# **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.

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   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 26/08/2021 11:17 (SGT) Date of Accident 25/08/2021 15:55 (SGT) Exact Location of Accident Bukit Merah Lane 1, Singapore Additional Location Information Country/State of Loss Singapore

## **DETAILS OF OWN VEHICLE**

Vehicle Registration Number SHC7500S

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) +65-87777971 Alternative Phone No (Office) +65-65508768

#### VEHICLE PARTICULARS

Manufacturer Toyota Model Prius Variant Exact purpose for which vehicle was being used at time of Private hire accident Are you claiming under your own insurance policy for repair to your vehicle? No - Reporting only Vehicle Category Taxi Transmission Auto CC 1798

#### **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 YEO JUN AN MURPHY NRIC No. S7338656Z

Date Of Birth 21/10/1973 Occupation Outdoor Date Of Driving Pass 06/07/2001 Driving experience 20 YEARS AND 1 MONTH Gender Mobile Number (Phone) +65-87777971 Alt. Phone Number Email Address fleetsafety@cdgtaxi.com.sg Address APT BLK 941 JURONG WEST STREET 91 #08-471 Address complement Postcode 640941 Is the driver the policyholder? Nο If No. Relationship of the Driver with the Insured **RELIEF DRIVER** 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 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 Was anybody injured in the Accident? Nο Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Yes Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? Nο **DETAILS OF POLICE ACTION** Was the accident reported to the police? Nο Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT ON 25/08/2021 AT AROUND 1555HRS, I VEHICLE A(SHC7500S) WAS DRIVING IN BUKIT MERAH LANE 1 TO PICK UP A PASSENGER. AS I WAS QUEUING FOR GANTRY, I DID NOT REALISED THAT VEHICLE B (FBL9648K) WAS INFRONT OF ME ON THE RIGHT, I COLLIDED TO THE REAR OF VEHICLE B. NO ONE WAS INJURED AT THAT POINT OF TIME. 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 FILE IS NOT SUITABLE Was there any audio recorded?

# **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration NumberFBL9648KVehicle ManufacturerHondaVehicle Model-Vehicle Variant-Vehicle Colour-Vehicle CategoryMotorcycleName of DriverMUKESHVARAN S/O SHANKER

NRIC No	S9546387H
Contact Number	(Phone) +65-88140579
Address	
Address complement	<del>-</del>
Postcode	640834
Insurance Company Name	<del>-</del>
Nature Of Damage	
Details of property damaged in accident	<del>-</del>
No. Of Passenger (Including Driver)	·· 1

#### SKETCH PLAN

#### IMPORTANT NOTICE

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- 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)

I understand, 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 insurers) 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;

(i) investigating the accident and/or my claims;

(ii) 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 wiell 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' 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  $^{8.7 \text{Imme}} 26/08/21$  0.945

Witnessed by Reporting Centre Personnel Panwal

Sketch Plan

Bud Mean Lang (

Bud Mean (emp)

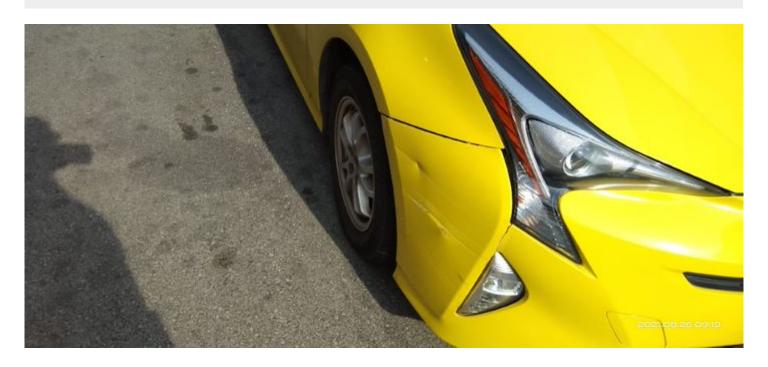
Bud Power (emp)

A - SHC 7500 S B - FBL 9648 K

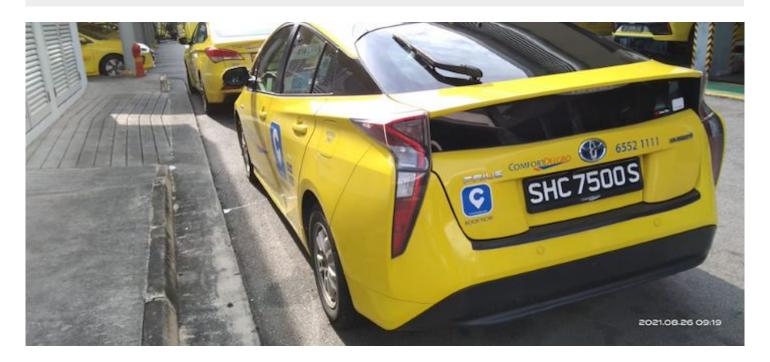
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Declaration			
We declare the foregoing particul	ars are true in every respect.	1_	h
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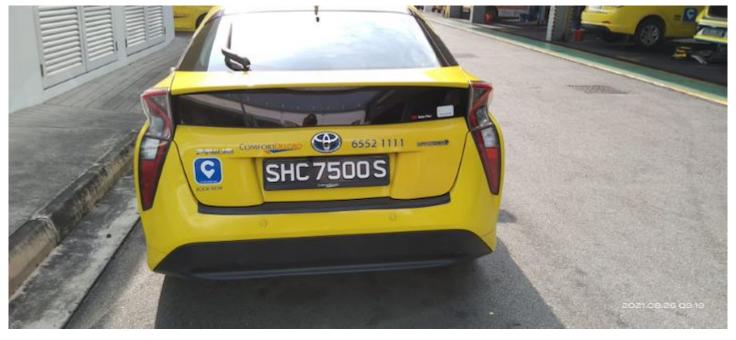














## OTHER DOCUMENTS

