

# 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 .....	12/10/2024 14:50 (SGT)
Reported by .....	Actual Driver
Date of Accident .....	11/10/2024 16:00 (SGT)
Exact Location of Accident .....	Teo Hong Rd, Singapore
Additional Location Information .....	-
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SHB2434M
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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) +65-96797981
Alternative Phone No .....	(Office) +65-65508768

### VEHICLE PARTICULARS

Manufacturer .....	Toyota
Model .....	Prius
Variant .....	HYBRID 1.8 CVT
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 .....	JTDKB3FU703560336
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 .....	CHIA YAN MENG
NRIC No .....	S1116860D
Date Of Birth .....	07/05/1955
Occupation .....	Outdoor
Driving Pass Date .....	12/07/1974
Driving License Pass Class .....	3
Driving License Validity .....	Valid
Driving experience .....	50 YEARS AND 3 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-96797981
Alt. Phone Number .....	-
Email Address .....	fleetsafety@cdgtaxi.com.sg
Address .....	BLK 536 HOUGANG STREET 52 #07-102
Address complement .....	-
Postcode .....	530536
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	RELIEF DRIVER
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 - Major/Minor Rd
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 111024 AT ABOUT 1600HRS WHILE I WAS DRIVING VEHICLE A BEARING REGISTRATION NUMBER SHB2434M ON THE WAY SEARCHING FOR PASSENGERS EN-ROUTE FROM CHINATOWN TOWARDS TEO HONG ROAD TAXI STAND WHILE MAKJNB THE RIGHT TURN TOWARDS THE TAXI STAND AFTER CHECKING FOR THE ONCOMING VEHICLES AND ONCE MADE SURE IT WAS SAFE TO DO SO I MOVED FORWARD TOWARDS THE TAXI STAND BUT SUDDENLY VEHICLE B BEARING REGISTRATION NUMBER FBT5129B CAME FAST FROM THE OPPOSITE DIRECTION AND COLLIDED TO VEHICLE A CAUSING DAMAGES TO VEHICLE A. NO PERSON WAS INJURED OR CONVEYED TO HOSPITAL DUE TO THIS INCIDENT.

#### 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 .....	FBT5129B
Vehicle Manufacturer .....	BMW
Vehicle Model .....	R NINET
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Motorcycle
Name of Driver .....	TING
Contact Number .....	(Phone) +65-96999445
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	RIGHT HAND SIDE
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

**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.

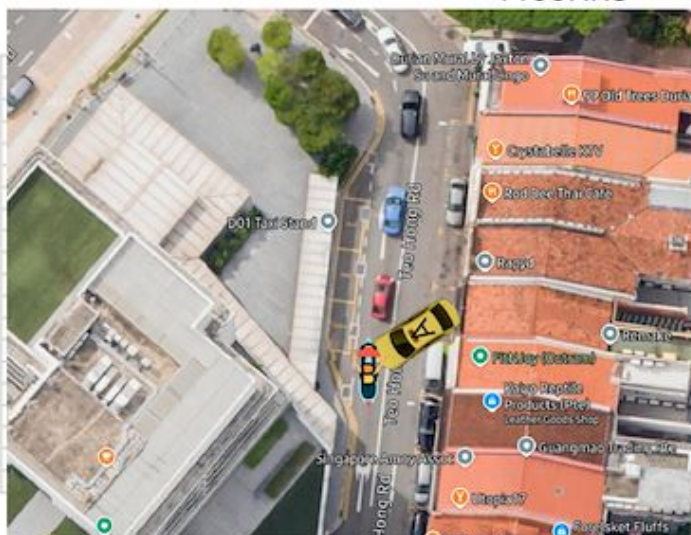
(Collectively the "Purposes")

(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

**Sketch Plan**



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

12102024  
1100HRS

Witnessed by Reporting Centre Personnel



A - SHB2434M

B - FBT5129B

TEO HONG ROAD

## Describe Circumstances of the Accident

ON 111024 AT ABOUT 1600HRS WHILE I WAS DRIVING VEHICLE A BEARING REGISTRATION NUMBER SHB2434M ON THE WAY SEARCHING FOR PASSENGERS EN-ROUTE FROM CHINATOWN TOWARDS TEO HONG ROAD TAXI STAND WHILE MAKING THE RIGHT TURN TOWARDS THE TAXI STAND AFTER CHECKING FOR THE ONCOMING VEHICLES AND ONCE MADE SURE IT WAS SAFE TO DO SO I MOVED FORWARD TOWARDS THE TAXI STAND BUT SUDDENLY VEHICLE B BEARING REGISTRATION NUMBER FBT5129B CAME FAST FROM THE OPPOSITE DIRECTION AND COLLIDED TO VEHICLE A CAUSING DAMAGES TO VEHICLE A. NO PERSON WAS INJURED OR CONVEYED TO HOSPITAL DUE TO THIS INCIDENT.

## Declaration

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

12102024  
1100HRS



Witnessed by Reporting Centre Personnel





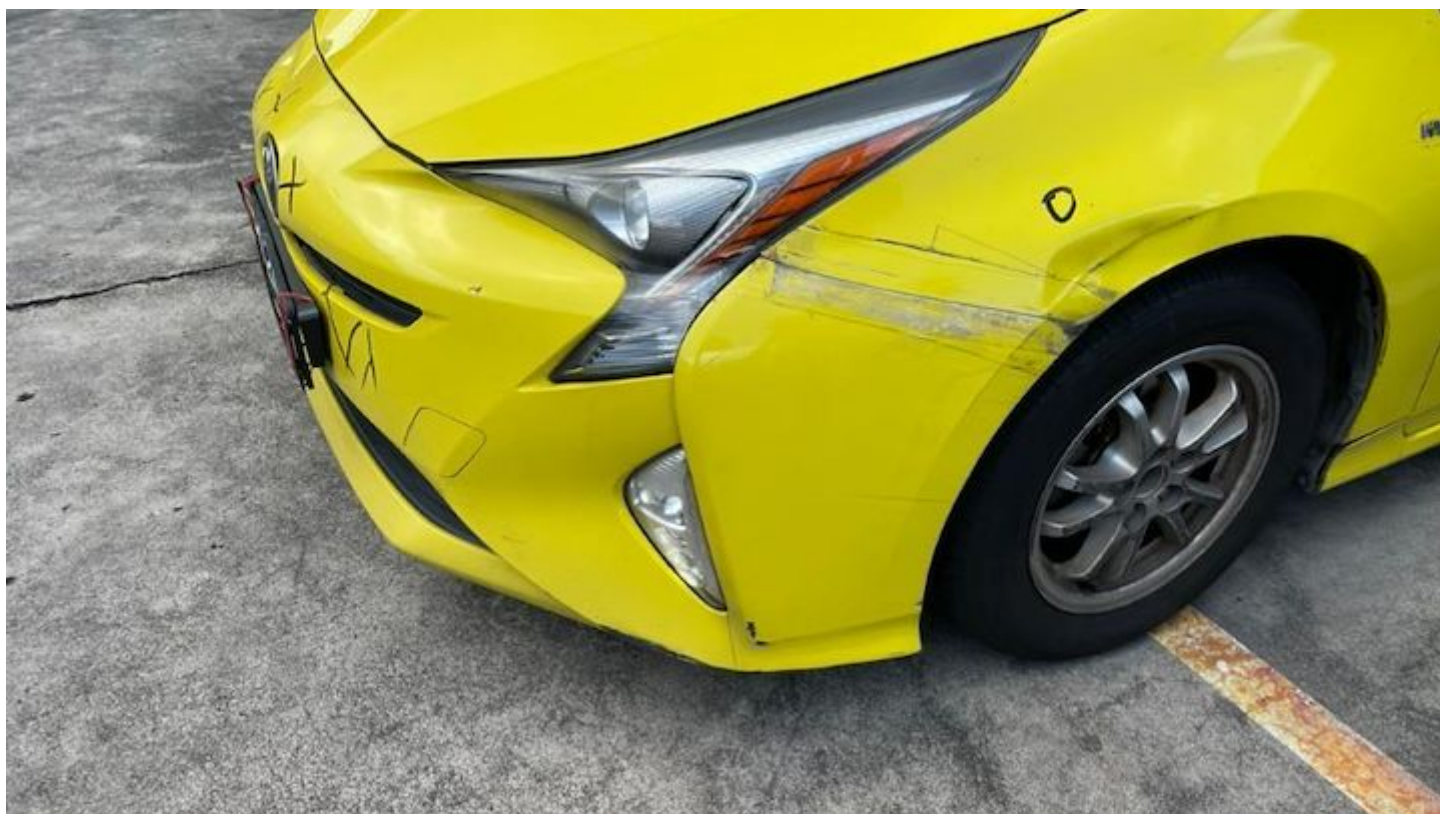








































**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

### ADDENDUM

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No: SA1K24AC0008 Vehicle Registration No: SHB2434M  
 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: 11/10/2024 Time of Accident: 16:00  
 Place of Accident: Teo Hong Rd, Singapore  
 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 ACCIDENT TIME

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Policyholder / Driver's Signature  
Date:



Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:  
Date: 14.10.2024



