

# SINGAPORE ACCIDENT STATEMENT

## DECLARATION AND WARNING

1. This form is a statement of the insured or the insured's authorised representative.
2. It is a declaration that the insured or the insured's authorised representative has provided the information on this form truthfully and to the best of his/her knowledge.
3. It is a warning that the insured or the insured's authorised representative is aware that any false or misleading statement or withholding of material facts may allow insurance companies to reject the claim or to refuse to pay the claim.
4. The insured or the insured's authorised representative is not an agent or broker of any insurance company.
5. This form is a statement of the insured or the insured's authorised representative.
6. This form is a statement of the insured or the insured's authorised representative.
7. This form is a statement of the insured or the insured's authorised representative.
8. This form is a statement of the insured or the insured's authorised representative.
9. This form is a statement of the insured or the insured's authorised representative.
10. This form is a statement of the insured or the insured's authorised representative.

## ACCIDENT STATEMENT

Name of Insured: LOH SOON LEONG  
 Date of Accident: 03/12/2010  
 Exact Location of Accident: NORTH BRIDGE RD  
 Location of Police Station: SINGAPORE

## DETAILS OF OWN VEHICLE

Vehicle Registration Number: SHAB277R  
 Insurance Policy Number:  
 Name of Registered Owner: CITYCAB PTE LTD  
 Car Reg No: 1XXXXX839G  
 E-mail Address: FLEETSAFETY@CDGTAXI.COM.SG  
 Mobile Phone No:  
 Alternative Phone No: OFFICE 65508768

## Vehicle Particulars

Manufacturer: HYUNDAI  
 Model: H40

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: LOH SOON LEONG  
 NRIC No: SXXXX062C  
 Date Of Birth: 03/12/1960  
 Occupation: OUTDOOR  
 Date Of Driving Pass: 05/07/1978  
 Driving Experience: 41 YEARS AND 8 MONTHS  
 Gender: MALE  
 Mobile Number: (LOCAL) +65-91882179  
 Fax Number:  
 Contact Number:  
 EMail Address: SOONLEONGL\_03@YAHOO.COM

Address 467 #10-5051 NORTH BRIDGE ROAD  
Postcode 190467  
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 -  
Vehicle -  
Insurance Company of Driver's Own Vehicle -

#### General Information of the Accident

Type Of Accident SIDE SWIPE  
Weather Conditions RAINING  
Road Surface WET

#### Other Information

Was any foreign vehicle involved in this accident? NO  
Number of vehicles (including own vehicle) involved in the accident 2  
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) 2  
Passenger 1  
NAME: -  
GENDER: MALE

#### 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

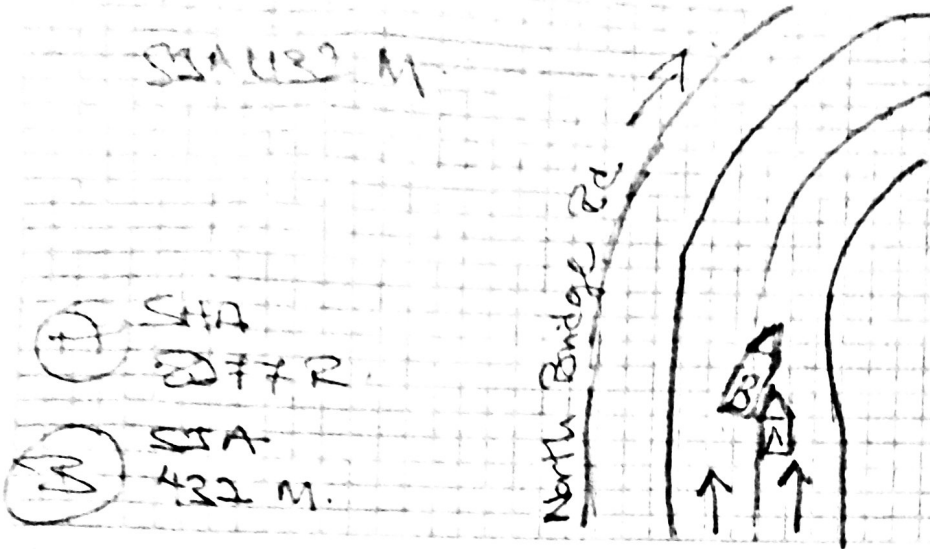
#### Attachment(s)

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

Vehicle Registration Number SJA432M  
Vehicle Make/Model/Colour  
Details Of Properties  
Vehicle Category PRIVATE CAR  
Name of Driver  
NRIC/Passport Number  
Contact Number  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage NOT SURE

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON. 3 April 2020 @ 10.30 hr. I, VEH A  
was driving along the bend on lane  
one Suddenly VEH (B) from 2nd lane  
dash to lane one and hit VEH (A)  
left-left front @ the point of  
accident VEH (A) ferry a pkr not  
injured.

DECLARATION

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

CITYCAB PTE LTD  
DO REG NO 1905028390

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

J. M. 3/4

**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 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. 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:
  - (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")
- (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  
O REG NO 199502839G

Policyholder's signature  
Date & Time

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

8/4  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No: