

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	13/09/2024 11:32 (SGT)
Reported by	Actual Driver
Date of Accident	13/09/2024 08:15 (SGT)
Exact Location of Accident	Upper Thomson Rd, Singapore
Additional Location Information	THOMSON RIDGE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC466D
-----------------------------------	---------

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) +65-97453510
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 - Reporting only
Vehicle Category	Taxi
Transmission	Auto
CC	1580
Vehicle Fuel	Petrol-Electric
First Registration Date	-
Chassis no	KMHC851CVLU178631
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	SEET KIA TONG
NRIC No	S1434474H
Date Of Birth	15/04/1960
Occupation	Outdoor
Driving Pass Date	21/01/1982
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	42 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97453510
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLK 53 HAVELOCK ROAD #25-118
Address complement	-
Postcode	161053
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 - 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?	Yes
Was any injured conveyed to hospital by ambulance?	Yes
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?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

ON THE 13/09/2024 AT AROUND 0815 HRS, I WAS DRIVING VEHICLE A BEARING REGISTRATION SHC466D ALONG UPPER THOMSON X THOMSON RIDGE. I WAS EN-ROUTE FROM ADMIRALTY HEADED TOWARDS SOO CHOW WALK FOR WORK PURPOSES. SUDDENLY AS I WAS MAKING A RIGHT TURN ONTO THOMSON RIDGE, THERE WAS AN IMPACT ON THE LEFT SIDE OF VEHICLE A. VEHICLE B BEARING REGISTRATION FBC7023Z COLLIDED HEAD TO LEFT ONTO VEHICLE A. THE IU UNIT OF VEHICLE B FLEW INTO VEHICLE A. PASSANGER OF VEHICLE A WAS SITTING ON THE RIGHT SIDE AND WAS INJURED. DAMAGES WERE FOUND ON THE LEFT PORTION OF VEHICLE A. PASSENGER OF VEHICLE A AND RIDER OF VEHICLE B SUSTAINED INJURY AND WAS CONVEYED TO HOSPITAL.

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	FBC7023Z
Vehicle Manufacturer	Suzuki
Vehicle Model	DRZ400SM M
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
Name of Driver	ISA
Contact Number	(Phone) +65-89496019
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	FRONT PORTION
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	PASSENGER
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	ABARSION
Injured person in which vehicle?	SHC466D
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	-

INJURED 2

Name of injured person	ISA
Gender	Male
Phone No	(Phone) +65-89496019
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	LEFT ARM, RIGHT PINKY, RIGHT LEG
Injured person in which vehicle?	FBC7023Z
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes

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

Sketch Plan

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

13/09/2024 - 1015 HRS

Witnessed by Reporting Centre Personnel



Describe Circumstances of the Accident

ON THE 13/09/2024 AT AROUND 0815 HRS, I WAS DRIVING VEHICLE A BEARING REGISTRATION SHC466D ALONG UPPER THOMSON X THOMSON RIDGE. I WAS EN-ROUTE FROM ADMIRALTY HEADED TOWARDS SOO CHOW WALK FOR WORK PURPOSES. SUDDENLY AS I WAS MAKING A RIGHT TURN ONTO THOMSON RIDGE, THERE WAS AN IMPACT ON THE LEFT SIDE OF VEHICLE A. VEHICLE B BEARING REGISTRATION FBC7023Z COLLIDED HEAD TO LEFT ONTO VEHICLE A. THE IU UNIT OF VEHICLE B FLEW INTO VEHICLE A. PASSANGER OF VEHICLE A WAS SITTING ON THE RIGHT SIDE AND WAS INJURED. DAMAGES WERE FOUND ON THE LEFT PORTION OF VEHICLE A. PASSENGER OF VEHICLE A AND RIDER OF VEHICLE B SUSTAINED INJURY AND WAS CONVEYED TO HOSPITAL.

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













































