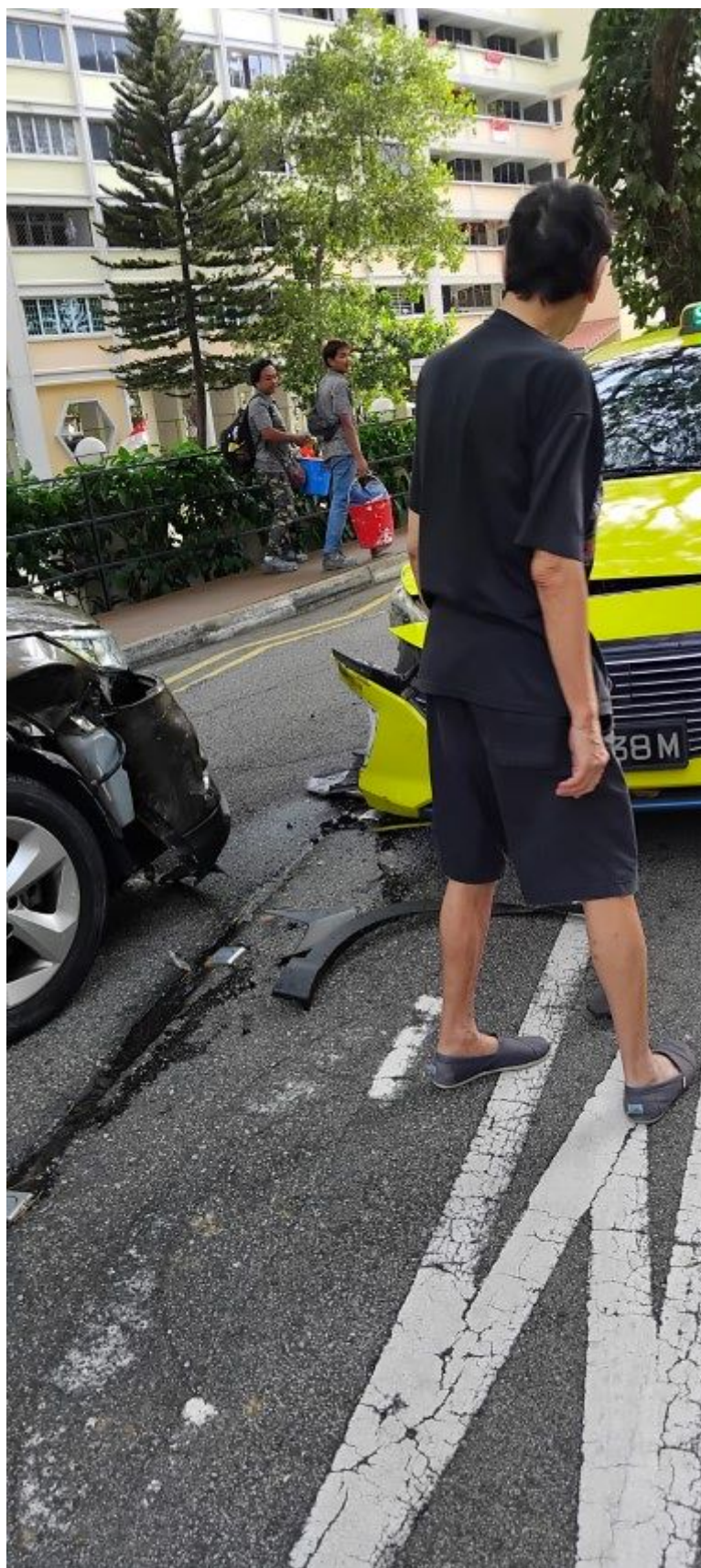


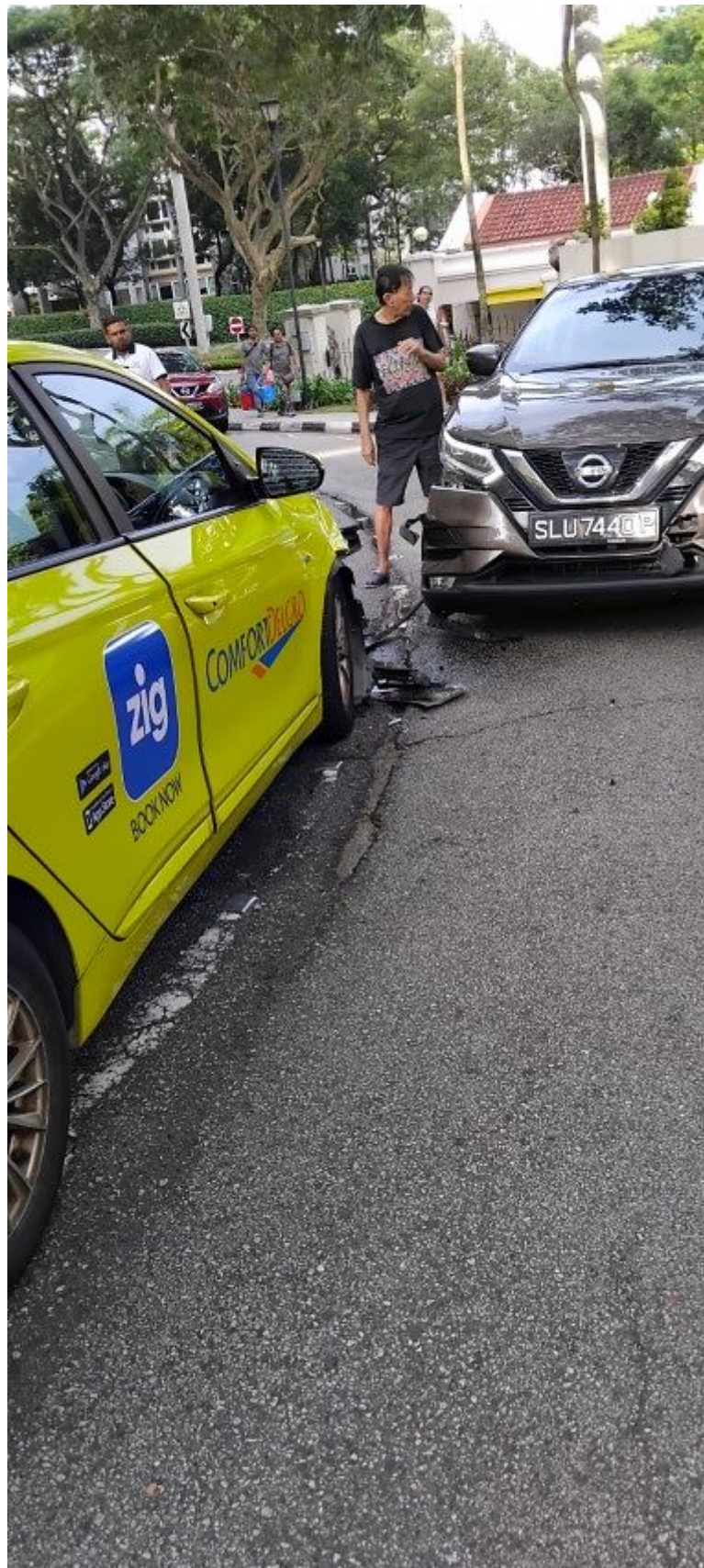




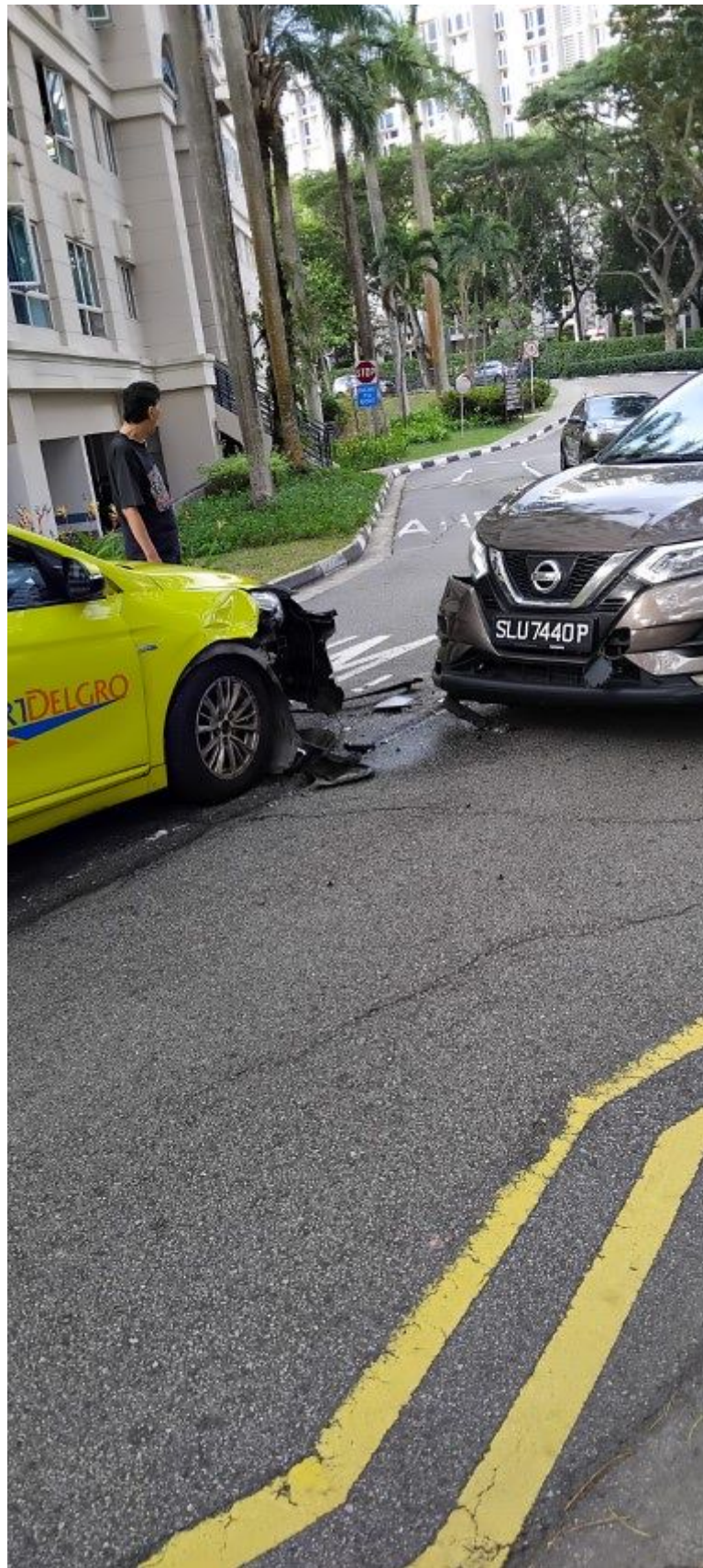


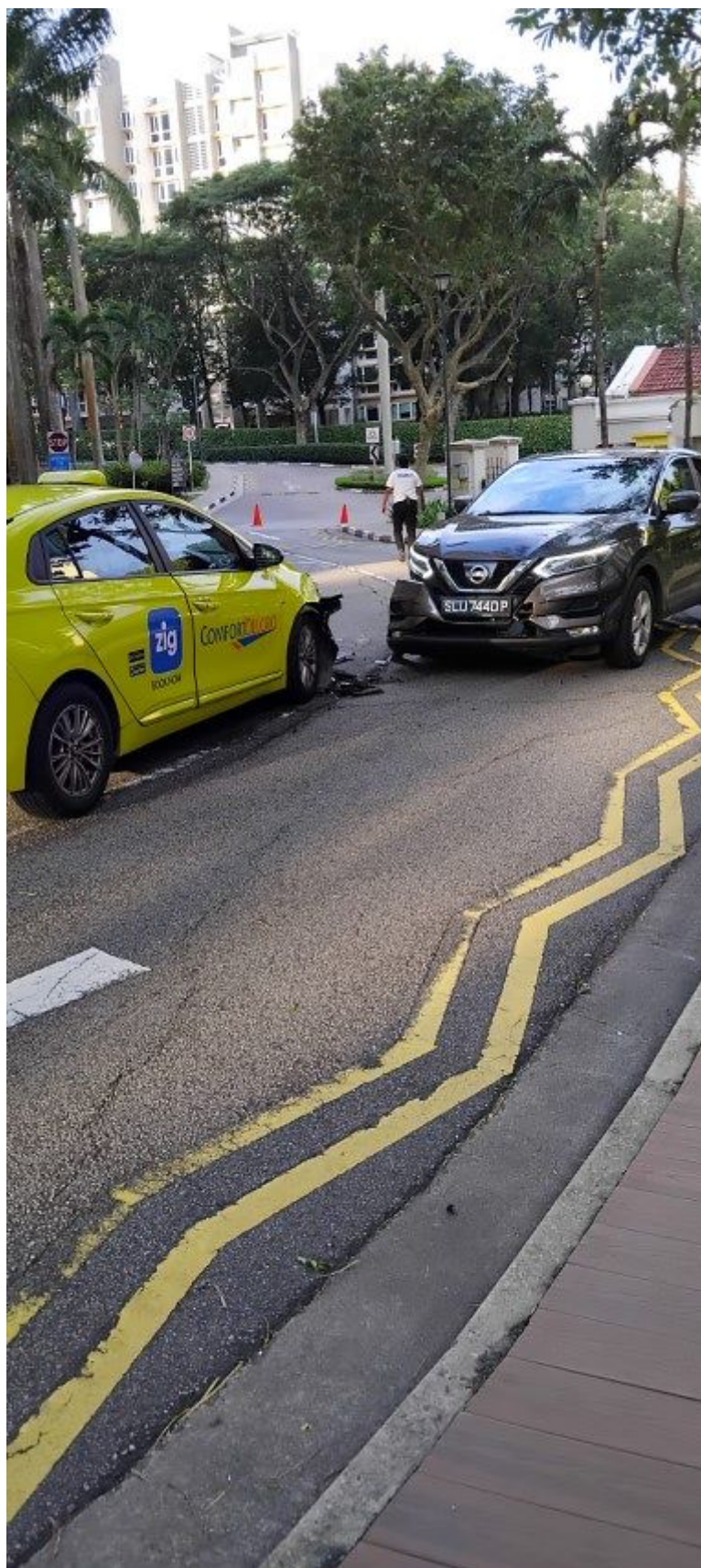




















IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SA1K2499000G Vehicle Registration No: SHB2238M
 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: _____
 Date of Accident: 07/09/2024 Time of Accident: 18:00
 Place of Accident: 14 Simei Street 1,
 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: 09.09.2024