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.

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 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 24/06/2024 16:29 (SGT) Reported by **Actual Driver** Date of Accident 22/06/2024 12:00 (SGT) Exact Location of Accident CTE, Singapore Additional Location Information Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Toyota

Vehicle Registration Number SHC449D

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) +65-80809409 Alternative Phone No (Office) +65-65508768

VEHICLE PARTICULARS

Manufacturer

Model Prius Variant **5DR HATCHBACK (AUTO)** 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

INSURANCE COMPANY

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

DRIVER

Name of Driver ABDUL RAZLAN BIN RASID NRIC No S6800364D Date Of Birth 17/01/1968 Occupation Outdoor

Driving Pass Date 23/10/2000 Driving experience 23 YEARS AND 8 MONTHS Gender Mobile Number (Phone) +65-80809409 Alt. Phone Number Email Address fleetsafety@cdgtaxi.com.sg Address BLK 363 YISHUN RING ROAD #02 - 1578 Address complement Postcode 760363 Is the driver the policyholder? No If No, Relationship of the Driver with the Insured Hirer Does Driver Own Other Vehicles? Nο 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 Raining Road Surface Wet OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident 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) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? Nο 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 PASSENGER 3 Name **UNKNOWN** Gender Female DETAILS OF POLICE ACTION

CIRCUMSTANCES OF ACCIDENT

Was the accident reported to the police?

Was notice of intended Prosecution given?

If yes, against whom?

ON 22.06.2024 AT ABOUT 1200HRS VEHICLE A SHC449D WAS ALONG CTE / CITY. AFTER ANG MO KIO AVE 1, TRAFFIC WAS HEAVY AND ROAD WAS WET. VEHICLES WERE MOVING AND STOPPING. VEHICLE A BRAKE BUT CONTINUED TO MOVE FORWARD AND SLIGHTLY REAR ENDED VEHICLE B SLX2142S. PASSENGERS ARE NOT INJURED AND I PROCEEDED TO SEND THEM TO DESTINATION AT ORCHARD. NO ONE WAS INJURED. SCENE PHOTOS TAKEN. HANDPHONE EXCHANGED ONLY.

No

No

ATTACHMENT(S)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

Yes

Yes

Reasons for not uploading a video of the accident FILE IS NOT SUITABLE

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SLX2142S Vehicle Manufacturer Nissan Vehicle Model SYLPHY 1.6 CVT ABS D/AIRBAG 2WD 4DR Vehicle Variant Vehicle Colour Vehicle Category Private hire Name of Driver Contact Number (Phone) +65-89443239 Address Address complement Postcode Insurance Company Name Nature Of Damage REAR Details of property damaged in accident No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

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- 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.
- 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.
- (i) 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 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.



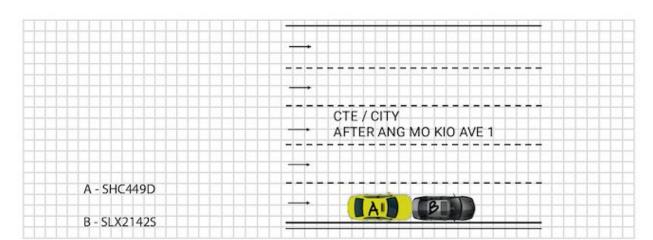
Policyholder's Signature / Date & Time

Driver's Signature (If driver is not the policyholder) / Date & Time 24.04.2024. 1215HRS

(xym)

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

ON 22.06.2024 AT ABOUT 1200HRS VEHICLE A SHC449D WAS ALONG CTE / CITY. AFTER ANG MO KIO AVE 1, TRAFFIC WAS HEAVY AND ROAD WAS WET. VEHICLES WERE MOVING AND STOPPING. VEHICLE A BRAKE BUT CONTINUED TO MOVE FORWARD AND SLIGHTLY REAR ENDED VEHICLE B SLX2142S. PASSENGERS ARE NOT INJURED AND I PROCEEDED TO SEND THEM TO DESTINATION AT ORCHARD. NO ONE WAS INJURED. SCENE PHOTOS TAKEN. HANDPHONE EXCHANGED ONLY.

Declaration

Time

I/We declare the foregoing particulars are true in every respect.

Driver's Signature (If driver is not the policyholder) / Date ^{& Time} 24.04.2024. 1215HRS

Witnessed by Reporting Centre Personnel

Policyholder's Signature / Date &









