SA1K24A8000E / Aspectus Consultancy Pte Ltd
ENTRY DATE & TIME: 08/10/2024 18:01 (SGT)
SUBMITTED BY: Flash Reporting
VERSION: 1 (08/10/2024 18:01 (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.
**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 | 08/10/2024 18:01 (SGT) |
| Reported by | Actual Driver |
| Date of Accident | 08/10/2024 11:30 (SGT) |
| Exact Location of Accident | Pioneer Rd, Singapore |
| Additional Location Information | TOWARDS TUAS CRESCENT |
| Country/State of Loss | Singapore |

## DETAILS OF OWN VEHICLE

| | |
|---|---|
| Vehicle Registration Number | SHC663B |

### INSURED/POLICYHOLDER

| | |
|---|---|
| Is company? | Yes |
| Name Of Registered Owner | CITYCAB PTE LTD |
| Company Reg No | 1XXXXX839G |
| Email Address | fleetsafety@cdgtaxi.com.sg |
| Mobile Phone No | (Phone) +65-97485075 |
| Alternative Phone No | (Office) +65-65508768 |

### VEHICLE PARTICULARS

| | |
|---|---|
| Manufacturer | Hyundai |
| Model | Ae ioniq |
| Variant | HEV 1.6 DCT |
| 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 Regisration Date | - |
| Chassis no | KMHC851CVKU164900 |
| 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 | TAN BOON TECK |
| NRIC No | SXXXX814G |
| Date Of Birth | 26/01/1952 |
| Occupation | Outdoor |
| Driving Pass Date | 17/02/1971 |
| Driving License Pass Class | 3 |
| Driving License Validity | Valid |
| Driving experience | 53 YEARS AND 8 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-97485075 |
| Alt. Phone Number | - |
| Email Address | fleetsafety@cdgtaxi.com.sg |
| Address | BLK 404 TAMPINES STREET 41 #01-129 |
| Address complement | - |
| Postcode | 520404 |
| 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 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? | No |
| Was any injured conveyed to hospital by ambulance? | - |
| 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 | Male |

## 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 08.10.2024 AT ABOUT 1130HRS VEHICLE A SHC663B WAS STATIONARY AT THE SLIP ROAD FROM PIONEER ROAD INTO TUAS CRESCENT. VEHICLE B YR854L REAR ENDED STATIONARY VEHICLE A. PASSENGER IS NOT INJURED AND I PROCEEDED TO SEND HIM TO DESTINATION AT TUAS CRESCENT. SCENE PHOTOS TAKEN. PARTICULARS TAKEN.

## 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 | YR854L |
| Vehicle Manufacturer | Isuzu |
| Vehicle Model | FRR90SUQA-C AMT |
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Commercial vehicle |
| Name of Driver | NG KEE SWEE (HUANG KERUI) |
| NRIC No | SXXXX245C |
| Contact Number | (Phone) +65-97605647 |
| Address | - |
| Address complement | - |
| Postcode | - |
| Insurance Company Name | - |
| Nature Of Damage | FRONT |
| Details of property damaged in accident | - |
| No. Of Passenger (Including Driver) | 1 |

# SKETCH PLAN

## IMPORTANT NOTICE

1. Please correctly report the details of the accident to speed up the claims process.
2. This Form must be **completed by the Policyholder and/or the Authorized Driver**.
3. Information provided must be as **truthful and accurate as possible**. Any willful 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. 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.

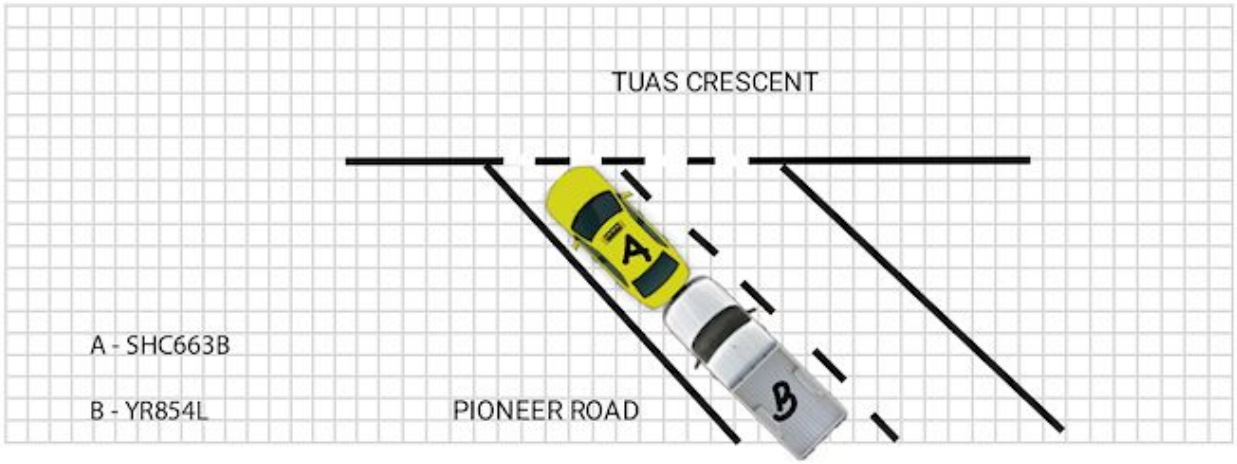
(Collectively the "**Purposes**")

(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 | Driver's Signature (If driver is not the policyholder) / Date & Time 08.10.2024. 1530HRS | Witnessed by Reporting Centre Personnel |
|---|---|---|

**Sketch Plan**



Describe Circumstances of the Accident

ON 08.10.2024 AT ABOUT 1130HRS VEHICLE A SHC663B WAS STATIONARY AT THE SLIP ROAD FROM PIONEER ROAD INTO TUAS CRESCENT. VEHICLE B YR854L REAR ENDED STATIONARY VEHICLE A. PASSENGER IS NOT INJURED AND I PROCEEDED TO SEND HIM TO DESTINATION AT TUAS CRESCENT. SCENE PHOTOS TAKEN. 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 | Witnessed by Reporting Centre Personnel |
|---|---|---|
| | 08.10.2024. 1530HRS | |