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.

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 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 11/09/2024 12:17 (SGT) Reported by **Actual Driver** Date of Accident 10/09/2024 11:00 (SGT) Exact Location of Accident Nicoll Hwy, Singapore Additional Location Information TOWARDS KPE TUNNEL Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHC504C

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) +65-97578008 Alternative Phone No (Office) +65-65508768

VEHICLE PARTICULARS

Manufacturer Toyota Model Prius Variant **5DR HATCHBACK (AUTO)** 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 CC 1798 Vehicle Fuel Petrol-Electric First Regisration Date Chassis no JTDKB3FUX03092716 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 **UE SENG WAH** NRIC No S1853985C Date Of Birth 17/06/1959 Occupation Outdoor Driving Pass Date 04/03/1980 Driving License Pass Class Driving License Validity Valid Driving experience 44 YEARS AND 6 MONTHS Gender Mobile Number (Phone) +65-97578008 Alt. Phone Number Email Address fleetsafety@cdgtaxi.com.sg Address BLK 253 COMPASSVALE STREET #15-21 Address complement Postcode 540253 Is the driver the policyholder? No If No, Relationship of the Driver with the Insured Hirer 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 Chain 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 3 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) 2 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 Female **DETAILS OF POLICE ACTION** Was the accident reported to the police? Nο

CIRCUMSTANCES OF ACCIDENT

Was notice of intended Prosecution given?

If yes, against whom?

ON 10.09.2024 AT ABOUT 1100HRS, VEHICLE A SHC504C WAS ALONG NICOLL HIGHWAY SLIP ROAD TO KPE TUNNEL. NEAR LAMP POST 2S10, VEHICLE C SMA7193X IN FRONT SLOWED DOWN AND STOP. VEHICLE A ALSO SLOWED DOWN AND STOP. VEHICLE B SLK6565Y THEN REAR ENDED STATIONARY VEHICLE A CAUSING VEHICLE A TO SURGED FORWARD AND REAR END VEHICLE C. UPON IMPACT, MY PASSENGER AND MYSELF WAS HURT. PASSENGER THEN REQUESTED ME TO SEND HER BACK TO TOA PAYOH INSTEAD OF GOING TO IKEA. SCENE PHOTOS AND PARTICULARS TAKEN.

No

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 **SLK6565Y** Vehicle Manufacturer Toyota Vehicle Model SIENTA 1.5G HYBRID AT ABS D/AIRBAG 2WD Vehicle Variant Vehicle Colour Vehicle Category Private hire Name of Driver CHER YONG KHUAN NRIC No S7013658I Contact Number (Phone) +65-97578008 Address Address complement Postcode Insurance Company Name Nature Of Damage **FRONT** Details of property damaged in accident No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SMA7193X Vehicle Manufacturer Toyota Vehicle Model C-HR HYBRID 1.8S CVT Vehicle Variant Vehicle Colour Blue Vehicle Category Private car Name of Driver WONG KAIJIE NRIC No S8127488F Contact Number (Phone) +65-83389366 Address Address complement Postcode Insurance Company Name Nature Of Damage **REAR** Details of property damaged in accident No. Of Passenger (Including Driver)

INJURED PERSONS DETAILS

INJURED 1

Name of injured person **UE SENG WAH** Gender Male Phone No (Phone) +65-97578008 Address BLK 253 COMPASSVALE STREET #15-21 Address Complement Post Code 540253 Approximate Age Years Old Injuries Sustained **NECK AND BACK** Injured person in which vehicle? SHC504C Were seat belts worn? Yes Was this injured conveyed to hospital by ambulance? No INJURED 2

 Name of injured person
 UNKNOWN

 Gender
 Female

 Phone No

 Address

 Address Complement

 Post Code

Approximate Age Years Old
Injuries Sustained
NECK AND BACK
Injured person in which vehicle?
Were seat belts worn?
Was this injured conveyed to hospital by ambulance?
No

SKETCH PLAN

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- 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)

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.

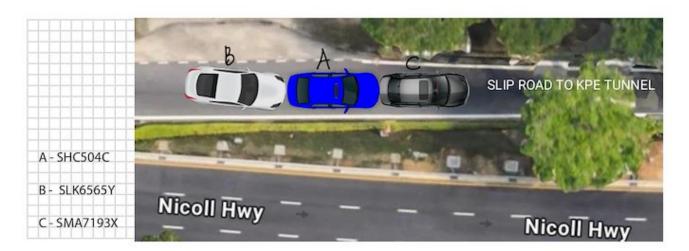
Policyholder's Signature / Date &

Driver's Signature (If driver is not the policyholder) / Date & Time 10.09.2024. 1430HRS

Witnessed by Reporting Centre Personnel

Sketch Plan

Time



Describe Circumstances of the Accident

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	ON 10.09.2024 AT ABOUT 1100HRS, VEHICLE A SHC504C WAS ALONG NICOLL HIGHWAY SLIP ROAD TO KPE TUNNEL. NEAR LAMP POST 2S10, VEHICLE C SMA7193X IN FRONT SLOWED DOWN AND STOP. VEHICLE A ALSO SLOWED DOWN AND STOP. VEHICLE B SLK6565Y THEN REAR ENDED STATIONARY VEHICLE A CAUSING VEHICLE A TO SURGED FORWARD AND REAR END VEHICLE C. UPON IMPACT, MY PASSENGER AND MYSELF WAS HURT. PASSENGER THEN REQUESTED ME TO SEND HER BACK TO TOA PAYOH INSTEAD OF GOING TO IKEA. SCENE PHOTOS AND PARTICULARS TAKEN.	

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 = 10.09.2024. 1430HRS

xym?

Witnessed by Reporting Centre Personnel



