# 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 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.

aforesaid.		3
	ACCIDENT STATEMENT	interessi ja senten ja
Date Of Report	26/01/2019 09:39	
Date Of Accident	26/01/2019 04:00	
Exact Location Of Accident	PIE TWDS CITY AND SIMEI AVE SLIP RD	
Country/State of Loss	SINGAPORE	
	ETAILS OF OWN VEHICLE	
Vehicle Registration Number	SHD8865C	
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	MERCEDES-BENZ	
Model	E220	
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	MS FIRST CAPITAL INSURANCE LTD	
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT	
Fleet Policy	YES	
Policy Number	D-18088937MFSH	
Cover Note Number		
Driver		
Name of Driver	GOH SONG BOON	
NRIC No	S1797574I	
Date Of Birth	19/10/1967	
Occupation	OUTDOOR	
Date Of Driving Pass	04/08/1988	
Driving Experience	30 YEARS AND 5 MONTHS	
Gender	MALE	
Mobile Number	(LOCAL) +65-83321968	
Fax Number		
Contact Number	× q <sub>0</sub>	

SAMGOH67@GMAIL.COM

Address

BLK 204 PASIR RIS STREET 21

#05-300

Postcode

510204

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

SIDE SWIPE

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

NO

Number of vehicles (including own vehicle)

2

involved in the accident

Was any body injured in the Accident?

YES

Was any injured conveyed to hospital by

NO

ambulance?

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

REFER ATTACHED

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

FBF1833B

(Kamaha T135)

**Details Of Properties** 

Vehicle Make/Model/Colour MOTORCYCLE

MOTORCYCLE

Vehicle Category Name of Driver

UNKNOWN

NRIC/Passport Number

S9906302E

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

**FRONT** 

No. Of Passenger (Including Driver)

**DETAILS OF OTHER VEHICLE PROPERTY 2** 

Page 2 of 21

Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

KERB

NA/UNKNOWN

# **DETAILS OF INJURED PERSON 1**

Name

**GOH SONG BOON** 

Approximate Age

Injuries Sustain

LEFT SHOULDER

Injured person in which vehicle?

SHD8865C

Were seat belts worn?

YES

Was this injured conveyed to hospital by

ambulance?

NO

Address

Postcode

# Sketch Plan Pg. 1

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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 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:

- 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")
- 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
- 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.
- 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. 199502839G

Policyholder's Signature Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Nei Yleng

nnel's Signature Reporting Centre Person Name:

NRIC/FIN No.:

GIARMC SketchPlanForm V3

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT  On 2611 19 at about 04:00 hrs, I was driving at above said location with no pax.  Suddanly who is above and location with no pax.  Suddanly who is above and enchanced  into my lave in speedy manner. As the place take too last, I could not take exacive  action to prevent collision who is hir and am zed onto my lexi left from partien towards left pain on my left.  Shoulder will consult doctor later on in the mides I attempt to avoid collision, my towi.  Swences to right and his other personners signature on Reporting Control 1986, No. 199802339G  Control 198602339G  Control 19860239G  Control 19860239G  Control 19860239G	SKETCH PLAN -
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Policyholder's Signature Date & Time:  Driver's Signature Office (If driver is not the policyholder)  Reporting Centre Personner's Signature Name:	CO. REG. NO. 199502839G
Date & Time: (If driver is not the policyholder) Name:	
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