

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 Submission 29/12/2020 13:48 (SGT)
Date of Accident 27/12/2020 11:00 (SGT)
Exact Location of Accident Serangoon North Ave 1, Singapore
Additional Location Information BLK 101 SERANGOON NORTH AVE 1
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHB2213J

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner CITYCAB PTE LTD
Company Reg No D-18088937MFSH
Email Address FLEETSAFETY@CDGETAXI.COM.SG
Mobile Phone No (Phone) +65-65508768
Alternative Phone No (Office) +65-65508768

VEHICLE PARTICULARS

Manufacturer Toyota
Model Prius
Variant -
Exact purpose for which vehicle was being used at time of accident Private hire
Are you claiming under your own insurance policy for repair to your vehicle? No - Reporting only
Vehicle Category Taxi

INSURANCE COMPANY

Name of Insurance Company First Capital
Type of Coverage ThirdPartyFireTheft
Fleet Policy Yes
Policy Number 199303821R
Cover Note Number -

DRIVER

Name of Driver LIN JING JIE ALLAN
NRIC No S0245403C
Date Of Birth 01/11/1951
Occupation Outdoor

Date Of Driving Pass	06/05/1977
Driving experience	43 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-88866384
Alt. Phone Number	-
Email Address	ALLANLJJ@YAHOO.COM.SG
Address	BLK 247 COMPASSVALE ROAD
Address complement	#09-632
Postcode	540247
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Other
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

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 the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER ATTACHED
* TYPE OF ACCIDENT :- TAXI REVERSED

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKZ4483X
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-

Insurance Company Name	-
Nature Of Damage	UNSURE
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

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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. 159502039G

Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name: Olivia Wendy
NRIC/Fin No.: 29 DEC 2020

SKETCH PLAN

A = SHB2213J

B = SK24483X

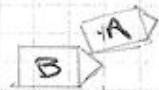
Signature

BLK

101

SEANGOON

NORTH
AVE



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I received call from CTEL today regarding an incident on the 24112000 @ 1100hrs along BLK 101 Seangoon North Ave I involved with SK24483X.

During that time, I was picking up a booking at the above location. I reached the location waiting for my passenger. Then I saw the instruction to go to the shelter so I slowly reversed into the parking lot.

While doing so, my taxi right rear slightly bump onto a parked vehicle of SK24483X front left portion.

I did not managed to get down to checked as my passenger is waiting for me.

I am filling this report as per instructed.

DECLARATION

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

CITYCAD PTE LTD
CO. REG. NO. 153532039G

Policyholder's Signature
Date & Time:

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

Signature
Reporting Centre Personnel's Signature
Name: Olivia Wendy
NRIC/Fin No.:

25 DEC 2020





