

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	01/11/2024 21:41 (SGT)
Reported by	Actual Driver
Date of Accident	31/10/2024 23:30 (SGT)
Exact Location of Accident	Loyang Ave, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC229Y
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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) +65-98807878
Alternative Phone No	(Office) +65-65508768

VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	Ae ioniq
Variant	HEV FL 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 Registration Date	-
Chassis no	KMHC851CVLU183130
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	SITI AMINAH BINTE MOHD YUNOS
NRIC No	SXXXX560A
Date Of Birth	30/10/1967
Occupation	Outdoor
Driving Pass Date	13/11/2000
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	23 YEARS AND 11 MONTHS
Gender	Female
Mobile Number	(Phone) +65-98807878
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLK 364 TAMPINES ST 34 #06-129
Address complement	-
Postcode	520364
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	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT NO : T/20241101/7005

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	YP686R
Vehicle Manufacturer	Mitsubishi
Vehicle Model	CANTER 3.0 DIESEL TURBO M/T 4WD HGV
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-
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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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.



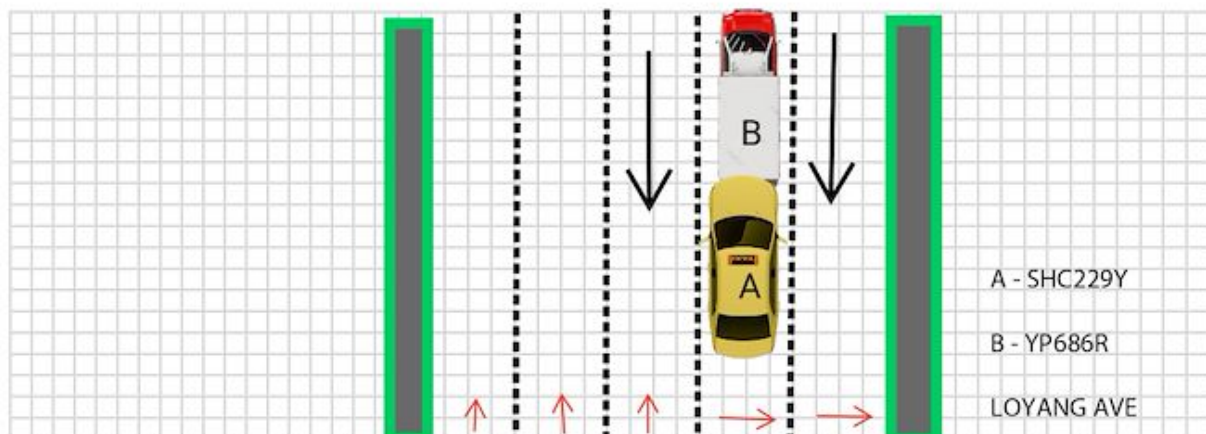
Policyholder's Signature / Date & Time

Sketch Plan

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

01/11/2024 - 10:00HRS

Witnessed by Reporting Centre Personnel

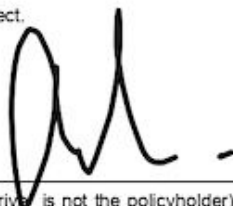


Describe Circumstances of the Accident

PLEASE REFER TO POLICE REPORT NO : T/20241101/7005

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

01/11/2024 -- 10:00HRS



Witnessed by Reporting Centre Personnel



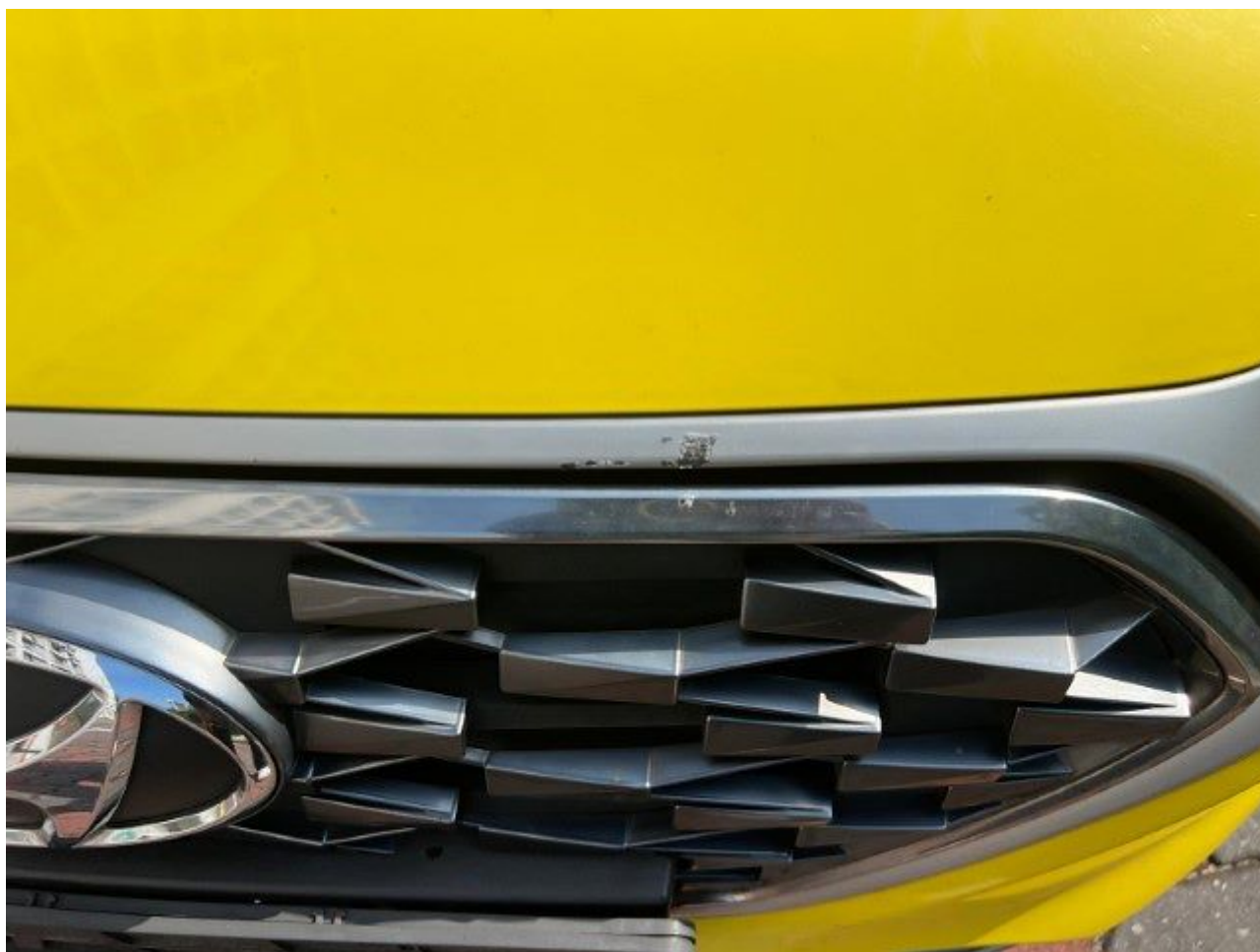


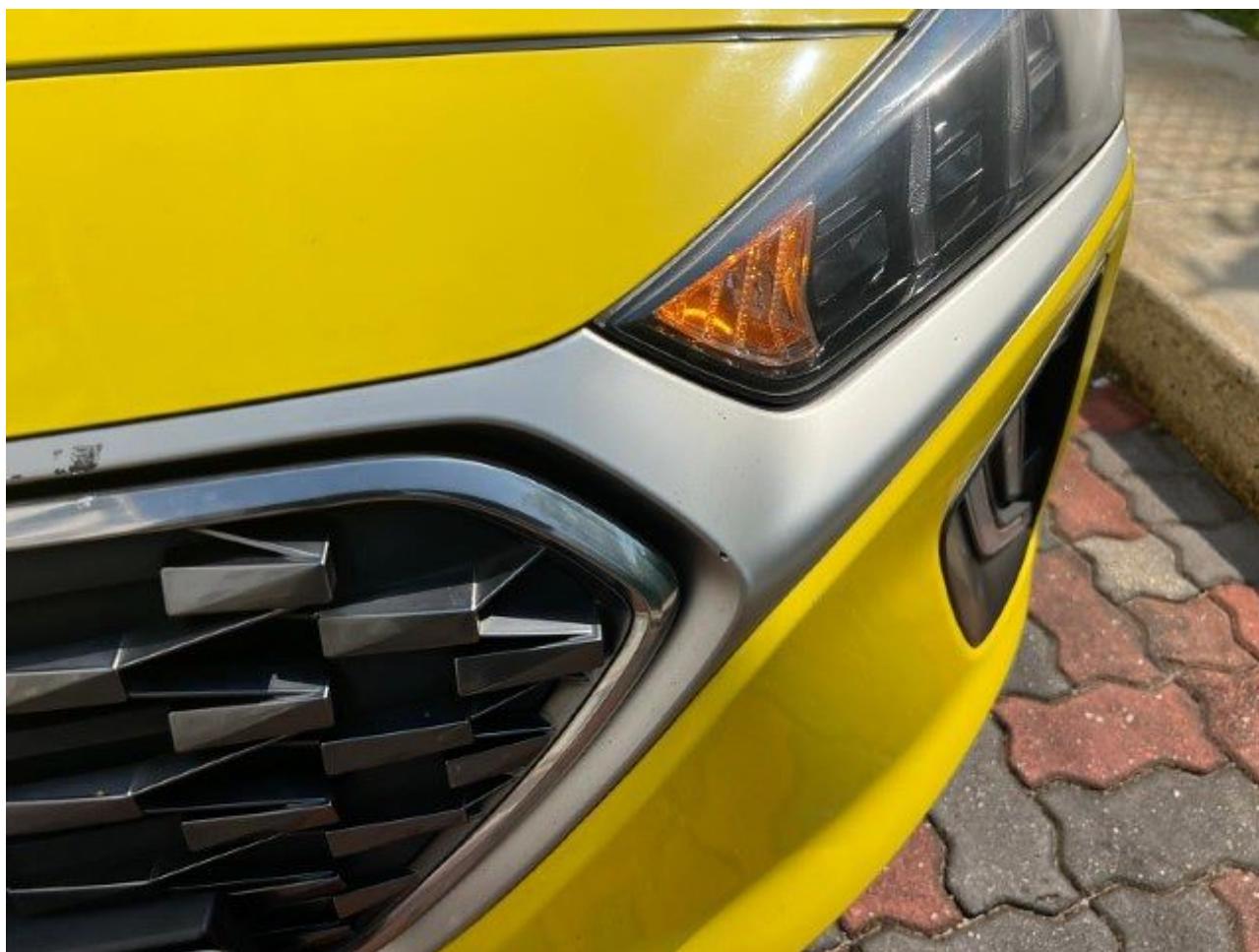




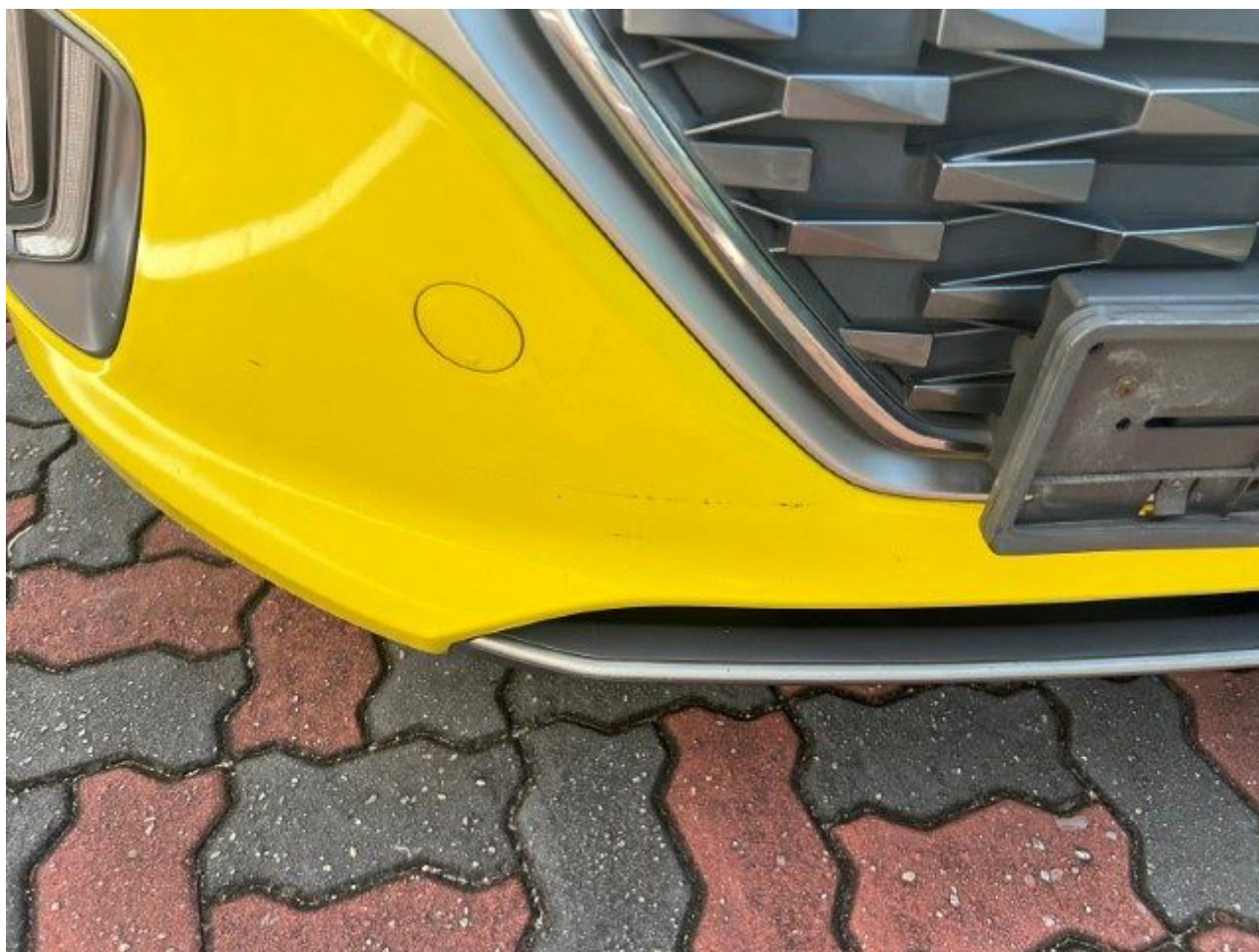




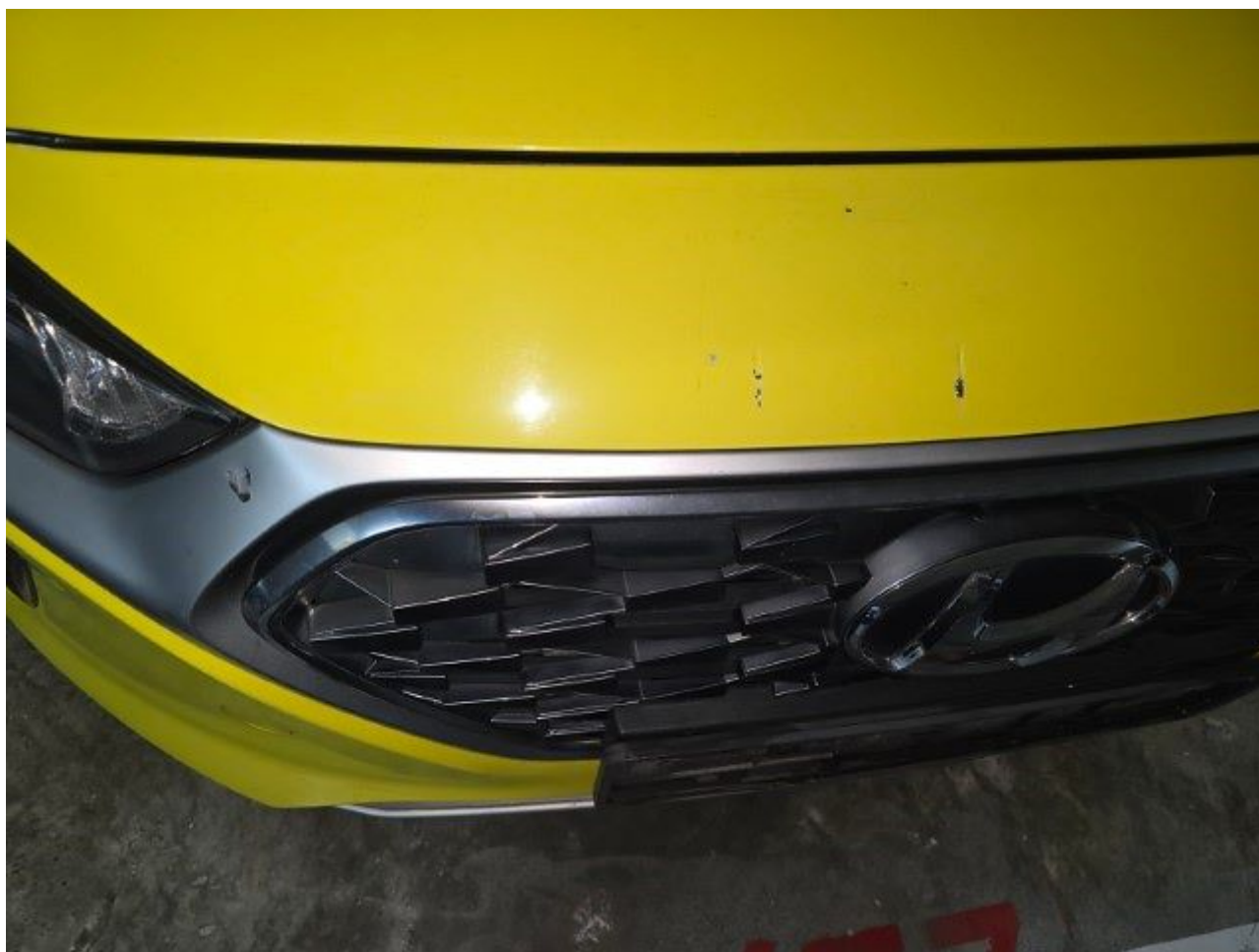




























SINGAPORE POLICE FORCE



T/20241101/7005

1 of 3

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20241101/7005

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 01/11/2024 01:46		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: SITI AMINAH BINTE MOHD YUNOS			Address: 364 TAMPINES STREET 34 #06-129 SINGAPORE 520364		
ID Type / ID No.: NRIC NO / S1818560A			Contact No.: Home/Office: Mobile: 98807878		
Nationality: SINGAPORE CITIZEN			Email: SIDYSHY@YAHOO.COM.SG		
Sex: Female	Age: 57	Date of Birth: 30/10/1967	Type of Informant: Driver		
Race: Malay			Language: English		
Occupation: Taxi driver			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident: Non-Injury Drink & Drive	Drink Drive: Yes	Date/Time of Accident: 31/10/2024 23:30	Type of Location: Bend
Location: LOYANG AVENUE			
Weather: Clear		Road Surface: Dry	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working	Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHC229Y	Motor car	HYUNDAI	IONIQ	Yellow	Slightly Damaged	2
YP686R	Lorry	MITSUBISHI		White		0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



SINGAPORE POLICE FORCE

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000



T/20241101/7005

Report No. T/20241101/7005

CONTINUATION OF REPORT

Passenger			
Name	MANI	ID No.	NIL
Related Vehicle	SHC229Y (Motor car)	Contact No.	90518086
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave (MC)	NIL	Degree of Injury	NIL
Driver			
Name	SITI AMINAH BINTE MOHD YUNOS	ID No.	S1818560A
Related Vehicle	SHC229Y (Motor car)	Contact No.	98807878
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave (MC)	NIL	Degree of Injury	NIL

Brief Details.

On the above mentioned date, time and location, I was driving along Loyang Ave turning right to TPE to send my passenger. When I stopped at the junction of Loyang Ave, a lorry was in front of me. One the traffic light changed to green to turn right, the lorry did not move and suddenly rolled backwards resulting it to hit the front of my car. I tried to stop the driver however he drove off.

I believe that he is drunk as earlier when the traffic light turned green, he did not move for a few seconds.

There is in car camera footage and my passenger had witnessed it as well.

**SINGAPORE
POLICE FORCE**

Barcode: T/20241101/7005

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Report No. T/20241101/7005

Continuation Of Origin:
Police
Avenue 3 SINGAPORE 408865
No: 65470000

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:
Not applicable

Signature Of Informant:
The identity of the person making this report has been
authenticated by Singpass. No signature is required.

Signature Of Interpreter:
Not applicable

Date/Time:
01/11/2024 01:46

Officer In Charge Of Case:
TP / DDGVT /
MUHAMMAD SYARIFUDDIN MUHAMMAD AJMAIN
Contact No.: 65476223

Classification Of Case:

This report is lodged at Changi NPC Kiosk 1
NP168

