

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 13/12/2021 19:24 (SGT)
Date of Accident 11/12/2021 18:20 (SGT)
Exact Location of Accident Maxwell Rd, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHA9807E

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) +65-88975317
Alternative Phone No (Office) +65-65508768

VEHICLE PARTICULARS

Manufacturer Hyundai
Model Ae 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 1580

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 TAY KIM HUAT
NRIC No SXXXX960B

Date Of Birth	23/01/1961
Occupation	Outdoor
Date Of Driving Pass	20/08/1980
Driving experience	41 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-88975317
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	5 JALAN MINYAK #10-348
Address complement	-
Postcode	161005
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	RELIEF DRIVER
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	Side Swipe
Weather Conditions	DRIZZLING
Road Surface	Wet

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 vehicle 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	UNKNOWN
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Pasir Ris Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18005852999
Alt. Police Station Phone No	(Fax) +65-65855261
Police Station Address	1 Pasir Ris Drive 4 #01-01 Singapore 519457
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

ON 11/12/2021 AT ABOUT 1820HRS I WAS DRIVING MY VEHICLE A SHA9807E ON THE 2ND LANE OF MAXWELL ROAD IN THE DIRECTION OF MCE. AT THE JUNCTION OF ROBINSON ROAD VEHICLE B SJU1898R WHICH WAS ON MY RIGHT SWERVED INTO MY LANE AND SIDE SWIPE HER VEHICLE B LEFT FRONT SIDE ONTO MY VEHICLE A RIGHT FRONT SIDE. MY PASSENGERS ARE NOT INJURED. AFTER IMPACT 2 HOURS LATER I FELT PAIN ON MY LEFT WRIST, ELBOW AND SHOULDER. WILL SEE DOCTOR LATER

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?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJU1898R
Vehicle Manufacturer	Mercedes
Vehicle Model	C200
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	JOYCE LIM
Contact Number	(Phone) +65-97560332
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

Name of injured person	TAY KIM HUAT
Gender	Male
Phone No	(Phone) +65-88975317
Address	5 JALAN MINYAK #10-348
Address Complement	-
Post Code	161005
Approximate Age Years Old	-
Injuries Sustained	LEFT WRIST,ELBOW AND SHOULDER
Injured person in which vehicle?	SHA9807E
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that :

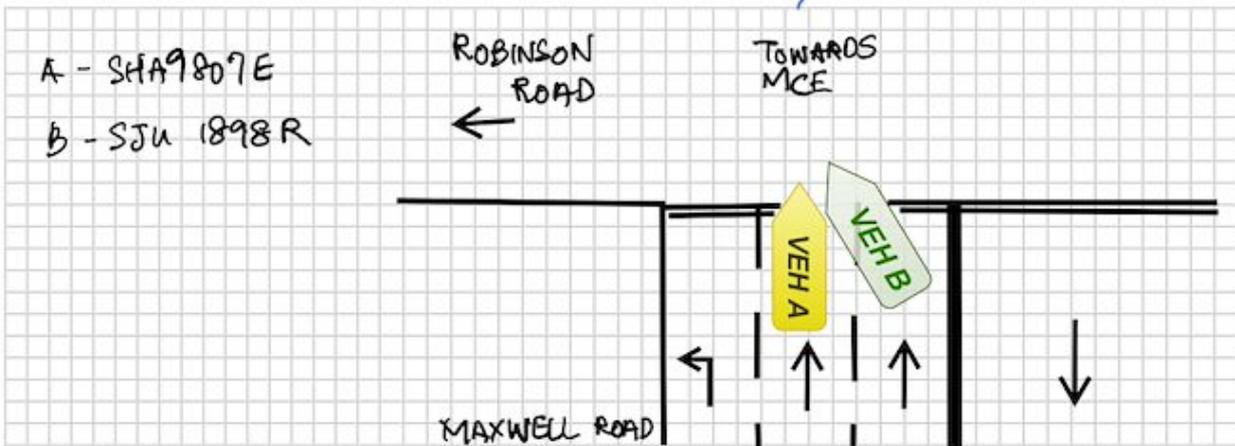
- (a) My insurer , my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively 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 w ith 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 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 w ell as on the external cover of envelopes/mail packages); and/or
 - (v) complying w ith applicable law in administering, processing, handling and/or dealing w ith 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 & Time

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

ON 11/12/2021 AT ABOUT 1820HRS I WAS DRIVING MY VEHICLE A SHA9807E ON THE 2ND LANE OF MAXWELL ROAD IN THE DIRECTION OF MCE. AT THE JUNCTION OF ROBINSON ROAD VEHICLE B SJU1898R WHICH WAS ON MY RIGHT SWERVED INTO MY LANE AND SIDE SWIPE HER VEHICLE B LEFT FRONT SIDE ONTO MY VEHICLE A RIGHT FRONT SIDE. MY PASSENGERS ARE NOT INJURED. AFTER IMPACT 2 HOURS LATER I FELT PAIN ON MY LEFT WRIST, ELBOW AND SHOULDER. WILL SEE DOCTOR LATER

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
 13.12.2021 1605HRS

 Witnessed by Reporting Centre Personnel
 Ryan Young





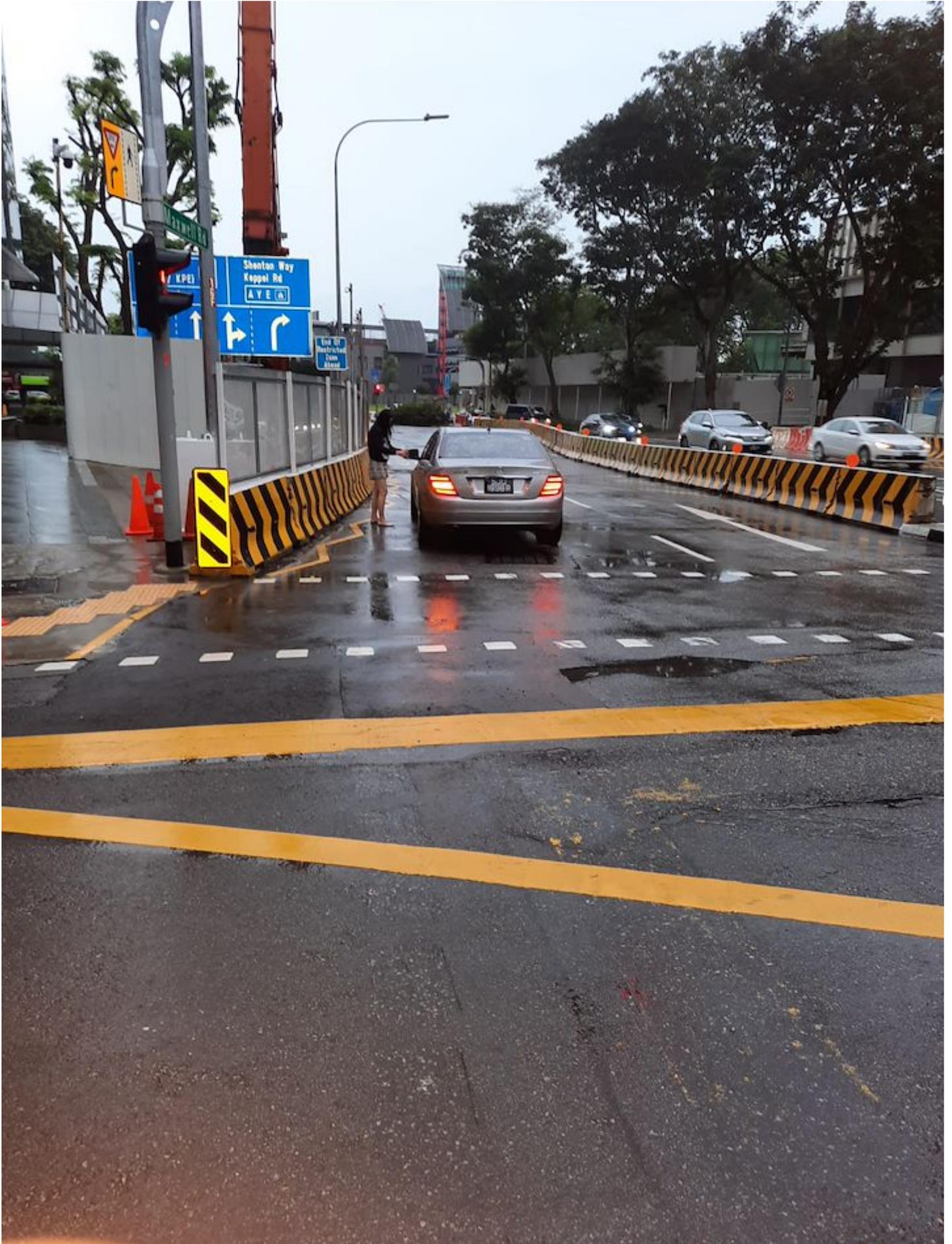


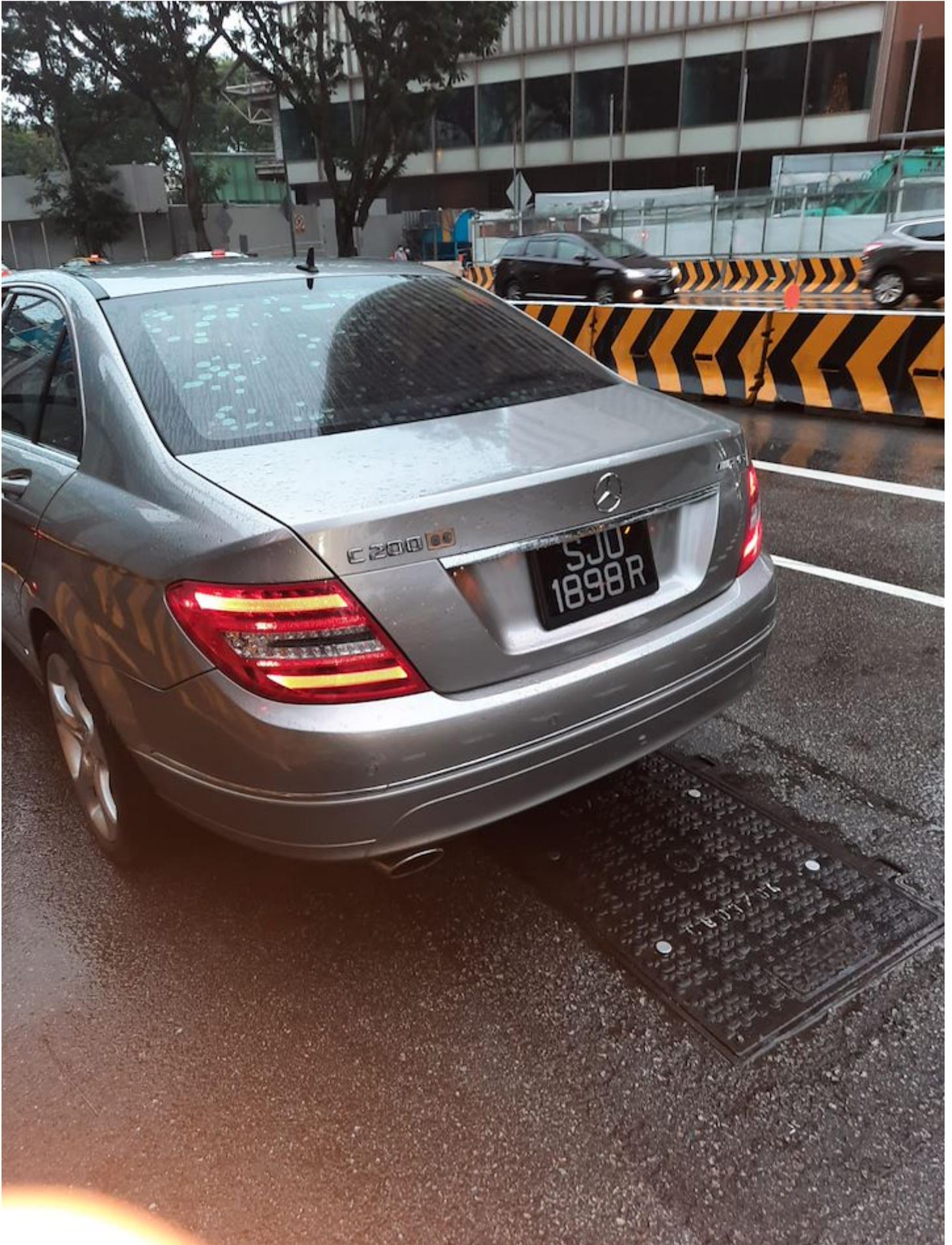


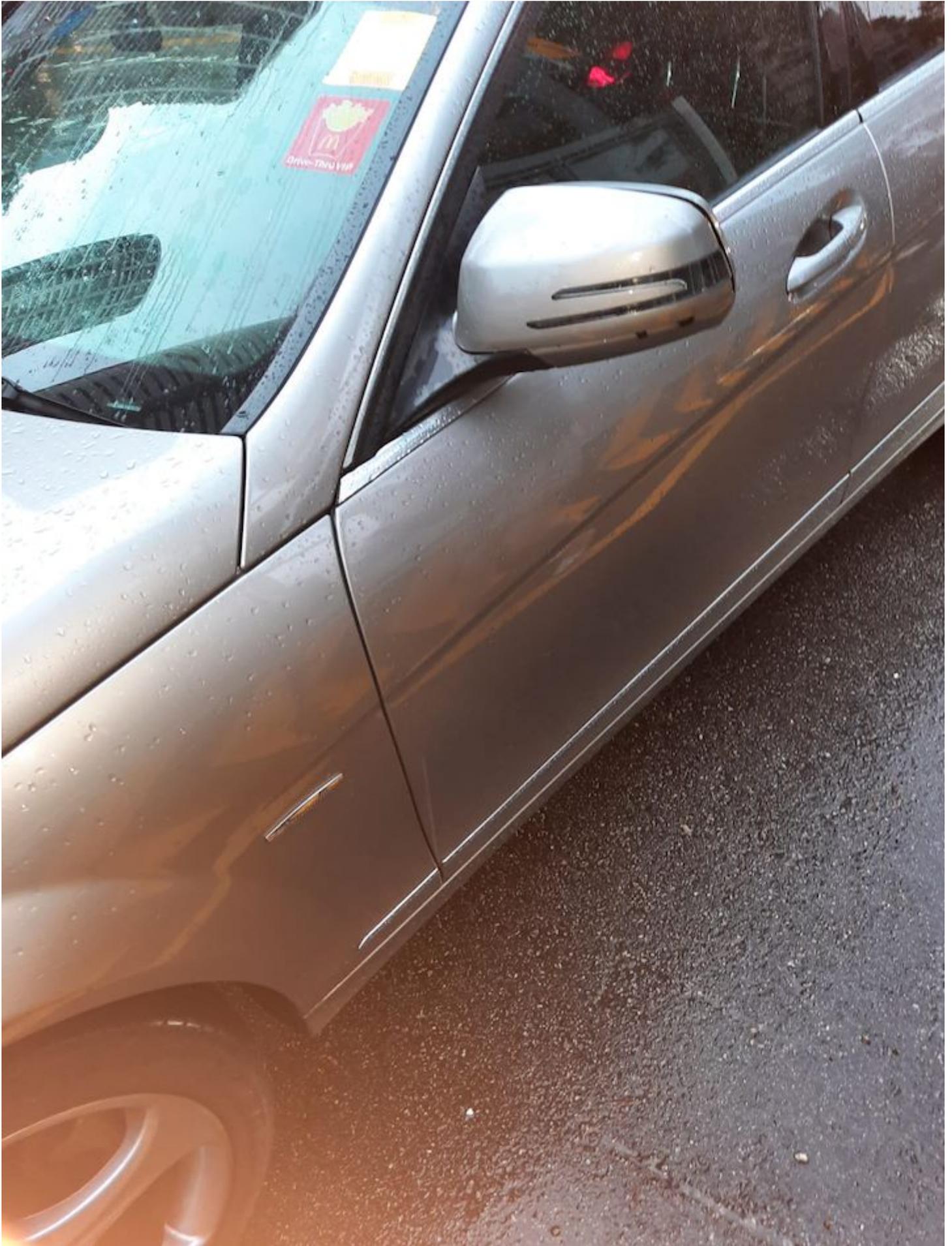


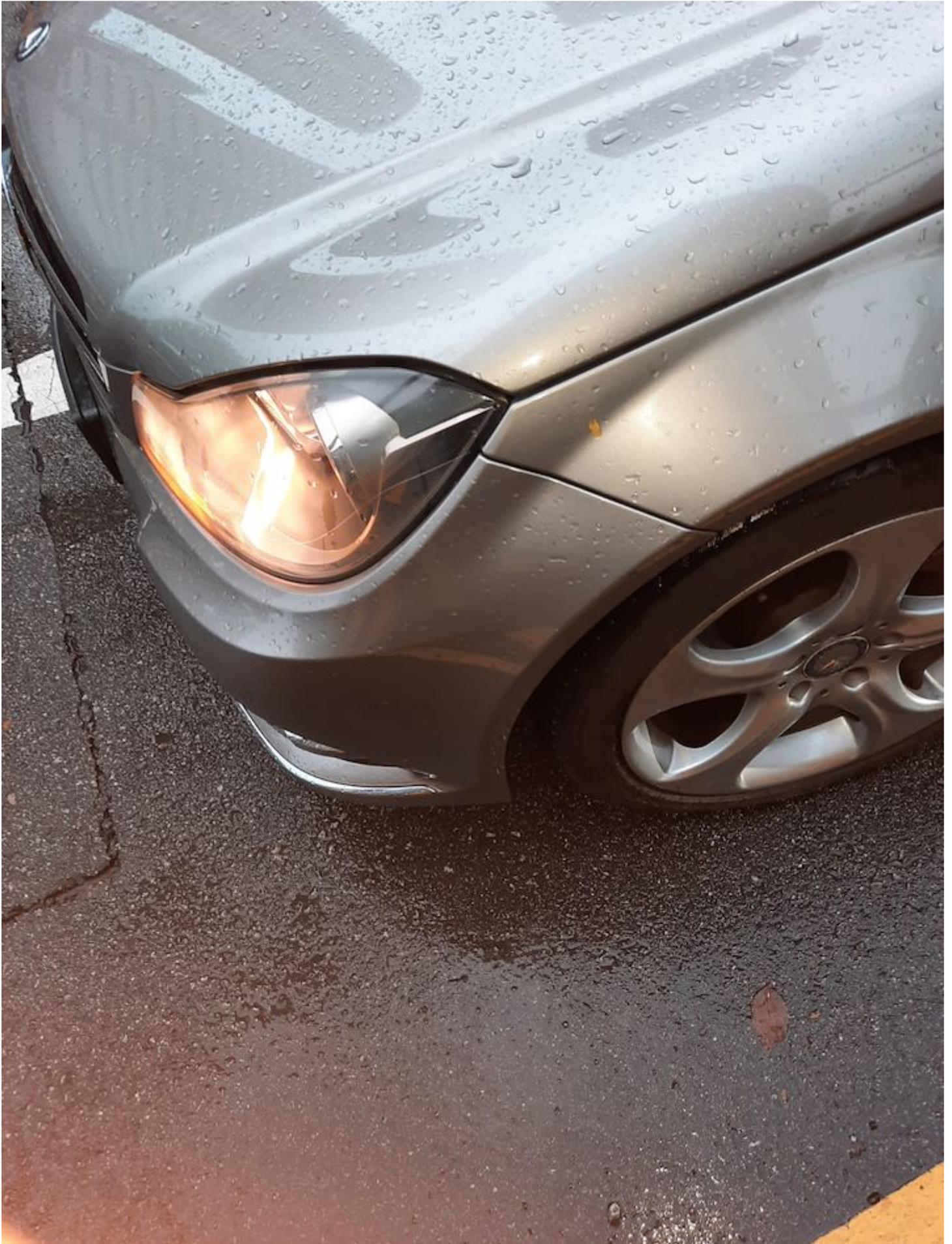












Annex E

NOTICE OF REPORTING

This is to confirm that NREK VIN 514847608, residing at Blok 5 Jalan Mekar 818-248, has reported to the Police a non-injury traffic accident which occurred at on 11/12/2021 at 1200hrs, involving the following vehicles: SHAWUTE and SUV 1898R. Location is at the junction of Maxell Road and Robinson Road.

If this accident was reported to the Police within 24 hours of its occurrence, then he/she has complied with Sec 14(2) of the Road Traffic Act, Cap 276.

Rank/Name of Issuing Officer: SSPgt Idris Bin Rosli

Date: 11/12/2021

Time: 1200hrs

S/D Ref: 42

Police Post/Unit: Pasar Bin NPC

Original - to be issued to informant
Duplicate - to be submitted to Traffic Police

Pasar Bin NPC
No. 1, Pasar Bin, 11000 B.
Kuala Lumpur, Malaysia
Tel: 03-2611-1000

