SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

EMail Address

- 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 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

THE RESERVE OF THE RE	ACCIDENT STATEMENT			
Date Of Report	22/12/2017 14:42			
Date Of Accident	22/12/2017 11:40			
Exact Location Of Accident	ORCHARD RD BESIDE CK TANG BUS STOP			
Country/State of Loss	SINGAPORE			
	DETAILS OF OWN VEHICLE			
/ehicle Registration Number	SHA9439J			
nsured/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	ТОУОТА			
Model	PRIUS			
Exact Purpose for which vehicle was being used at ime of accident				
Are you claiming under your own insurance policy or repair to your vehicle?	NO			
f No, Please state action to be taken	THIRD PARTY			
/ehicle Category	TAXI			
nsurance 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	TAN TIONG GIAP			
NRIC No	S1196539C			
Date Of Birth	22/09/1955			
Occupation	OUTDOOR			
Date Of Driving Pass	09/07/1976			
Driving Experience	41 YEARS AND 5 MONTHS			
Gender	MALE			
Mobile Number				
Fax Number				

NOEMAIL

Address

771 #08-169 BEDOK RESERVOIR VIEW

Postcode

470771

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

Insurance Company of Driver's Own Vehicle

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 this accident?

NO

Number of vehicles involved in the accident

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by ambulance?

NO

Was any other material or property damaged?

YES

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

NO

3

Number of Passengers (Including Driver)

NAME:

. .

Passenger 1

: MALE

Passenger 2

NAME:

GENDER:

: -

GENDER:

: FEMALE

Details of Police Action

Was the accident reported to the police?

NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

SEE ATTACH.

Attachment(s)

Are accident photos available for attachment?

YES

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

SKV471C

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

96322855

Address Postcode

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Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

FRT

Sketch Plan Pg. 1

SKETCH PLAN	Water Company	
	CK TAME	
		\$25.843
	Bus 270P	
	<u></u>	
A; SHA 94395	+ III IAVAV	
SK 11171		
BINKYHIVC	DRCHARD RD.	
4196311855		
	<u> </u>	+++++++++++++++++++++++++++++++++++++++
		300
		11111111111111111111111111111111111111
DESCRIPT CIRCUITAGETANGES OF	CUE ACCIDENT	
DESCRIBE CIRCUMSTANCES OF	HE ACCIDENT	
1	Is per attached.	
	B POS TITLE	
DECLADATION		
DECLARATION	are this is compared	Λ
I/We declare the foregoing particulars CITYCAB PTE LTD	are true in every respect.	1 (4 //
CO. REG. NO. 1995028307	D. 29	22/13/17
		- / / /
Policyholder's Signature	Driver's Signature	Reporting Centre Personnel Signature
Date & Time:	(If driver is not the policyholder)	Name:
	Date & Time:	NRIC/FIN No ·

Sketch Plan Pg. 2

Describe Circumstances of th	e Inciden	it			
On 22 Dec 2017 at about 11:	10 hrs I w	as driving	straight on	the second la	ne from the left along
Orchard Rd heading towards	the direc	ction of th	e Bideford F	Rd.	
Somewhere bear CK Tang bu	s stop I sa	aw an SBS	bus is filter	ing out to its i	right hence I slowed
and stopped to give way to t	ne bus(se	e video).			
Suddenly a few seconds later	Toyota	arSKV471	C came from	n behind colli	ded onto the Rear
Portion of my taxi.					
02 passengers(a couple) on c	urrent bo	ooking call	on board m	ıy taxi. No injı	ury at the point of the
accident.					
Enclosed is a video footage a	nd scene	photos to	support my	claims.	
Declaration					
/We declare the foregoing particu	ars are tru	e in every re	espect.		
CITYCAB PIE L. CO. REG. NO. 199502	920	74 GA			THEIRE
olicyholder's Signature/Date &		ature(If driver is	s not the policyhol	der)/Date	Witnessed by Reporting