SJ04216J0004 / JP Knights Pte Ltd ENTRY DATE & TIME: 19/06/2021 11:45 (SGT) SUBMITTED BY: Ashikin VERSION: 1 (19/06/2021 11:45 (SGT))

# 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 witholding 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 Date of Accident **Exact Location of Accident** Additional Location Information Country/State of Loss

19/06/2021 11:45 (SGT) 17/06/2021 20:52 (SGT) Orchard Rd, Singapore

Singapore

## **DETAILS OF OWN VEHICLE**

Vehicle Registration Number

SHC7623X

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner Company Reg No **Email Address** Mobile Phone No Alternative Phone No

Yes CITYCAB PTE LTD 1XXXXX839G fleetsafety@cdgtaxi.com.sg (Phone) +65-81261667 (Office) +65-65508768

VEHICLE PARTICULARS

Manufacturer Model Variant Exact purpose for which vehicle was being used at time of Are you claiming under your own insurance policy for repair to your vehicle? Vehicle Category Transmission CC

Hyundai Ae ioniq

Private hire

No - Claiming third party Taxi Auto 1580

INSURANCE COMPANY

Name of Insurance Company Type of Coverage Fleet Policy Policy Number Cover Note Number

AXA Insurance Pte Ltd ThirdPartyFireTheft Yes VFX/P2419140

DRIVER

Name of Driver NRIC No

TAN WAN CHUAN SXXXX331B

Date Of Birth, Occupation

Date Of Driving Pass

Driving experience

Gender

Mobile Number

Alt. Phone Number

Email Address Address

Address complement

Postcode

Is the driver the policyholder?

If No, Relationship of the Driver with the Insured

Does Driver Own Other Vehicles?

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

Weather Conditions Road Surface

OTHER INFORMATION

Was any foreign vehicle involved in the accident?

Number of vehicles involved in the accident Was anybody injured in the Accident?

Was any injured conveyed to hospital by ambulance? Was any other material or property damaged?

Number of Passengers (Including Driver)

Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?

DETAILS OF POLICE ACTION

Was the accident reported to the police?

Was notice of intended Prosecution given?

If yes, against whom?

CIRCUMSTANCES OF ACCIDENT

17062021 2056HRS I WAS DRIVING ALONG ORCHARD ROAD ON THE 4TH LANE.AFTER THE YELLOW BOX SUDDENLY VEH B ENCROACHED MY LANE AND HIT MY TAXI.I WILL SEE DOCTOR FOR FURTHER CHECK.

16/09/1966

05/05/2009

12 YEARS AND 1 MONTH

fleetsafety@cdgtaxi.com.sg

Collision - Change/cross lane

BLK 514 SERANGOON NORTH AVENUE 4 #02-280

(Phone) +65-81261667

Outdoor

Male

550514

Nο

No

Hirer

Clear

Dry

No

Yes

Nο

Yes

Nο

Nο

No

ATTACHMENT(S)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

Reasons for not uploading a video of the accident

Was there any audio recorded?

Yes

Yes

FILE IS NOT SUITABLE

No

## **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number

Vehicle Manufacturer

Vehicle Model

Vehicle Variant

Vehicle Colour

Vehicle Category

Name of Driver

NRIC No

SMP4915X

-

-

Private car

WONG JOCK MENG ANTHONY

SXXXX024H

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

## **INJURED PERSONS DETAILS**

INJURED 1

Address Complement

TAN WAN CHUAN Name of injured person

BLK 514 SERANGOON NORTH AVENUE 4 #02-280 Address

550514 Post Code

Approximate Age Years Old

UNKNOWN Injuries Sustained Injured person in which vehicle? SHC7623X

Were seat belts worn? No

#### SKETCH PLAN

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- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance
- 5 Any false reporting may be referred to the Police for investigation.
- 6. The report will be forw arded 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.
- 8. Consent under the Personal Data Protection Act (PDPA)

Lunderstand, acknowledge, agree and consent that

- (a) My insurer , my w orkshop 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) w ho have insured vehicle(s) involved in this accident (all insurer(s) w ho 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
- (ii) investigating the accident and/or my claims:
- carrying out and/or dealing w ith 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 law yers/law: firms), which may be sited outside of Singapore, for one or more of the above Purposes

Policyholder's Signature / Date &

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

Sketch Plan

Describe Circumstances of the Accident 17062021 2056HRS I WAS DRIVING ALONG ORCHARD ROAD ON THE 4TH LANE.AFTER THE YELLOW BOX SUDDENLY VEH B ENCROACHED MY LANE AND HIT MY TAXI.I WILL SEE DOCTOR FOR FURTHER CHECK.

#### 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

Witnessed by Reputiline Centre Personnel





















