#### 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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding 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

aforesaid.	sent to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	23/10/2020 11:17
Date Of Accident	23/10/2020 09:30
Exact Location Of Accident	ALONG BATTERY ROAD TAXI STAND
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SHC595P
Insured/Policyholder	
Name Of Registered Owner	CITYCAB PTE LTD
Co Reg No	199502839G
Email Address	FLEETSAFETY@CDGETAXI.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-65508768
Vehicle Particulars	
Manufacturer	TOYOTA
Model	PRIUS
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 TAN MAH SENG
NRIC No S0088094I
Date Of Birth 18/06/1951
Occupation OUTDOOR
Date Of Driving Pass 01/12/1980

Driving Experience 39 YEARS AND 10 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-92378098

Fax Number

Contact Number

EMail Address NOEMAIL

Address BLK 257 TAMPINES STREET 21

#10-206

Postcode 520257

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? NO

Was any injured conveyed to hospital by

NO

Was any other material or property damaged?

I have been approached by unknown person(s)

YES NO

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

3

Passenger 1

NAME: : -

GENDER: : MALE

Passenger 2

ambulance?

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?

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 S1528CD
Vehicle Make/Model/Colour KIA

**Details Of Properties** 

Vehicle Category PRIVATE CAR

Name of Driver ANGELIKA GOTTERIERE MARK SAAKE

NRIC/Passport Number

**Contact Number** 

Address

Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

LH CENTRE

## IMPORTANT NOTICE

- 1. 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 <u>truthful</u> and <u>accurate</u> as <u>possible</u>. Any wilful misrepresentation or witholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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. The 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.
- 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.
- 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 setout 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 my be sited outisde 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 ourt orders.

CITYCAS PTE LTD CO. REC. NO. 189502889G

holder's Signature & Time: Driver's Signature

(if driver is not the policyholder)

Hart 23/10/2020

Reporting Centre Personnel's Signature
Name: Wind Leon Com

OVERTOUR DI ANI		-		r	/9			· · · · · · · · · · · · · · · · · · ·
SKETCH PLAN			This	43	3			
* ***		Summer grown bearing as	The second second second		}   Q			
A CIVE	6650			20				
A SHC	)12k.	La L		119		×		
· · · · · · · · · · · · · · · · · · ·		i		, a la company and a	- JAI	2		
				T	ari			and the same
0 010	-2000				Jan			
15 > 19	740 - 1	/			> (0, 0			
		·						
					1.00	-		
					4	1.49		
						and the second		- 1 . 1
		a production of the second	kompositori della Latino di latino		TQ.	ئىسى ۋىدى ئىسىد ئىدىنىۋىدى بۇرىم	0	
9 t 1	in the second second				BQ	Hery.	140001	

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the 73/10/2020 @ about 0930 his. i was stopping at
the & taxi stand warters for customer. After the passenger onboard
my taxi. Before i moved out i have check my behind traffic.
On the 73/10/2020 @ about 0930 his. i was stopping at the staxi stand waiting Air customer. After the passenger onboard my this, Before i moved out i have check my behind traffic.  I noticed vehicle B. S 1528 CD was that behind me and did not
Canal to Pura Left, so i slowly moved and my fuxi and at
that time wehile R pass through my food and suddenly turn left
Signal to furn left: so i slowly moved out my fuxi and at that time vehicle B pass though my front and suddenly turn left and collected and my front right portion. No one was injured and that
time of accident
(Implication)

## **DECLARATION**

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

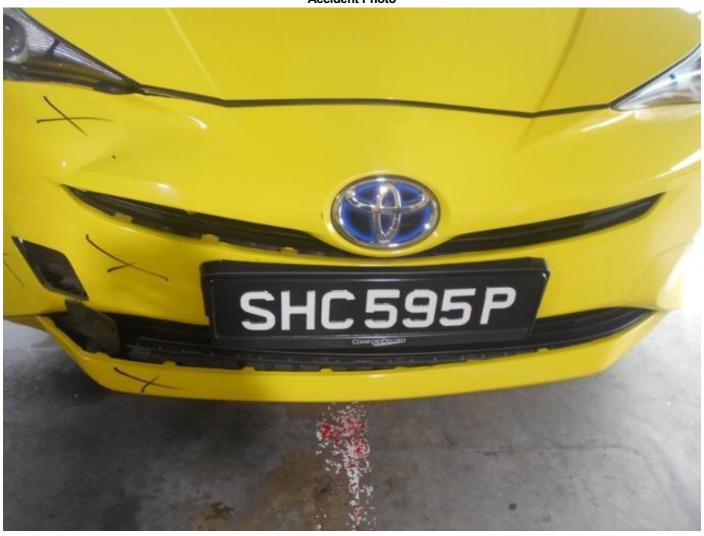
CITYCAE PTE LTD CO. REG. NO. 199502839G

Policyholder's Signature Date & Time:

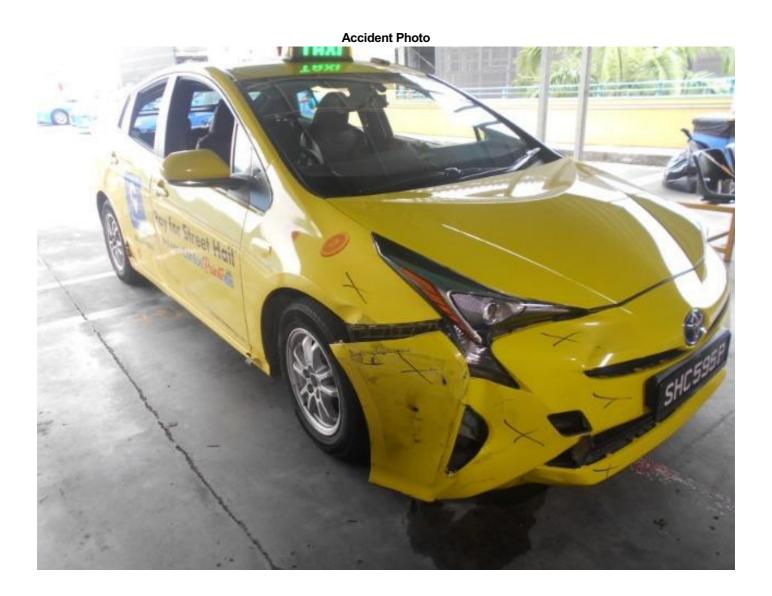
Driver's Signature

(if driver is not the policyholder) Date & Time:

Reporting Centre Personnel's Signature

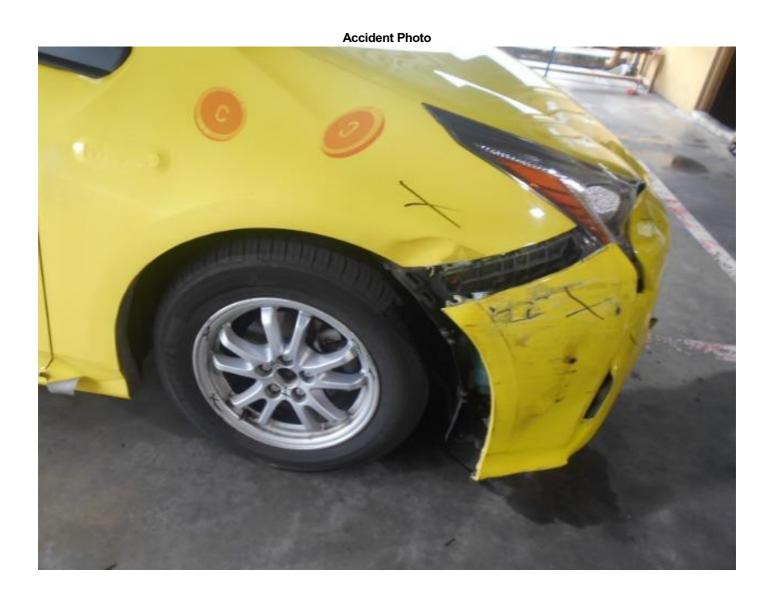


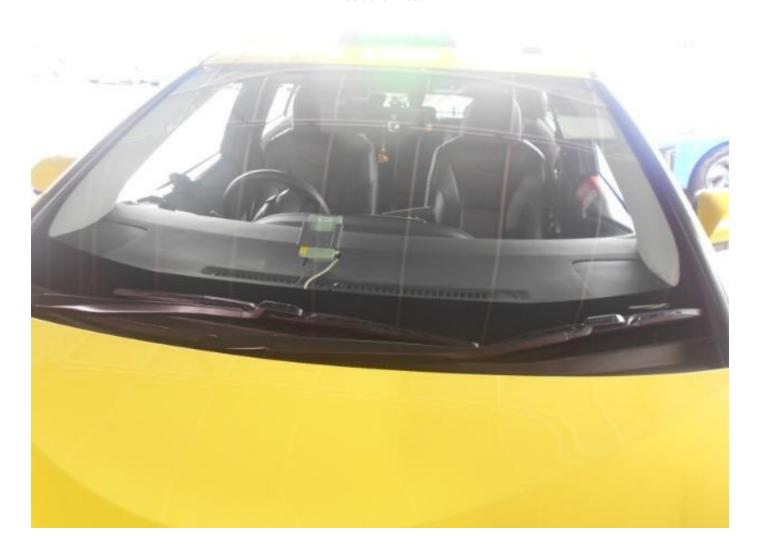












# **SCENE**



# **SCENE**



# **SCENE**

