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 <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

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	ACCIDENT STATEMENT						
Date Of Report	20/03/2020 13:50						
Date Of Accident	20/03/2020 11:20						
Exact Location Of Accident	SLIP ROAD FROM BRADDELL ROAD TO BISHAN ROAD						
Country/State of Loss	SINGAPORE						
	DETAILS OF OWN VEHICLE						
Vehicle Registration Number	SHB3040J						
Insured/Policyholder							
Name Of Registered Owner	CITYCAB PTE LTD						
Co Reg No	199502839G						
Email Address	FLEETSAFETY@CDGETAXI.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 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	REPORTING ONLY						
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	KHOO GEOK WAN CAROLINA						

Name of Driver KHOO GEOK WAN CAROLINA

NRIC No S6934984F
Date Of Birth 07/10/1969
Occupation OUTDOOR
Date Of Driving Pass 23/12/1995

Driving Experience 24 YEARS AND 2 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-96793718

Fax Number

Contact Number

EMail Address CAROL710@SINGNET.COM.SG

Address BLK 557 ANG MO KIO AVENUE 10

#09-1880

Postcode 560557

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

-

2

NO

NO

1

NO

NO

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 (including own vehicle)

involved in the accident

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

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)

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

Was there any audio recorded?

REFER ATTACHED

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SLH650P
Vehicle Make/Model/Colour BMW

Details Of Properties

PRIVATE CAR

Name of Driver UNKNOWN

NRIC/Passport Number

Contact Number

Vehicle Category

Address Postcode

Insurance Company Name

Nature Of Damage REAR LH

No. Of Passenger (Including Driver)

Page 2 of 12

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- 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 setout 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 invesigations 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 outisde 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, investigation, 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.

CITYCAD PTE LTD CO. REG. NO. 199502839G

Policyholder's Signature Date & Time:

Driver's Signature

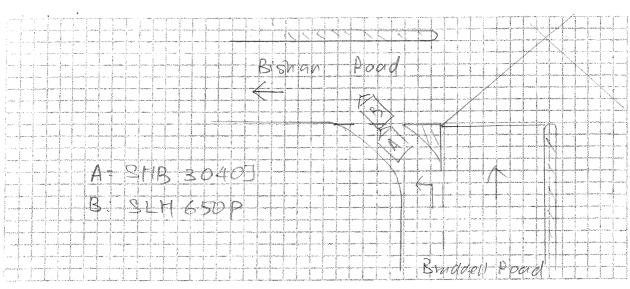
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

Loke Vvei Yieng



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

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DECLARATION

We declare the foregoing particulars are true in every respect.

CITYCAE PTE LTD CO. REG. NO. 199502839G

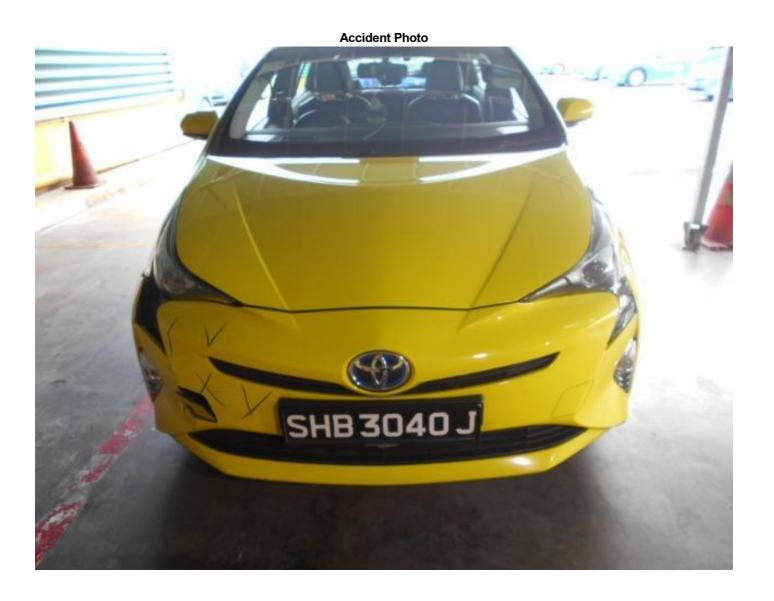
Policyholder's Signature Date & Time: Driver's Signature

(If driver is not the policyholder)
Date & Time:

20/3/8030

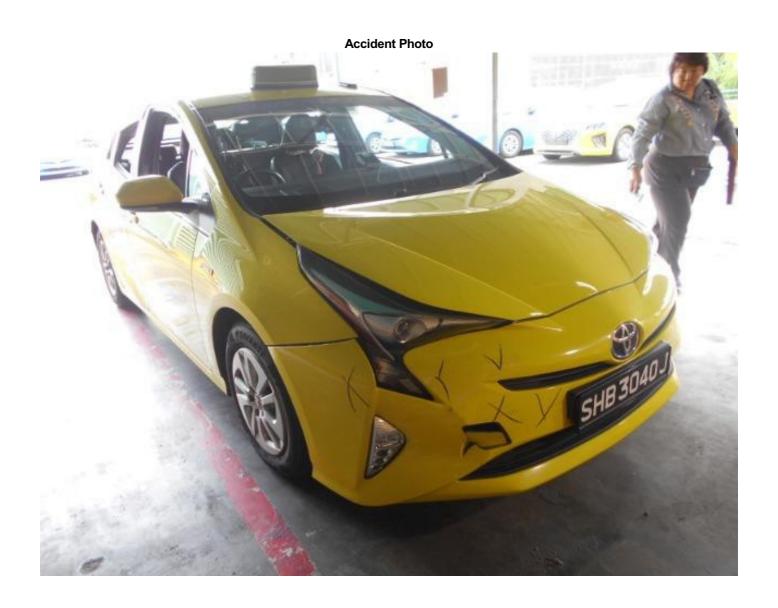
Reporting Centre Personnel's Signature Name: Loke Wei Yieng NRIC/FIN No.:

2









Accident Photo



SCENE



SCENE



SCENE

