

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	25/11/2024 12:53 (SGT)
Reported by	Actual Driver
Date of Accident	24/11/2024 17:10 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	(CHANGI) EUNOS FLYOVER
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB3019Y
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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) +65-91255044
Alternative Phone No	(Office) +65-65508768

VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	I40
Variant	1.7 CRDI F/L AT ABS AIRBAG 4DR
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	1685
Vehicle Fuel	Diesel
First Registration Date	-
Chassis no	KMHLB41UMHU098320
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	THIA BOON KHWA
NRIC No	S1216768G
Date Of Birth	09/10/1956
Occupation	Outdoor
Driving Pass Date	21/10/1975
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	49 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-91255044
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLK 170 BUKIT BATOK WEST AVENUE 8 #07-363
Address complement	-
Postcode	650170
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	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	5
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?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

ON 241124 AT ABOUT 1710HRS I WAS DRIVING VEHICLE A BEARING REGISTRATION NUMBER SHB3019Y ENROUTE AFTER PICKING UP MY PASSENGER AT CHOA CHU KANG TO DROP OFF MY PASSENGER AT CHAI CHEE FOR WORK PURPOSES. WHILE DRIVING ALONG LANE 1 OF PIE (CHANGI) EUNOS FLYOVER, WHEN THE VEHICLE INFRONT, VEHICLE E BEARING REGISTRATION NUMBER SLP5512E, JAM BRAKE, I TOO JAM BRAKED. THIS IS DUE TO TWO DIFFERENT ACCIDENTS AHEAD IN LANE 1. SHORTLY AFTER JAM BRAKING, MY VEHICLE GOT REAR ENDED BY VEHICLE B BEARING REGISTRATION NUMBER SML2170L. THIS IMPACT CAUSED MY VEHICLE TO HIT ONTO THE REAR OF VEHICLE E. THE FRONT OF VEHICLE C BEARING REGISTRATION NUMBER UNKNOWN HAD ALSO COLLIDED ONTO THE REAR OF VEHICLE B. THE FRONT OF VEHICLE D BEARING REGISTRATION NUMBER SKT630X HAD ALSO COLLIDED ONTO THE REAR OF VEHICLE C. MYSELF AND MY PASSENGER ARE NOT INJURED. NO AMBULANCE WAS REQUIRED FOR THIS CHAIN COLLISION. TRAFFIC POLICE CLEARED ALL INVOLVED PARTIES TO LEAVE.

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	SML2170L
Vehicle Manufacturer	Honda
Vehicle Model	SHUTTLE 1.5G CVT
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	LEOW WEI LUN
NRIC No	T0043393J
Contact Number	-
Address	BLK 288C COMPASSVALE CRESCENT #05-345
Address complement	-
Postcode	543288
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	UNKNOWN
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	NA / Unknown
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	SKT630X
Vehicle Manufacturer	Mazda
Vehicle Model	MAZDA3 4-DOOR SEDAN 1.5L SP.6EAT
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 4

Vehicle Registration Number	SLP5512E
Vehicle Manufacturer	Mini
Vehicle Model	MINI COOPER S COUNTRYMAN LED NAV
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	FONG JOON HO
NRIC No	S1711664I
Contact Number	-
Address	781 UPPER CHANGI ROAD EAST #04-17
Address complement	-
Postcode	486069
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.



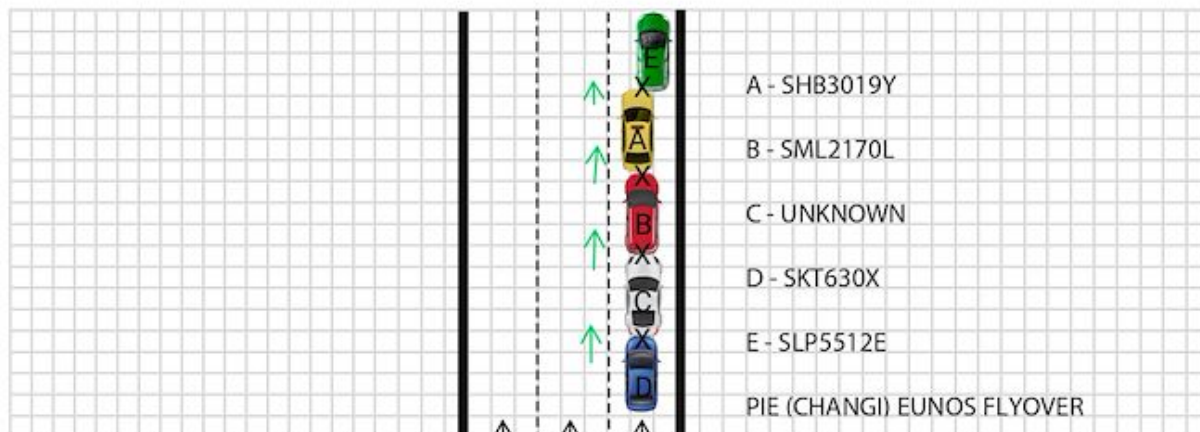
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

25/11/2024 1030HRS



Describe Circumstances of the Accident

ON 241124 AT ABOUT 1710HRS I WAS DRIVING VEHICLE A BEARING REGISTRATION NUMBER SHB3019Y ENROUTE AFTER PICKING UP MY PASSENGER AT CHOA CHU KANG TO DROP OFF MY PASSENGER AT CHAI CHEE FOR WORK PURPOSES. WHILE DRIVING ALONG LANE 1 OF PIE (CHANGI) EUNOS FLYOVER, WHEN THE VEHICLE INFRONT, VEHICLE E BEARING REGISTRATION NUMBER SLP5512E, JAM BRAKE, I TOO JAM BRAKED. THIS IS DUE TO TWO DIFFERENT ACCIDENTS AHEAD IN LANE 1. SHORTLY AFTER JAM BRAKING, MY VEHICLE GOT REAR ENDED BY VEHICLE B BEARING REGISTRATION NUMBER SML2170L. THIS IMPACT CAUSED MY VEHICLE TO HIT ONTO THE REAR OF VEHICLE E. THE FRONT OF VEHICLE C BEARING REGISTRATION NUMBER UNKNOWN HAD ALSO COLLIDED ONTO THE REAR OF VEHICLE B. THE FRONT OF VEHICLE D BEARING REGISTRATION NUMBER SKT630X HAD ALSO COLLIDED ONTO THE REAR OF VEHICLE C. MYSELF AND MY PASSENGER ARE NOT INJURED. NO AMBULANCE WAS REQUIRED FOR THIS CHAIN COLLISION. TRAFFIC POLICE CLEARED ALL INVOLVED PARTIES TO LEAVE.

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

25/11/2024 1030HRS

Witnessed by Reporting Centre Personnel







