

# 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 .....	21/10/2024 11:41 (SGT)
Reported by .....	Actual Driver
Date of Accident .....	19/10/2024 15:40 (SGT)
Exact Location of Accident .....	49 Jln Limau Bali, Singapore 468530
Additional Location Information .....	-
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SHB3268U
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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) +65-97816030
Alternative 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 your vehicle? .....	No - Reporting only
Vehicle Category .....	Taxi
Transmission .....	Auto
CC .....	1798
Vehicle Fuel .....	Petrol-Electric
First Registration Date .....	-
Chassis no .....	JTDKB3FU903097065
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 .....	NEO LIAN TIONG
NRIC No .....	S1428930E
Date Of Birth .....	30/11/1960
Occupation .....	Outdoor
Driving Pass Date .....	26/04/1983
Driving License Pass Class .....	3
Driving License Validity .....	Valid
Driving experience .....	41 YEARS AND 6 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-97816030
Alt. Phone Number .....	-
Email Address .....	fleetsafety@cdgtaxi.com.sg
Address .....	BLK 701 WOODLANDS DRIVE 40 #12-110
Address complement .....	-
Postcode .....	730701
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 - Opening Door of Vehicle
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) .....	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 .....	Male

#### PASSENGER 2

Name .....	UNKNOWN
Gender .....	Female

#### 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 191024 AT AROUND 1540HRS I WAS DRIVING VEHICLE A BEARING REGISTRATION NUMBER SHB3268U ALONG 49 JALAN LIMAU BALI ENROUTE FROM CHANGI AIRPORT TERMINAL 3. I WAS STATIONARY WHILE WAITING FOR MY PASSENGER TO ALIGHT AFTER CHECKING FOR ON COMING VEHICLE MY PASSENGER OPEN THE RIGHT REAR DOOR WHEN IT SAFE TO DO SO BUT UNFORTUNATELY WHILE HALF WAY THE DOOR BEING OPEN THERE COMES THIS VEHICLE B BEARING REGISTRATION NUMBER SMD3681P WHO WAS TRAVELLING VERY FAST AND HIS LEFT WING SIDE MIRROR GOT CONTACTED TO VEHICLE A DOOR ALTHOU THERE IS NO DAMAGE TO BE FOUND ON VEHICLE A THERE IS SOME MINOR DAMAGES ON VEHICLE B. THERE WERE NO INJURIES WERE PRESENTED DURING THE ACCIDENT.

#### 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 ..... SMD3681P  
 Vehicle Manufacturer ..... Toyota  
 Vehicle Model ..... PRIUS PLUS (AUTO)  
 Vehicle Variant ..... -  
 Vehicle Colour ..... -  
 Vehicle Category ..... Private car  
 Name of Driver ..... NICHOLAS NG SZE YUAN  
 NRIC No ..... S9618596J  
 Contact Number ..... -  
 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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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

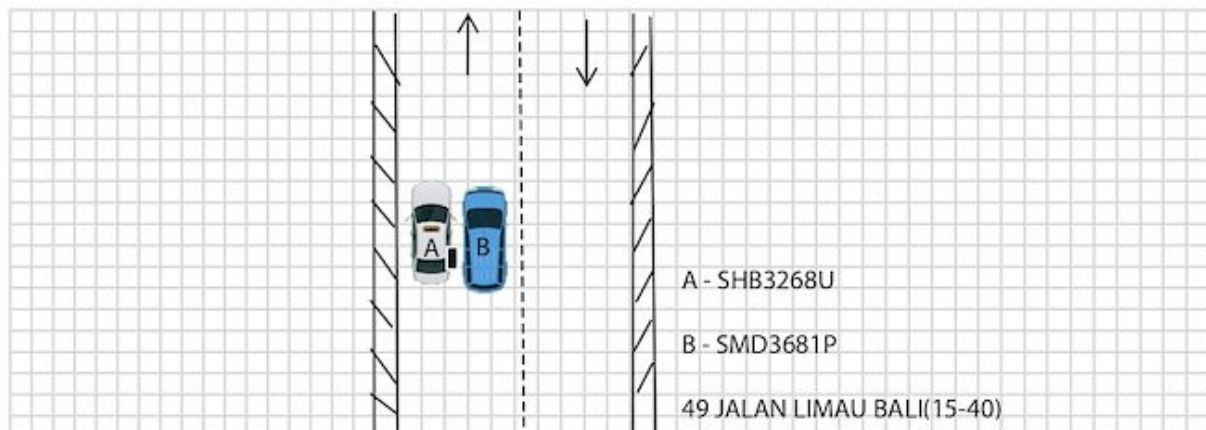
**Sketch Plan**

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



  
naveen

Witnessed by Reporting Centre Personnel



## Describe Circumstances of the Accident

ON 191024 AT AROUND 1540HRS I WAS DRIVING VEHICLE A BEARING REGISTRATION NUMBER SHB3268U ALONG 49 JALAN LIMAU BALI ENROUTE FROM CHANGI AIRPORT TERMINAL 3. I WAS STATIONARY WHILE WAITING FOR MY PASSENGER TO ALIGHT AFTER CHECKING FOR ON COMING VEHICLE MY PASSENGER OPEN THE RIGHT REAR DOOR WHEN IT SAFE TO DO SO BUT UNFORTUNATELY WHILE HALF WAY THE DOOR BEING OPEN THERE COMES THIS VEHICLE B BEARING REGISTRATION NUMBER SMD3681P WHO WAS TRAVELLING VERY FAST AND HIS LEFT WING SIDE MIRROR GOT CONTACTED TO VEHICLE A DOOR ALTHOU THERE IS NO DAMAGE TO BE FOUND ON VEHICLE A THERE IS SOME MINOR DAMAGES ON VEHICLE B. THERE WERE NO INJURIES WERE PRESENTED DURING THE ACCIDENT.

## 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









