

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
This Form must be completed by the Policyholder and/or the Authorised Driver.
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.
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 02/10/2020 16:14
Date Of Accident 02/10/2020 14:10
Exact Location Of Accident BLK 804 HOUGANG CENTRAL
Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE:

Vehicle Registration Number SHC7774T
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 NG KIM CHUAN STEVEN
NRIC No SXXXX064J
Date Of Birth 22/07/1961
Occupation OUTDOOR
Date Of Driving Pass 10/08/1983
Driving Experience 37 YEARS AND 1 MONTH
Gender MALE
Mobile Number (LOCAL) +65-98512121
Fax Number
Contact Number
Email Address DAIRYSTEVEN@LIVE.COM

567 #13-67HOUGANG STREET 51

530567

Code
driver an employee of the Insured's Company 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) 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

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 GW5387Y
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category COMMERCIAL VEHICLE
Name of Driver
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage FRT RHT
No. Of Passenger (Including Driver)

SKETCH PLAN

A-SHC7774T
B-GW5387Y

BLK 805
MSCP



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BLK 804, HOUMANG CENTRAL

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

* statement attached *

DECLARATION

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

CITYCAB PTE LTD
CO. REG. NO. 199502536

Policyholder's Signature
Date & Time:

Driver's Signature
(if driver is not the policyholder)
Date & Time: 02.10.2020
1520 hrs.

Reporting Centre Personnel's Signature
Name:
NRIC/Fin No.: Larry Ng

Describe Circumstances of the Accident.

On 02.10.2020, at about 1410hrs, I stopped my Citycab, SHC7774C, in parking lot 20, next to Blk 804 Hougang Central, waiting for my wife.

While stationary for about 3 minutes, I suddenly felt an impact from the rear.

A van, B, had hit my taxi rear.

I have a video recording of the accident impact. Photos taken after the accident.

The male driver offered me \$50 to settle the taxi damage. I did not accept as the damage definitely cost more than that.

The rear licence plate was broken and dropped. The rear bumper was damaged.

Not sure of any other internal damage.

No pax in my taxi and no injury at the time of accident.

Declaration

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

CITYCAB PTE LTD
U. REG. NO. 199502839G

Policyholder's Signature/Date &
Time

Driver's Signature (if driver is not the policyholder)/Date
& Time 02.10.2020
1520hrs

Larry Ng

Witnessed by Reporting
Centre Personnel