

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 08/02/2021 12:31 (SGT)
Date of Accident 07/02/2021 01:05 (SGT)
Exact Location of Accident Upper E Coast Rd, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHC376E

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner CITYCAB PTE LTD
Company Reg No 199502839G
Email Address fleetsafety@cdgtaxi.com.sg
Mobile Phone No (Phone) +65-91456738
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 Axa
Type of Coverage ThirdPartyFireTheft
Fleet Policy Yes
Policy Number VFX/P2419140
Cover Note Number -

DRIVER

Name of Driver SHAFIQ ABDULLAH LOW @ LOW SWEE MENG
NRIC No S0184281A
Date Of Birth 24/01/1952
Occupation Outdoor

Date Of Driving Pass	18/11/1976
Driving experience	44 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91456738
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLK 773 WOODLANDS DRIVE 60 #12-208
Address complement	-
Postcode	730773
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
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	Side Swipe
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
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

ON 7/2/2021, AT ABOUT 0105HRS, I WAS DRIVING MY VEHICLE SHC376E ALONG UPPER EAST COAST RD TOWARDS VILLA LAGUNA (CONDO) TO PICK MY PASSENGER. I INDICATED SIGNAL ONTO MY RIGHT AND ABOUT TO TURN RIGHT, WHEN ONE MOTORBIKE FBP6287S WAS COLLIDED ONTO MY RIGHT SIDE OF MY VEHICLE. THE MOTORBIKE WAS ONTO MY RIGHT SIDE. I WAS TRAVELLING ON FIRST LANE OF TWO LANES RD AT THE MOMENT OF ACCIDENT. AMBULANCE ON SCENE BUT NOBODY CONVEYED. THE MOTORIST SUSTAINED MINOR BRUISES.

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	FBP6287S
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
Name of Driver	FRANCIS RATNAM
NRIC No	S9127964I
Contact Number	-

Address -
Address complement -
Postcode -
Insurance Company Name -
Nature Of Damage -
Details of property damaged in accident -
No. Of Passenger (Including Driver) 2

PASSENGER 1

Name (PILLION)
Gender Male

INJURED PERSONS DETAILS

INJURED 1

Name of injured person FRANCIS RATNAM
Address -
Address Complement -
Post Code -
Approximate Age Years Old 30
Injuries Sustained MINOR BRUISES
Injured person in which vehicle? FBP6287S
Were seat belts worn? -
Was this injured conveyed to hospital by ambulance? No

INJURED 2

Name of injured person -
Address -
Address Complement -
Post Code -
Approximate Age Years Old -
Injuries Sustained Pillion - INJURY NOT SURE, AMBULANCE ATTENDED TO HER
BUT NOT CONVEYED.
Injured person in which vehicle? FBP6287S
Were seat belts worn? -
Was this injured conveyed to hospital by ambulance? No

SKETCH PLAN

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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) of:
 - (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, investigating, 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.

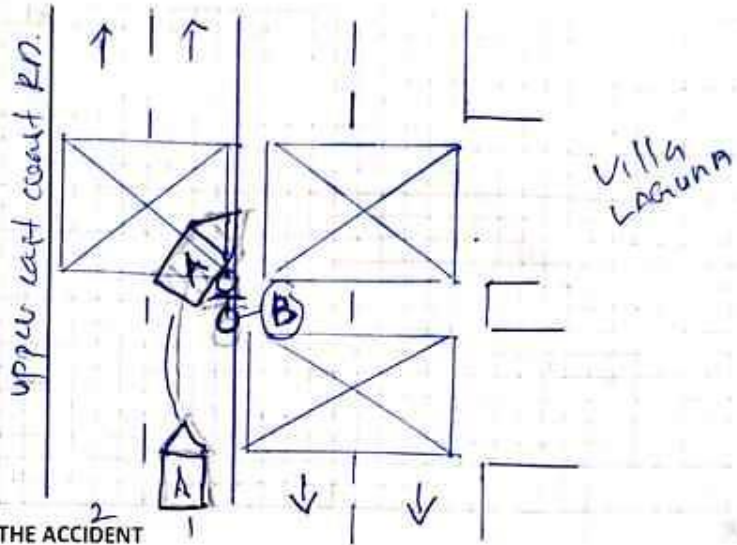
Policyholder's Signature
Date & Time

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

Reporting Centre Personnel's Signature
Name
NRIC/FIN No.

SKETCH PLAN

A- JHC 376E
B- FBP 6287J



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 7/2/2021, at about 0105hrs, I was driving my vehicle JHC 376E along Upper East Coast Rd towards Villa Laguna (Condo) to pick my passenger. I indicated signal onto my right and about to turn right, when the motorbike FBP 6287J was collided onto my right side of my vehicle. The motorbike were onto my right side. I was travelling on ^{first} ~~second~~ lane of two lanes rd at the moment of accident. Ambulance on scene but nobody conveyed. Nobody the motorist remained minor bruises.

DECLARATION

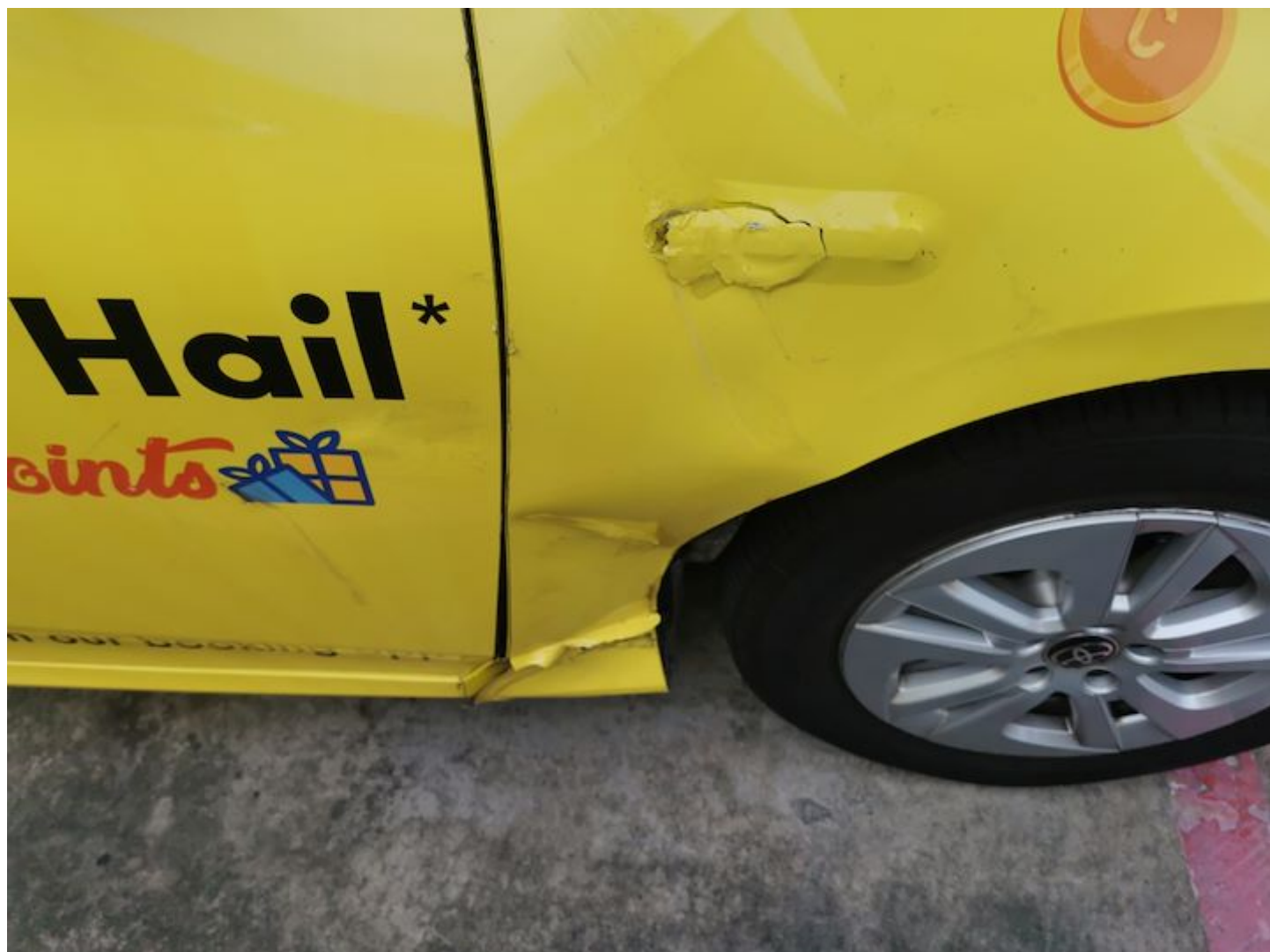
I/We declare the foregoing particulars are true in every respect.

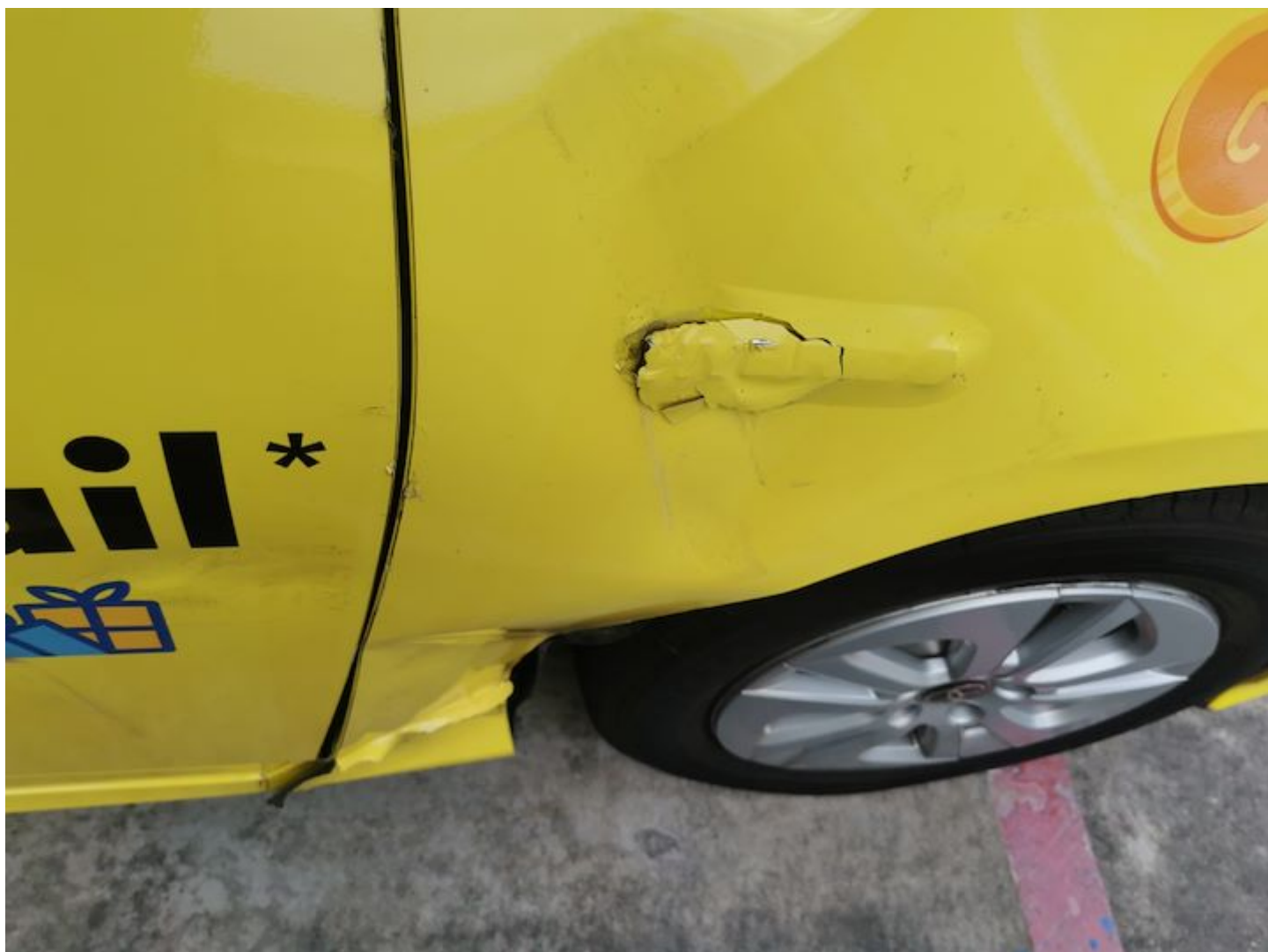
Policyholder's Signature
Date & Time:

[Signature]
Driver's Signature
(If driver is not the policyholder)
Date & Time: 7/2/2021-1230H

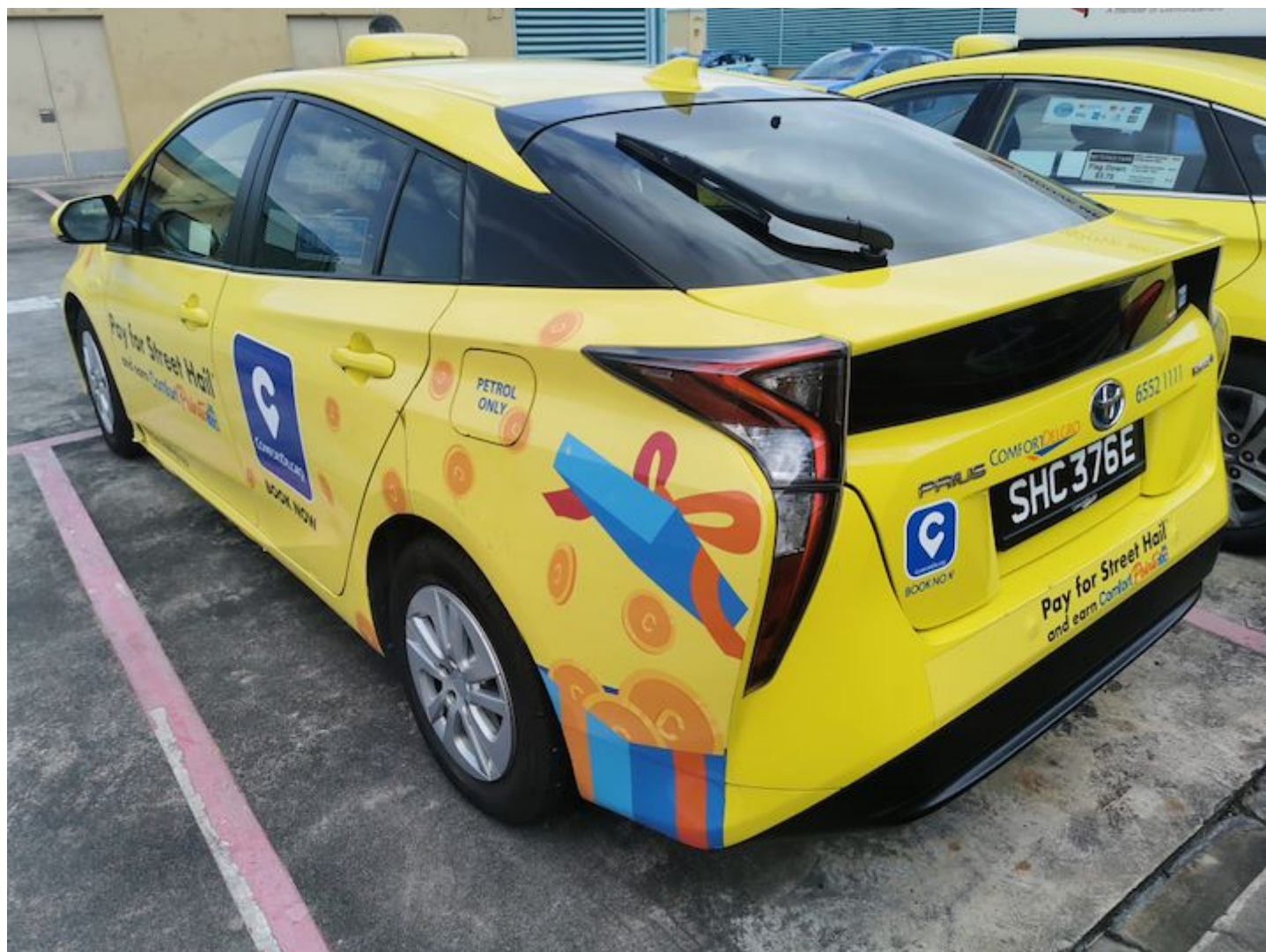
[Signature]
Reporting Centre Personnel's Signature
Name: *[Signature]*
NRIC/FIN No.:













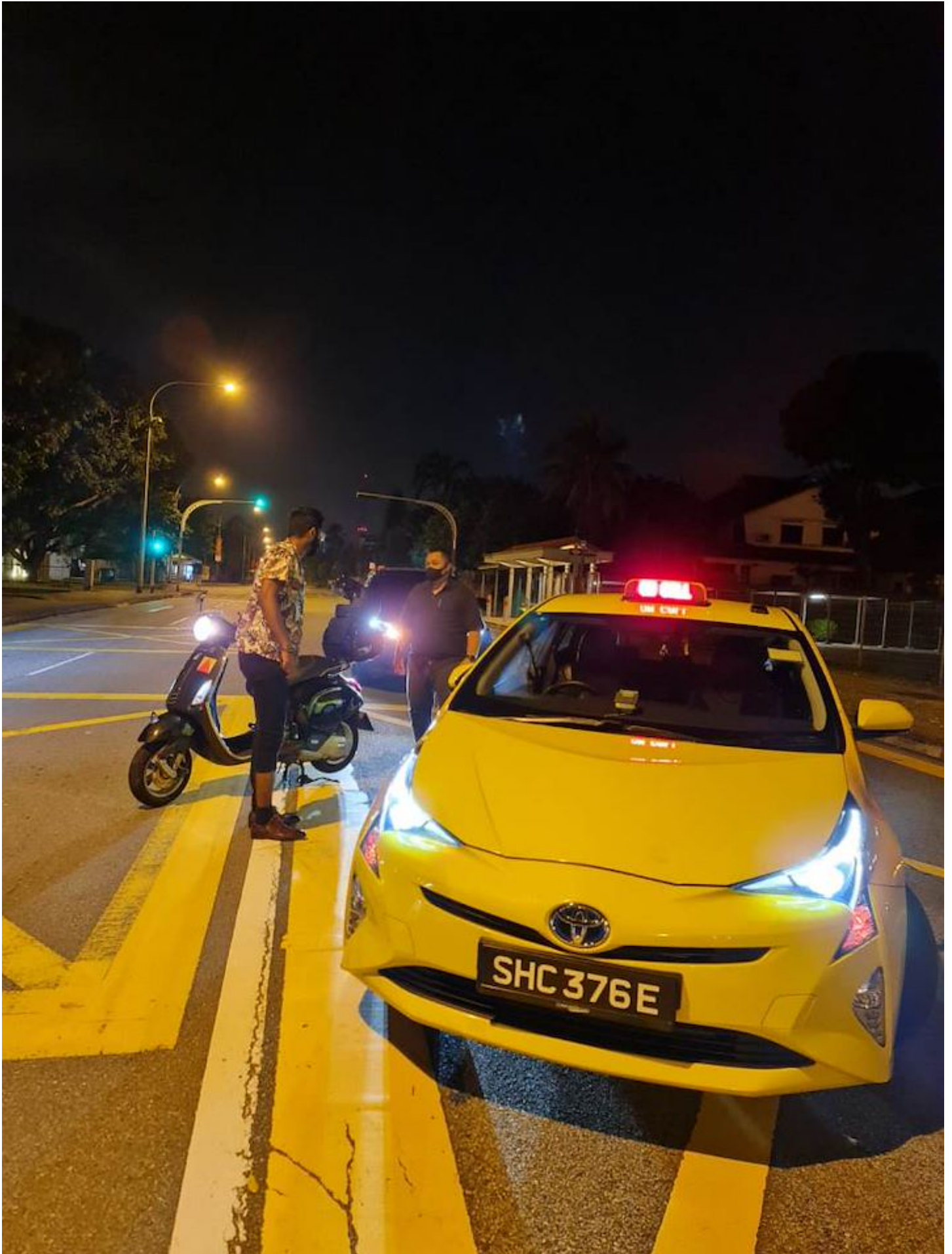














GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
 6 Raffles Quay #18-00 Singapore 048580
 Tel (65) 6224 0010 Fax (65) 6224 0030
 Operating Hours : Monday to Friday, 09:00 – 17:00
 UEN: S66550020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : SJ0421280008 Vehicle Registration No: SHC376E
 Name (as shown in NRIC) : CityCab Pte Ltd NRIC/FIN/Passport No : 1XXXXX839G
 (*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
 Address : _____ Singapore ()
 Contact (Tel) : _____ Mobile No. : _____
 Email Address : _____
 Date of Accident : 07.02.2021 Time of Accident : 01:05HRS
 Place of Accident : Upper E Coast Rd, Singapore
 Insurance Company: AXA Insurance Singapore Pte Ltd

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

- 1: Driver has reported the case : Reporting Only
- 2: Video captured : YES instead NO
- 3: Add injured person detail : Pillion - INJURY NOT SURE, AMBULANCE
 ATTENDED TO HER BUT NOT CONVEYED.



Policyholder / Driver's Signature
 Date:

NAZ

Reporting Centre Personnel's Signature
 Name: NAZIHAN
 NRIC/FIN No.:
 Date: 09.02.2021

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