

## 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 willful 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: 12/08/2020 09:49  
 Date Of Accident: 11/08/2020 15:45  
 Exact Location Of Accident: BLK 721 ANG MO KIO AVE 8 OPEN SPACE CARPARK  
 Country/State Of Loss: SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number: SHC700C  
**Insured/Policyholder**  
 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: JURAIMI BIN MOHAMED AMIN  
 NRIC No: SXXXX062H  
 Date Of Birth: 01/08/1969  
 Occupation: OUTDOOR  
 Date Of Driving Pass: 26/06/2002  
 Driving Experience: 18 YEARS AND 1 MONTH  
 Gender: MALE  
 Mobile Number: (LOCAL) +65-84501617  
 Fax Number:  
 Contact Number:  
 EMail Address: WANJO6972@GMAIL.COM

Address BLK 609 WOODLANDS RING ROAD #04-225  
 Postcode 730609  
 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 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 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) 3  
 Passenger 1 NAME: : -  
 GENDER: : MALE  
 Passenger 2 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

PLS REFER TO ATTACHED / Type Of Accident : 3P REVERSE

#### 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 SMR9533X  
 Vehicle Make/Model/Colour  
 Details Of Properties  
 Vehicle Category PRIVATE CAR  
 Name of Driver TOH WYE LYNN SAMANTHA  
 NRIC/Passport Number  
 Contact Number  
 Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

NTUC INCOME INSURANCE CO-OPERATIVE LTD  
REAR RIGHT

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8. Consent under the Personal Data Protection Act (PDPA)


I understand, acknowledge, agree and consent that

- (i) 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")
- (ii) 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
- (iii) 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.
- (iv) 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.
- (v) 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.

CITICORP LTD  
60, ROSS RD, SINGAPORE

Print, Pressed & Signatures  
Date & Time:

  
Driver's Signature  
(if driver is not the policyholder)  
Date & Time:

  
Reporting Centre Personnel's Signature  
Name: Loke Wei Yang  
NRIC/Fin No.:

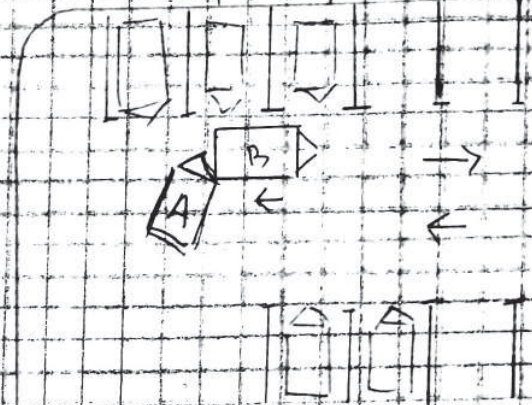
12/8/2020



A: SHC 700G

B: SMR 9533X

Blk 221  
Ang Mo Kio Ave 8  
Opp Space Carpark



### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 11/8/2020 at about 15:45 hrs, I Veh A was stopped at above said location to drop off my passengers. While I settle payment with passenger, I felt a jerk. Then I noticed veh B reversed and its rear right portion collided onto the front right portion of my stationary tem. Both of us have alighted to take photo and exchange particulars. No injury at the point of accident.

### DECLARATION

We declare the foregoing particulars are true in every respect.

CITYCAR 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: LOH WING FANG  
NRIC/Fin No.: