

## 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 23/10/2020 15:17  
Date Of Accident 22/10/2020 21:05  
Exact Location Of Accident SLIP RD FROM ANG MO KIO AVE 5 TO CTE(SLE)  
Country/State of Loss SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number SHC7006C  
**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 I40  
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 TOH HOCK LAI  
NRIC No SXXXX020G  
Date Of Birth 10/11/1957  
Occupation OUTDOOR  
Date Of Driving Pass 17/07/1976  
Driving Experience 44 YEARS AND 3 MONTHS  
Gender MALE  
Mobile Number (LOCAL) +65-96814012  
Fax Number  
Contact Number  
Email Address WILLYTOH05@GMAIL.COM

Address BLK 301A PUNGGOL CENTRAL  
#08-774  
Postcode 821301  
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 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? 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) 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

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 1:

Vehicle Registration Number SMR4397E  
Vehicle Make/Model/Colour  
Details Of Properties  
Vehicle Category PRIVATE CAR  
Name of Driver UNKNOWN  
NRIC/Passport Number  
Contact Number  
Address  
Postcode  
Insurance Company Name

Nature Of Damage

FRONT

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1:**

Name

TOH HOCK LAI

Approximate Age

Injuries Sustain

NECK AND RIGHT LEG

Injured person in which vehicle?

SHC7006C

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/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, 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.

CITYCAR PTE LTD  
CO. REG. NO. 19350239G

Policyholder's Signature  
& Time:

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

Reporting Centre Personnel's Signature  
Name: Larry Ng

SKETCH PLAN

A - SHC 7006 C

B - SMR 4397 E

from Ang Mo Kio Ave S

To CTR (SLC)



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

\* sketch attached

DECLARATION

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

CITYCAR PTE LTD  
CO. REG. NO. 199502239G

Policyholder's Signature  
Date & Time:

Driver's Signature  
(if driver is not the policyholder)  
Date & Time: 23.10.2020  
1445hr

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

**Describe Circumstances of the Accident.**

On 22.10.2020, at about 2105hrs, I stopped my Citycab, SHC7006C, behind a car at the slip road from Ang Mo Kio Ave 5 to CTE(SLE). There was a vehicle in front waiting for the traffic on the main road to clear.

While stationary for more than 5 seconds, I suddenly felt an impact from the rear.

I went out to check and saw a private car, B, had hit my taxi rear. I have a video recording of the accident impact. Photos taken at the scene.

Weather was clear and moderate traffic. 1 male pax in my taxi and not injured at the time of accident. This morning I woke up and feel some pain in my neck and right leg.

**Declaration**

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

CITYCAB PTE LTD  
CO. REG. NO. T33662099G

Policyholder's Signature/Date &  
Time

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

Larry Ng

Witnessed by Reporting  
Centre Personnel