

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	19/02/2021 09:35 (SGT)
Date of Accident	18/02/2021 23:00 (SGT)
Exact Location of Accident	Woodlands Ave 5, Singapore
Additional Location Information	WOODLANDS AVE 5 X WOODLANDS AVE 4
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC7226J
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	CITYCAB PTE LTD
Company Reg No	1XXXXXXX1R
Email Address	FLEETSAFETY@CDGETAXI.COM.SG
Mobile Phone No	(Phone) +65-65508768
Alternative Phone No	(Office) +65-65508768

VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	I40
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 - Claiming third party
Vehicle Category	Taxi

INSURANCE COMPANY

Name of Insurance Company	Axa
Type of Coverage	ThirdPartyFireTheft
Fleet Policy	Yes
Policy Number	VFX/P2419140
Cover Note Number	-

DRIVER

Name of Driver	YONG TAT CHOONG
NRIC No	SXXXX730Z
Date Of Birth	09/09/1953
Occupation	Outdoor

17/01/1975	
46 YEARS AND 1 MONTH	
Male	
(Phone) +65-92474448	
-	
VICTORIOUS_VICTOR@HOTMAIL.COM	
BLK 66 KALLANG BAHRU	
#03-473	
330066	
No	
Other	
No	
-	
-	

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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	-
Gender	Male

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

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	FBR2203A
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
Name of Driver	MUHAMMAD AZRI BIN SALIMI
Contact Number	-

plement

ce Company Name

Of Damage

ls of property damaged in accident

Of Passenger (Including Driver)

-
-
-
-
-
-

SLIGHT
RH REAR

IMPORTANT NOTICE

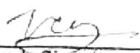
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8. **Consent under the Personal Data Protection Act (PDPA)**

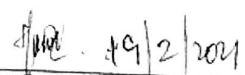
I understand, acknowledge, agree and consent that:

- (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
30, RIVERVIEW ROAD, #02-01, SINGAPORE 119001

Policyholder's Signature
Date & Time:

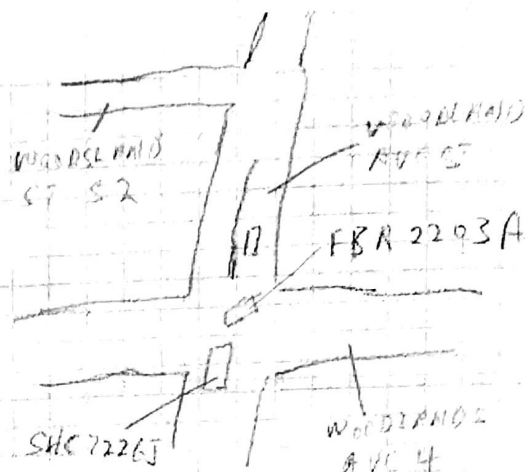

Driver's Signature
(if driver is not the policyholder)
Date & Time:

 19/2/2011
Reporting Centre Personnel's Signature
Name: Heng Leong Teck
NRIC/Fin No:

SH PLAN

A SHC 7226J

B FBR 2203A



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON THE 18TH FEBRUARY 2021 AT ABOUT 11:00PM, I WAS DRIVING MY TAXI SHC 7226J ALONG WOODSLANE AVE S TOWARDS WOODSLANE STREET S2. AS I WAS CROSSING THE JUNCTION OF WOODSLANE AVE S AND WOODSLANE AVE 4, THE GREEN LIGHT WAS IN MY FAVOUR WHEN SUDDENLY A MOTORBIKE APPEARED IN FRONT OF ME. I THEN REALISED THAT HE TURNED FROM THE OPPOSITE SIDE WITHOUT GIVING WAY TO ONCOMING VEHICLES. MY TAXI COLLIDED WITH HIS BIKE. HE THEN FELL FROM HIS BIKE AND WAS NOTABLY INJURED. I THEN CALLED 999 TO REPORT THE ACCIDENT AND REQUESTED FOR AN AMBULANCE WHICH CAME BEFORE THE TRAFFIC POLICE. ABOUT TEN MINUTES LATER THE TRAFFIC POLICE CAME. AFTER LISTENING TO BOTH OUR EVIDENCE, THE TRAFFIC POLICE CALLED OFF THE INVESTIGATION AND TOLD ME THAT I DO NOT NEED TO MAKE A POLICE REPORT BUT JUST MAKE AN ACCIDENT REPORT FOR INSURANCE CLAIM.

DECLARATION

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

CHRYSLER FIN LTD
20 FEB 2021 11:00

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:

19/2/2021
Smyteong Lee