# **E** 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.
- 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 Submission28/09/2024 09:47 (SGT)Reported byActual DriverDate of Accident27/09/2024 14:20 (SGT)Exact Location of AccidentECP, SingaporeAdditional Location InformationBEFORE FORT ROADCountry/State of LossSingapore

## **DETAILS OF OWN VEHICLE**

Vehicle Registration Number SHC7007A

INSURED/POLICYHOLDER

Is company?YesName Of Registered OwnerCITYCAB PTE LTDCompany Reg No1XXXXX839GEmail Addressfleetsafety@cdgtaxi.com.sgMobile Phone No(Phone) +65-91776657Alternative Phone No(Office) +65-65508768

#### VEHICLE PARTICULARS

Manufacturer Toyota Model Prius Variant 5DR HATCHBACK (AUTO)(2WD) 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 JTDKB3FU803096442

# INSURANCE COMPANY

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

DRIVER

Effective Date/Time of Ownership

Name of Driver	TAV TEOV ENO
Name of Driver	TAY TECK ENG
NRIC No	SXXXX008G
Date Of Birth	12/06/1965
Occupation	Outdoor
Driving Pass Date	04/04/1986
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	38 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91776657
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLK 195B PUNGGOL ROAD #13-512
Address complement	-
Postcode	822195
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	
GENERAL INFORMATION OF THE ACCIDENT	
Time of Assidant	0.893
Type of Accident	Collision - Head to Rear
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	3
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	
GOTIGOT	Male
PASSENGER 2	
Name	UNKNOWN
Gender	
GOIGO	Male
DETAILS OF POLICE ACTION	
DETAILS OF FOLIOE MOTION	
Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No No
If yes, against whom?	No -
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## CIRCUMSTANCES OF ACCIDENT

ON 27.09.2024 AT ABOUT 1420HRS, VEHICLE A SHC7007A WAS ALONG ECP / AYE ON LANE 1. BEFORE FORT ROAD, VEHICLE A STOP AS VEHICLES IN FRONT WERE STOPPING. VEHICLE B SLQ3161S THEN REAR ENDED STATIONARY VEHICLE A. UPON IMPACT, MY RIGHT REAR PASSENGER AND MYSELF HURT OUR NECK AND BACK. I PROCEEDED TO SEND THEM TO DESTINATION AT ALEXANDRA. SCENE PHOTOS TAKEN. PARTICULARS TAKEN. NO HANDPHONE EXCHANGED.



#### 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 **SLQ3161S** Vehicle Manufacturer Toyota Vehicle Model AQUA HYBRID 1.5S CVT Vehicle Variant Vehicle Colour White Vehicle Category Private car Name of Driver SIM RIYAO DARYL NRIC No SXXXX966I

Contact Number Address Address complement Postcode Insurance Company Name Nature Of Damage **FRONT** 

Details of property damaged in accident No. Of Passenger (Including Driver) 1

## **INJURED PERSONS DETAILS**

No

#### INJURED 1

Name of injured person TAY TECK ENG Gender Phone No (Phone) +65-91776657 Address BLK 195B PUNGGOL ROAD #13-512 Address Complement Post Code 822195 Approximate Age Years Old 59 **NECK AND BACK** 

Injuries Sustained Injured person in which vehicle? SHC7007A Were seat belts worn? Yes Was this injured conveyed to hospital by ambulance? No

#### **INJURED 2**

Name of injured person **UNKNOWN** Gender Male Phone No Address Address Complement Post Code Approximate Age Years Old Injuries Sustained **NECK AND BACK** Injured person in which vehicle? SHC7007A Were seat belts worn? Yes Was this injured conveyed to hospital by ambulance?

#### SKETCH PLAN

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- 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 invoive 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")

Policyholder's Signature / Date &

- (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.

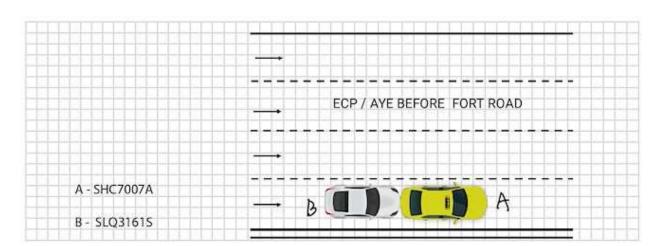
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Driver's Signature (if driver is not the policyholder) / Date & Time 27.09.2024. 1700HRS

Witnessed by Reporting Centre Personnel

#### Sketch Plan

Time



## Describe Circumstances of the Accident

ON 27.09.2024 AT ABOUT 1420HRS, VEHICLE A SHC7007A WAS ALONG ECP / AYE ON LANE 1. BEFORE FORT ROAD, VEHICLE A STOP AS VEHICLES IN FRONT WERE STOPPING. VEHICLE B SLQ3161S THEN REAR ENDED STATIONARY VEHICLE A. UPON IMPACT, MY RIGHT REAR PASSENGER AND MYSELF HURT OUR NECK AND BACK. I PROCEEDED TO SEND THEM TO DESTINATION AT ALEXANDRA. SCENE PHOTOS TAKEN. PARTICULARS TAKEN. NO HANDPHONE EXCHANGED.	

## 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 27.09.2024. 1700HRS

Witnessed by Reporting Centre Personnel