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	22/02/2020 11:43	
Date Of Accident	07/01/2020 18:45	
Exact Location Of Accident	ALONG PIE	
Country/State of Loss	SINGAPORE	
	DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SHC898R	
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	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	YIO SEE KEAT	
NRIC No	S1705217I	

Name of Driver

YIO SEE KEA

NRIC No

S1705217I

Date Of Birth

16/11/1965

Occupation

OUTDOOR

Date Of Driving Pass

16/11/1965

Driving Experience 54 YEARS AND 1 MONTH

Gender MALE

Mobile Number (LOCAL) +65-96204522

Fax Number

Contact Number

EMail Address KELVINYIO@YAHOO.COM.SG

BLK 306B ANCHORVALE LINK #08-69 Address

Postcode

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 NO COLLISION Weather Conditions **NOT SURE** Road Surface **NOT SURE**

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 1

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?

NO

NO

If Yes, against whom?

Circumstances of Accident

PLS REFER TO ATTACHED

Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera? NO

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

SKS4968B Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage **NOT SURE**

No. Of Passenger (Including Driver)

Page 2 of 15

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)

lunderstand, acknowledge, agree and consent that:

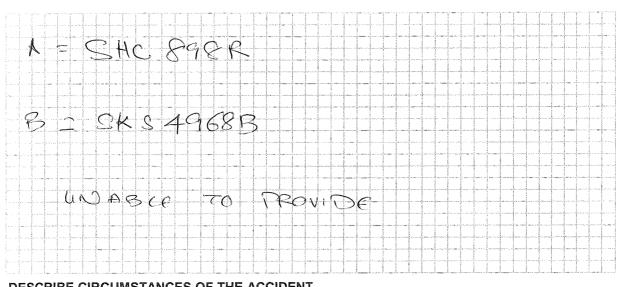
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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)
 - (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.

CO. REG. NO. 199502839G

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

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT					
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DECLARATION

We declare the foregoing particulars are true in every respect.

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CO. REG. NO. 199502839G

Policyholder's Signature Date & Time:

Driver's Signature

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

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.: 2 2 FEB 2020

2

Sketch Plan Pg. 3

Describe Circumstances of t	he Accident.	
On the 21/02/2020 at 16:55	hrs I received a SMS from SINMING regarding	g an incident on the
	ng PIE involved with SKS4968B.	
During the date and time I c	lid not involved with any accident or incident	that I am aware of.
I am filling this report as ins	tructed.	
Declaration		
I/We declare the foregoing partic	ulars are true in every respect.	
CITYCAB PTE LTD CO. REG. NO. 199502839G	(B) 2-	Otivie Well
Policyholder's Signature/Date &	Driver's Signature(If driver is not the policyholder)/Date	Witnessed by Reporting

2.2 FEB 2020

Centre Personnel

& Time

Time





















