

## 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 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.

### ACCIDENT STATEMENT

Date Of Report	23/06/2020 11:26
Date Of Accident	23/06/2020 09:05
Exact Location Of Accident	UPP EAST COAST RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA9517S
<b>Insured Policyholder</b>	
Name Of Registered Owner	CITYCAB PTE LTD
Co Reg No	1XXXXX839G
Email Address	FLEETSAFETY@CDGTAXI.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-65508768

### Vehicle Particulars

Manufacturer	HYUNDAI
Model	IONIQ
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	CHUA CHING CHYE JOSEPH
NRIC No	SXXXX232D
Date Of Birth	30/09/1957
Occupation	OUTDOOR
Date Of Driving Pass	28/08/1981
Driving Experience	38 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97805937
Fax Number	
Contact Number	
E-Mail Address	CHUA_JOSEPH@HOTMAIL.COM

Address 894C #07-11 WOODLANDS DRIVE 50  
Postcode 732894  
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, 1**

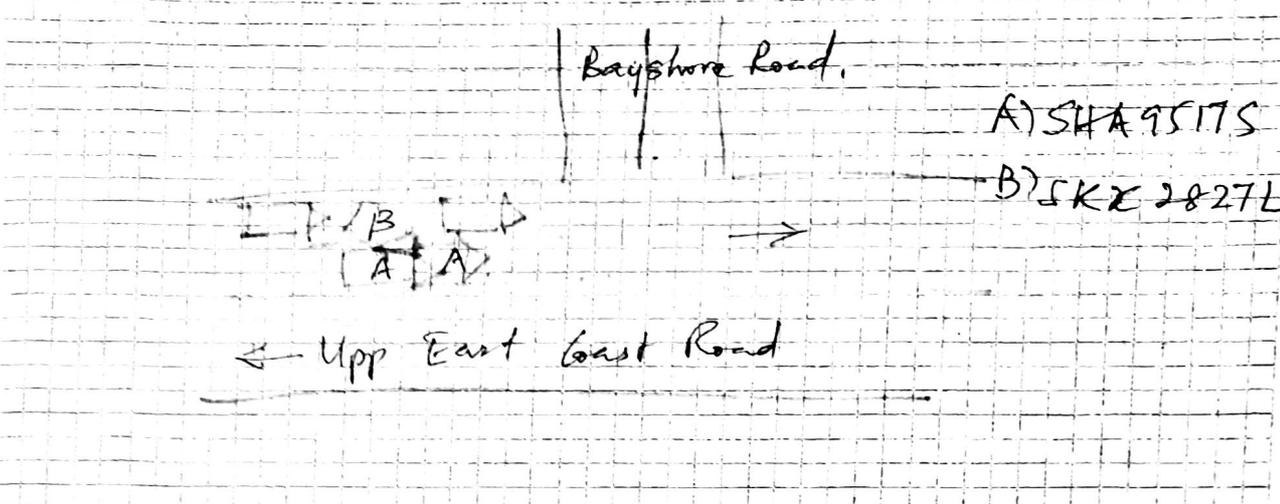
Vehicle Registration Number SKX2827L  
Vehicle Make/Model/Colour  
Details Of Properties  
Vehicle Category PRIVATE CAR  
Name of Driver NUR FAZELA BTE ABDULLAH  
NRIC/Passport Number  
Contact Number  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage RHT FRT

No. Of Passenger (Including Driver)



Sketch Plan Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 23/6/20 at about 0905hrs while I Veh A was travelling along the right lane, Veh B from the left lane suddenly filtered to my lane and collided into the whole left portion of my moving vehicle.

DECLARATION

We declare the foregoing particulars are true in every respect

CITYCAB PTE LTD

CO REG NO. 199592900

Policyholder's Signature  
Date & Time

*Joseph Chan*  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time

*S. P. [Signature]*  
Reporting Centre Personnel's Signature  
Name  
NRIC/FIN No.

*S. P. [Signature]*  
CSO  
23/6/20