#### SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

- 1. Please report <u>correctly</u> the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- 3. Information provided must be as <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy ability.
- 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 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

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	ACCIDENT STATEMENT
Date Of Report	27/11/2017 11:18
Date Of Accident	26/11/2017 18:45
Exact Location Of Accident	ANG MO KIO ST 22 X ANG MO KIO ST 23 X CAR PK EXIT
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SHB4695M
Insured/Policyholder	
Name Of Registered Owner	CITYCAB PTE LTD
Co Reg No	199502839G
Email Address	FLEETSAFETY@CDGTAXI.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-65508768
Vehicle Particulars	
Manufacturer	HYUNDAI
Model	140
Exact Purpose for which vehicle was being used at time of accident	
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	TAXI
Insurance Company	
Name of Insurance Company	FIRST CAPITAL INSURANCE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	D-15072702MFSH
Cover Note Number	
Driver	
Name of Driver	CHONG IIN KENG

Name of Driver

CHONG JIN KENG

NRIC No

S1519740D

Date Of Birth

08/09/1962

Occupation

OUTDOOR

Date Of Driving Pass

03/08/1985

Driving Experience 32 YEARS AND 3 MONTHS

Gender MALE

Mobile Number
Fax Number

Contact Number

EMail Address NOEMAIL

Address 610 ANG MO KIO AVENUE 4 #03-1221

Postcode S560610

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OTHER - TAXI DRIVER

Vehicle Registration Number of Driver's Own

Vehicle

\_

Insurance Company of Driver's Own Vehicle

-

#### **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 this accident? NO
Was any body injured in the Accident? YES
Was any other material or property damaged? YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.
Number of Passengers (Including Driver) 1

#### **Details of Police Action**

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given? NO

If Yes, against whom?

#### **Circumstances of Accident**

PLS SEE ATTACHED (TYPE OF ACCIDENT - HEAD TO SIDE)

#### Attachment(s)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

Was there any audio recorded?

NO

## **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number SFV8243B

Vehicle Make/Model/Colour

**Details Of Properties** 

Name of Driver MDM CHAN LAI HWA

NRIC/Passport Number S1802622A Contact Number 90187157

Address Postcode

Insurance Company Name

Nature Of Damage LEFT FRT

No. Of Passenger (Including Driver)

#### **Details of Witness**

Name

Phone Number Email Address

#### **DETAILS OF INJURED PERSON 1**

Name DRIVER

Approximate Age

Injuries Sustain

CHEST PAIN

Injured person in which vehicle?

SFV8243B

Were seat belts worn?

YES

Were seat belts worn? YES
Was injured conveyed to hospital by ambulance? NO

Address Postcode

## **DETAILS OF INJURED PERSON 2**

Name FEMALE PAX

Approximate Age

Injuries Sustain CHEST PAIN Injured person in which vehicle? SFV8243B

Were seat belts worn?

Was injured conveyed to hospital by ambulance? NO

Address Postcode

#### Sketch Plan Pg. 1

#### **IMPORTANT NOTICE**

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- 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.
- 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 centre 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:
  - 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

CITYCAB PTE LTD CO. REG. NO. 1995028390

Policyholder's Signature Date & Time: Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

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(If driver is not the policyholder)

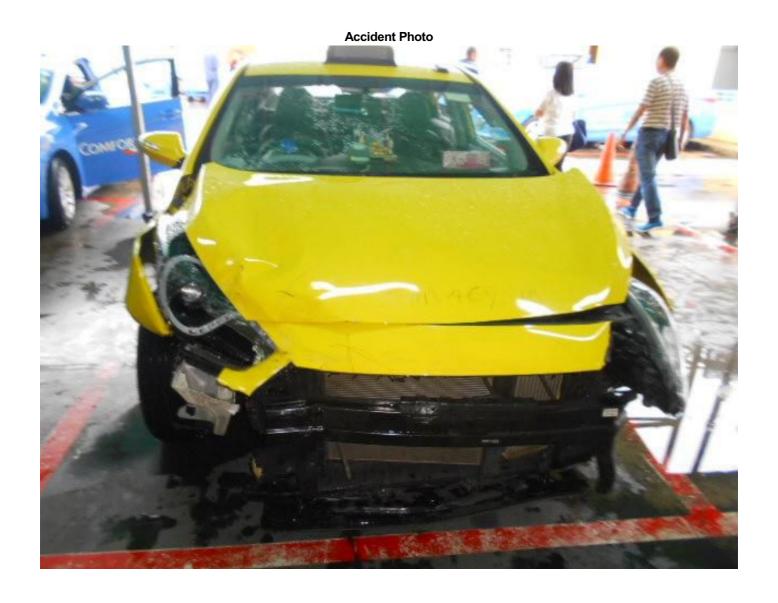
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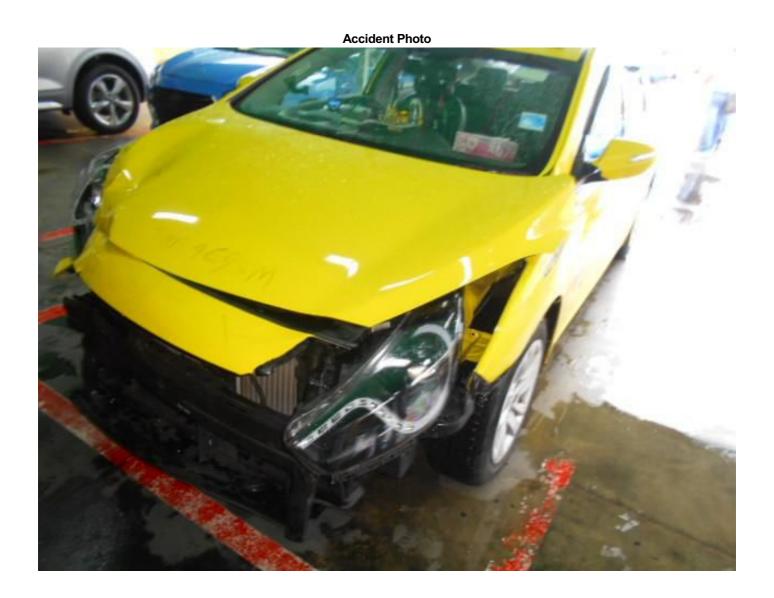
Name:

## Sketch Plan Pg. 3

Describe Circumstances of	the Accident	
On 26 Nov 2017 at about 18	3:45 hrs I was driving straight along Ang Mo I	Kio St 22 heading
towards the direction of Bl	k 202.	
As I was about to drive pass	s the junction of Ang Mo Kio St 23 and Blk 22	6 car park exit
suddenly a Toyota car SFV8	243B drive out from the car park exit towar	ds Ang Mo Kio St 23.
Upon seeing this, I immedia	ately braked to avoid a collision but it was to	o late. In the process
the front portion of my taxi	hit the left hand side front of my taxi.	
Shortly after I call for the ar	mbulance. Later the ambulance arrived at th	e scene followed by
the Police. The lady driver a	and her lady passenger complained of chest p	pain. The Paramedics
attended to the driver of th	ne car Mdm Chan Lai Hua and her passenger	but they did not
follow the Ambulance to th	e hospital.	
Enclosed is a video footage	to support my claims.	
Declaration		
I/We declare the foregoing partic	culars are true in every respect.	
CITYCAB PTE LTD CO. REG. NO. 1995028390	_	27/11/7
Policyholder's Signature/Date & Time	Driver's Signature(If driver is not the policyholder)/Date & Time	Witnessed by Reporting Centre Personnel
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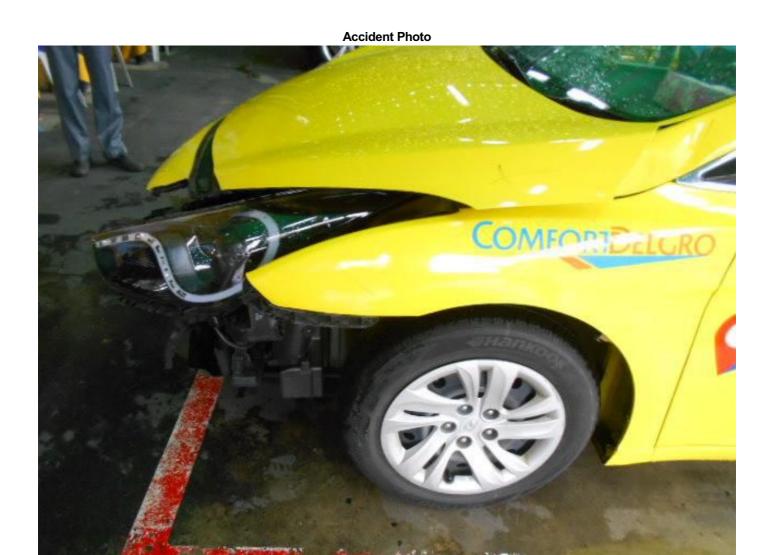




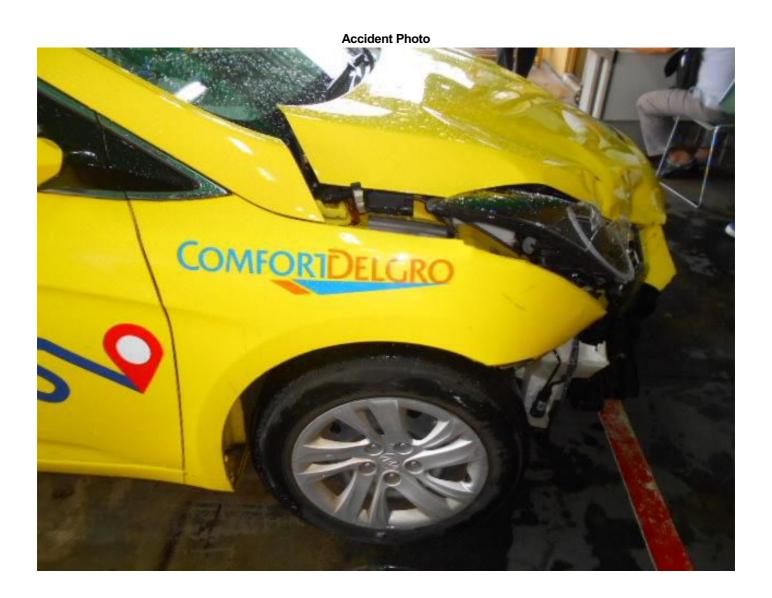








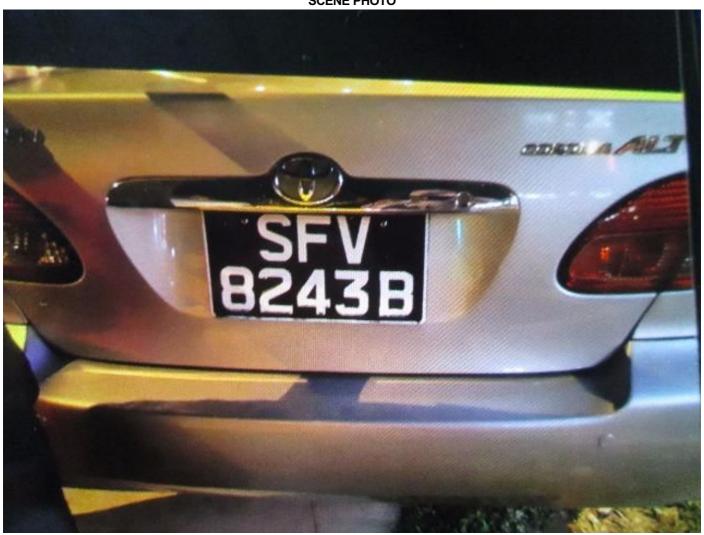


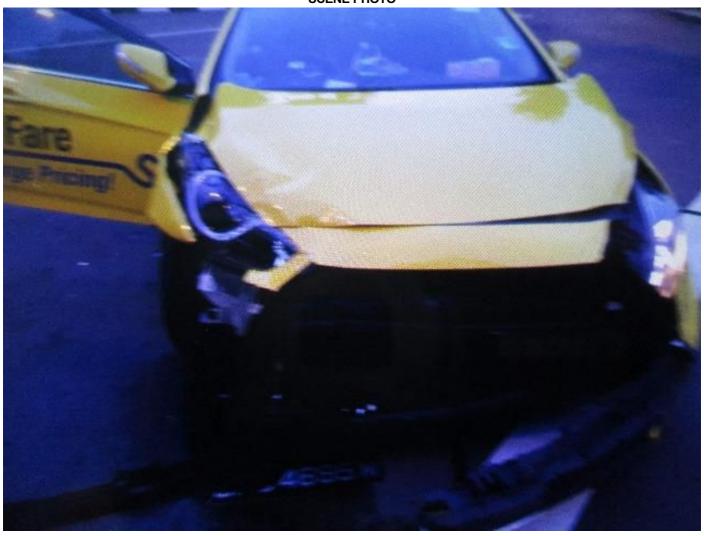


















## **SCENE PHOTOSCENE PHOTO**

