

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
 This Form must be <u>completed by the Policyholder and/or the Authorised Driver</u>
 Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate 9. International provided must be as ituliar and accurate as possible. Any wind misrepresentation of witholding of material accurate as possible. Any 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.

Is company? Name Of Registered Owner Company Reg No Email Address Gleetsafety@cdgtaxi.com.sg (Phone) +65-65508768 Alternative Phone No Alternative Phone No Office) +65-65508768 Wehicle Particulars Manufacturer Model Variant 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? Vehicle Category Transmission CC INSURANCE COMPANY Name of Insurance Company Type of Coverage Fleet Policy Policy Number Yes CITYCAB PTE LTD 1XXXXX839G (Phone) +65-65508768 Hyundai Ioniq	ACCIDEN	IT STATEMENT
Date of Accident 26/03/2021 12-10 (SGT) Exact Location of Accident River Valley Rd, Singapore River Valley Rd Singapore Registered Owner SHB3646L INSUREDPOLICYHOLDER Is company? Yes CITYCAB PTE LTD TAXXXX839G Fleetsafety@cdgtaxi.com.sg (Phone) +65-65508768 (Office) Taxib Policy Robinson Robin	Date of Submission	27/03/2021 11:06 (SGT)
Additional Location Information Country/State of Loss DETAILS OF OWN VEHICLE Vehicle Registration Number SHB3646L INSUREDPOLICYHOLDER Is company? Name of Registered Owner Company Reg No Email Address Mobile Phone No Alternative Phone No (Office) +65-65508768 VEHICLE PARTICULARS Manufacturer Model Variant 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? Vehicle Category Trainsmission CC INSURANCE COMPANY Name of Insurance Company Type of Coverage Fleet Policy Policy Number Cover Note Number - Exact purpose ThirdPartyFireTheft Yes VFX/P2419140 - CVEX/P2419140 - CVEX/P2419140 - CVEX/P2419140 - CVEX/P2419140 - CVEX/P2419140	Date of Accident	26/03/2021 12:10 (SGT)
DETAILS OF OWN VEHICLE Vehicle Registration Number SHB3646L INSUREDIPOLICYHOLDER Is company? Same Of Registered Owner Company Reg No Email Address Mobile Phone No Alternative Phone No (Office) +65-65508768 Manufacturer Model Variant 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? Vehicle Category Transmission CC INSURANCE COMPANY Name of Insurance Company Type of Coverage Fleet Policy Policy Number Cover Note Number SHB3646L Yes CITYCAB PTE LTD 1XXXXX839G fleetsafety@cdgtaxi.com.sg (Phone) +65-65508768 Hyundai loniq Private hire No - Claiming third party Taxi Auto 1600 AXA Insurance Pte Ltd ThirdPartyFireTheft Yes VFX/P2419140 Cover Note Number	Exact Location of Accident	River Valley Rd, Singapore
Vehicle Registration Number SHB3646L INSUREDIPOLICYHOLDER Is company? Name of Insurance Company Name of Insurance Company Name of Insurance Company Name of Insurance Company Tyes SHB3646L Yes SHB3646L Yes SHB3646L Yes SHB3646L Yes SHB3646L Yes CITYCAB PTE LTD COMPANY PEN LTD COMPANY ON (Phone) +65-65508768 (Office) +65-65508768 Hyundai Ioniq	Additional Location Information	RIVER VALLEY RD
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Variant 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? Vehicle Category Transmission CC INSURANCE COMPANY Name of Insurance Company Type of Coverage Fleet Policy Policy Number Cover Note Number	Manufacturer	Hyundai
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Type of Coverage ThirdPartyFireTheft Yes Policy Number VFX/P2419140 Cover Note Number -	INSURANCE COMPANY	
Fleet Policy Policy Number Cover Note Number Yes VFX/P2419140 -	Name of Insurance Company	AXA Insurance Pte Ltd
Policy Number VFX/P2419140 Cover Note Number -		ThirdPartyFireTheft
Cover Note Number -		Yes
		VFX/P2419140
DRIVER	Cover Note Number	Ξ.
	DRIVER	
Name of Driver LIM AH HO	Name of Driver	LIM AH HO

SXXXX784C

NRIC No

Date Of Birth 18/05/1957 Occupation Outdoor Date Of Driving Pass 26/03/1977 44 YEARS Driving experience Gender Male (Phone) +65-96345087 Mobile Number Alt. Phone Number Email Address fleetsafety@cdgtaxi.com.sg Address 235 11-515 TAMPINES ST 21 Address complement Postcode 521235 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? Yes Was any injured conveyed to hospital by ambulance? No Was any other material or property damaged? Yes Number of Passengers (Including Driver) 2 Has the driver been approached by unknown person(s) No soliciting/offering accident claims assistance? 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 SEE ATTACH ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? Yes Reasons for not uploading a video of the accident Was there any audio recorded? No **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number	YQ349J
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	

Vehicle Category

Name of Driver

Contact Number

Address

Address complement

Postcode

Insurance Company Name

Nature Of Damage

Details of property damaged in accident

No. Of Passenger (Including Driver)

Commercial vehicle

Commercial vehicle

SUBHT

FRT LEFT

INJURED PERSONS DETAILS

INJURED 1

Name of injured person

Address

Address Complement

Post Code

Approximate Age Years Old

Injuries Sustained

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

LIM AH HO

SHOULDERS
SHOULDERS
SHB3646L
Yes
No

SKETCH PLAN			Rivar Villay Rd
	7	BAX	
	RIVER VAI	Lay RD	
			A-SHB3646L B-YQ349J

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

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76	stating attacked of

DECLARATION

I/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: 27.03.2021

09 45h.

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

Larry Ng

Describe Circumstances of	the Accident.	
On 26.03.2021, at about 12	10hrs, I was driving my Citycab, SHB3646L, on	the left lane along
River Valley Rd with 1 male	pax.	
Weather was clear and mod	derate traffic.	
Somewhere after the juncti	ion with Killiney Rd, the front vehicle braked a	nd stopped
due to anohter car in front	making a left turn into the minor River Valley F	Rd.
I braked and stopped too.		
Right after I had stopped, I	felt an impact from the rear. A lorry, B, had hit	my taxi rear
right side.		
I have a video recording of	the accident impact. Photos taken at the accid	ent scene.
After the accident, I feel so	me pain in my shoulders.	
Declaration		
I/We declare the foregoing partic	ulars are true in every respect.	
JITYCAB PTE LTD 3: PSG. HO. 1095029300	A	Larry No
Policyholder's Signature/Date &	Driver's Signature(if driver is not the policyholder)/Date & Time	Witnessed by Reporting Centre Personnel
	27.03.202, 0945h	Centre Personner
	094Sh	