

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 16/03/2021 10:49 (SGT)
 Date of Accident 15/03/2021 15:48 (SGT)
 Exact Location of Accident River Valley Rd, Singapore
 Additional Location Information TOWARDS ALEXANDRA
 Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHC7257U

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) +65-97325979
 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 TEO SENG HUAT
 NRIC No S1257442H
 Date Of Birth 18/03/1957
 Occupation Outdoor

Date Of Driving Pass	26/05/1979
Driving experience	41 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97325979
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLK 453 CHOA CHU KANG AVENUE 4 #11-121
Address complement	-
Postcode	680453
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	Collided into Motorcyclist
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

ON 15/3/21 AT ABOUT 1548HRS, I WAS DRIVING VEHICLE A (SHC7257U) ALONG RIVER VALLEY RD TOWARDS ALEXANDRA RD. I WAS AT RIGHT LANE AND THERE WAS VEHICLE IN FRONT WANTED TO TURN RIGHT INTO LEONIE HILL SO I FILTER INTO LEFT LANE TO AVOID CONTACT WITH VEHICLE IN FRONT OF ME. SUDDENLY VEHICLE B (FY4144P) *MOTORCYCLE HIT ONTO MY VEHICLE LEFT REAR. MY VEHICLE LEFT REAR SUSTAIN SCRATCHES. EXCHANGED PARTICULARS. NO INJURY.

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	FY4144P
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
Name of Driver	BRENDAN GARETH KUMAR
NRIC No	T0216662Z
Contact Number	(Phone) +65-97657517

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

SKETCH PLAN**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' law yers/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.
 - (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time	Driver's Signature (If driver is not the policyholder) / Date & Time	Witnessed by Reporting Centre Personnel
	15/3/21 / 17:25 hrs	Bruno
<p>Sketch Plan</p>		
<p>A 51K 7237-4 B 4Y 41K1P</p>		

Describe Circumstances of the Accident

ON 15/3/21 AT ABOUT 1548 HRS, I WAS DRIVING VEHICLE A
(SPK 7574) ALONG RIVERVIEW RD TOWARDS ALEXANDRIA RD.
I WAS AT RIGHT LANE AND THERE WAS VEHICLE IN FRONT OF ME
WANTED TO TURN RIGHT INTO GEORGE HILL SO I FILTERED IN
TO AVOID CONTACT WITH VEHICLE IN FRONT OF ME.
LEFT LANE, SUDDENLY VEHICLE B (FJ 4141P) MOTORCYCLE
HIT ONTO MY VEHICLE LEFT REAR - MY VEHICLE LEFT REAR
SUBSTANTIAL SCRAPES. ~~FOR~~ EXCHANGED PARTICULARS - NO INJURY.

Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

15/3/21 1/125th

Benny

















