

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 Authorised 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 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.

ACCIDENT STATEMENT

Date Of Report	26/12/2017 11:24
Date Of Accident	23/12/2017 11:00
Exact Location Of Accident	C/P DRIVEWAY NEAR BLK 185 OFF JELEBU RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA9128G
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	TOYOTA
Model	PRIUS
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	SIM LEE KEOW
NRIC No	S6822943Z
Date Of Birth	19/05/1968
Occupation	OUTDOOR
Date Of Driving Pass	04/01/1990
Driving Experience	27 YEARS AND 11 MONTHS
Gender	FEMALE
Mobile Number	
Fax Number	
Contact Number	
EMail Address	WENNI888@YAHOO.COM.SG

Address	13 02-61 JOO SENG ROAD
Postcode	360013
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 - HEAD ON COLLISION
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
Number of Passengers (Including Driver)	1

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	SJA7241B
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LOW BENG HUAT
NRIC/Passport Number	S1496751F
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRT
No. Of Passenger (Including Driver)	

Sketch Plan Pg. 1

SKETCH PLAN

OPEN SPACE CAR PARK
DRIVEWAY NEAR BLK 185
OFF JELABU RD.

A: SHA9128G
B: SJA7241B
NISSAN
LOW BENG HUAT
IC S 1496751F

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As per attached

DECLARATION

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

CITYCAB PTE LTD
CO. REG. NO. 199502839C

Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name:
NIDIC / CEN No.:

[illegible]

Declaration

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

CITYCAB PTE LTD
CO. REG. NO. 1995028390

Policyholder's Signature/Date &
Time

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

Witnessed by Reporting
Centre Personnel