

## 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 willful 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              | 27/03/2021 11:06 (SGT)     |
| Date of Accident                | 26/03/2021 12:10 (SGT)     |
| Exact Location of Accident      | River Valley Rd, Singapore |
| Additional Location Information | RIVER VALLEY RD            |
| Country/State of Loss           | Singapore                  |

### DETAILS OF OWN VEHICLE

|                             |          |
|-----------------------------|----------|
| Vehicle Registration Number | SHB3646L |
|-----------------------------|----------|

#### INSURED/POLICYHOLDER

|                          |                            |
|--------------------------|----------------------------|
| Is company?              | Yes                        |
| Name Of Registered Owner | CITYCAB PTE LTD            |
| Company Reg No           | 1XXXXX839G                 |
| Email Address            | fleetsafety@cdgtaxi.com.sg |
| Mobile Phone No          | (Phone) +65-65508768       |
| Alternative Phone No     | (Office) +65-65508768      |

#### VEHICLE PARTICULARS

|  |                           |
|--|---------------------------|
| Manufacturer   | Hyundai                   |
| Model  | Ioniq                     |
| 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                      |
| Transmission   | Auto                      |
| CC   | 1600                      |

#### INSURANCE COMPANY

|                           |                       |
|---------------------------|-----------------------|
| Name of Insurance Company | AXA Insurance Pte Ltd |
| Type of Coverage          | ThirdPartyFireTheft   |
| Fleet Policy              | Yes                   |
| Policy Number             | VFX/P2419140          |
| Cover Note Number         | -                     |

#### DRIVER

|                |           |
|----------------|-----------|
| Name of Driver | LIM AH HO |
| NRIC No        | SXXXX784C |

|  |                            |
|--|----------------------------|
| Date Of Birth  | 18/05/1957                 |
| Occupation   | Outdoor                    |
| Date Of Driving Pass   | 26/03/1977                 |
| Driving experience   | 44 YEARS                   |
| Gender   | Male                       |
| Mobile Number  | (Phone) +65-96345087       |
| 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) 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

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                        | Commercial vehicle |
| Name of Driver                          | -                  |
| Contact Number                          | -                  |
| Address                                 | -                  |
| Address complement                      | -                  |
| Postcode                                | -                  |
| Insurance Company Name                  | -                  |
| Nature Of Damage                        | SLIGHT             |
| Details of property damaged in accident | FRT LEFT           |
| No. Of Passenger (Including Driver)     | -                  |

### INJURED PERSONS DETAILS

#### INJURED 1

|   |           |
|---|-----------|
| Name of injured person                              | LIM AH HO |
| Address   | -         |
| Address Complement                                  | -         |
| Post Code   | -         |
| Approximate Age Years Old                           | -         |
| Injuries Sustained                                  | SHOULDERS |
| Injured person in which vehicle?                    | SHB3646L  |
| Were seat belts worn?                               | Yes       |
| Was this injured conveyed to hospital by ambulance? | No        |



Describe Circumstances of the Accident.

On 26.03.2021, at about 1210hrs, I was driving my Citycab, SHB3646L, on the left lane along River Valley Rd with 1 male pax.

Weather was clear and moderate traffic.

Somewhere after the junction with Killiney Rd, the front vehicle braked and stopped due to another car in front making a left turn into the minor River Valley 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 accident scene.

After the accident, I feel some pain in my shoulders.

Declaration

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

CITYCAB PTE LTD  
2, REG. NO. 138502000  
\_\_\_\_\_  
Policyholder's Signature/Date &  
Time

  
\_\_\_\_\_  
Driver's Signature(if driver is not the policyholder)/Date  
& Time  
27.03.2021  
0945hr

Larry Ng  
\_\_\_\_\_  
Witnessed by Reporting  
Centre Personnel