

## 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 03/09/2020 13:11  
 Date Of Accident 03/09/2020 09:10  
 Exact Location Of Accident PUNGGOL FIELD X PUNGGOL ROAD  
 Country/State of Loss SINGAPORE

## DETAILS OF OWN VEHICLE

Vehicle Registration Number SHC111C  
**Insured/Policyholder**  
 Name Of Registered Owner CITYCAB PTE LTD  
 Co Reg No 1XXXXX839G  
 Email Address FLEETSAFETY@CDGETAXI.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-18088936MFSH  
 Cover Note Number

## Driver

Name of Driver TAY YONG HOCK  
 NRIC No SXXXX712C  
 Date Of Birth 04/10/1973  
 Occupation OUTDOOR  
 Date Of Driving Pass 06/03/1997  
 Driving Experience 23 YEARS AND 5 MONTHS  
 Gender MALE  
 Mobile Number (LOCAL) +65-84285955  
 Fax Number  
 Contact Number  
 EMail Address TAYYONGHOCK73@GMAIL.COM

Address	BLK 326A SUMANG WALK #21-994
Postcode	821326
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	SIDE SWIPE
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?	YES
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)	1

#### 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

REFER ATTACHED

#### 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 IN

Vehicle Registration Number	GBK796E
Vehicle Make/Model/Colour	TOYOTA VAN
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	HANI
NRIC/Passport Number	
Contact Number	81759139
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	LEFT FRONT
No. Of Passenger (Including Driver)	

#### DETAILS OF INJURED PERSON IN

Name	TAY YONG HOCK
Approximate Age	
Injures Sustain	BACK
Injured person in which vehicle?	SHC111C
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	



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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 be 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 be 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.

CITYCAR PTE LTD  
CO. REG. NO. 199502639G

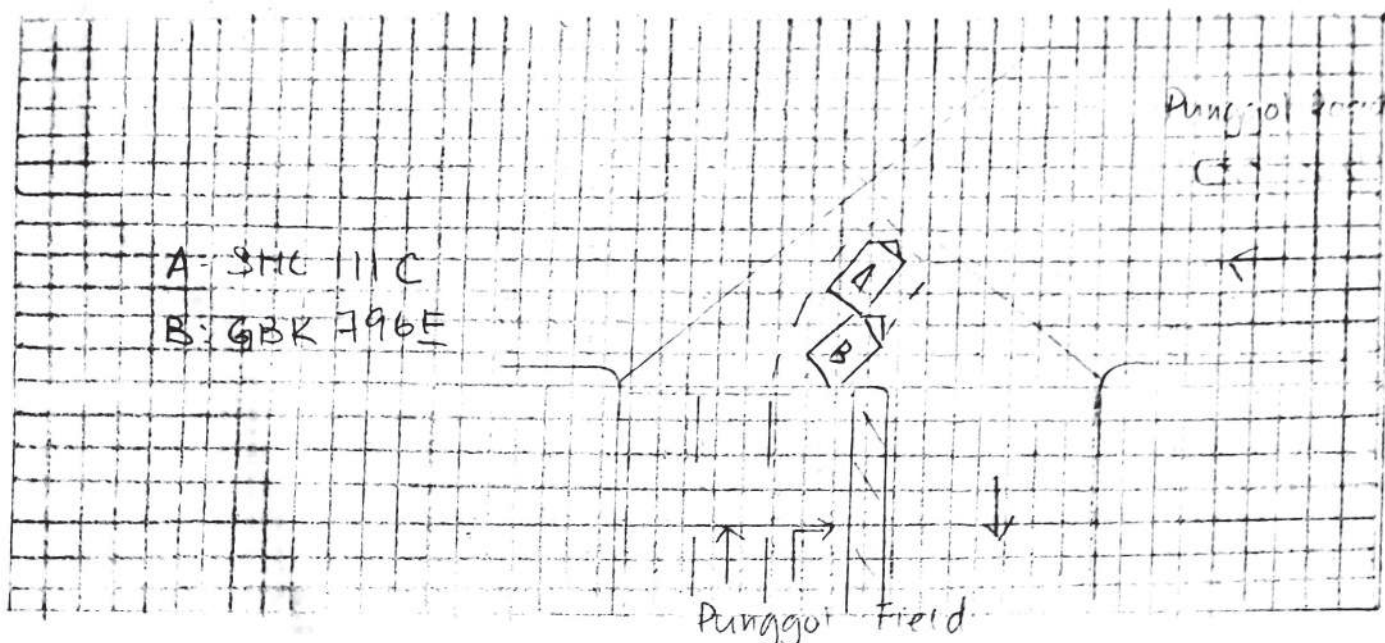
Policyholder's Signature  
Date & Time

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

  
Reporting Centre Personnel's Signature  
Name  
NRIC/FIN No.

31/1/2021

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 3/9/2020 at about 09:10 hrs, I veh A was stopped inside pocket at above said junction. Suddenly I felt an impact from behind. Veh B made U turn at behind hit onto the rear right portion of my stationary taxi. No pax inside my taxi. I suffered back pain, will consult doctor later on.

## DECLARATION

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

CITYCAB PTE LTD  
CO. REG. NO. 199502039G

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 Wen Hong

3/9/2020