

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 5. Intribution provided must be as truthful and accurate as possible. Any white misteries entailed of withouting of material facts may allow insurance companies to reputing 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 14:20 (SGT) Date of Accident 11/12/2021 21:10 (SGT) Exact Location of Accident Kim Keat Rd, Singapore Additional Location Information Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHC7633S

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner CITYCAB PTE LTD Company Reg No 1XXXXX839G Email Address fleetsafety@cdgtaxi.com.sg Mobile Phone No (Phone) +65-91709324 Alternative Phone No (Office) +65-65508768

VEHICLE PARTICULARS

Manufacturer Hvundai Model Ae ioniq 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 No - Claiming third party your vehicle? Vehicle Category Taxi Transmission Auto CC 1580

INSURANCE COMPANY

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

DRIVER

Name of Driver ISMAIL BIN JUMA'AT NRIC No SXXXX637Z

Date Of Birth 12/12/1975 Occupation Outdoor Date Of Driving Pass 15/10/2018 Driving experience 3 YEARS AND 2 MONTHS Gender Mobile Number (Phone) +65-91709324 Alt. Phone Number Email Address fleetsafety@cdgtaxi.com.sg Address 233 YISHUN STREET 21 #03-466 Address complement Postcode 760233 Is the driver the policyholder? 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 Parked Vehicle Weather Conditions Raining Road Surface Wet OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident Was anybody injured in the Accident? No Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Yes Number of Passengers (Including Driver) 1 Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No 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 ON 11/12/2021 AT ABOUT 21:10HRS, I WAS DRIVING VEHICLE A (SHC7633S) ALONG KIM KEAT ROAD. I TRAVELLING ON SECOND LANE AND FILTERING TO THIRD LANE. I ON MY HAZARD LIGHT AND SLOWLY STOP VEHICLE A. BEFORE REVERSE THERE WAS NO VEHICLE BEHIND VEHICLE A. AS I REVERSE, I NEVER NOTICE THAT VEHICLE B (SKG3553J) WAS FOLLOWING TOO CLOSE TO MY VEHICLE AND STOP VEHICLE BEHIND VEHICLE A. I CAN'T STOP VEHICLE A IN TIME HENCE SLIGHTLY HIT ONTO VEHICLE B FRONT BUMPER. NOBODY WAS INJURED AT THE TIME OF THE ACCIDENT. 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 Number Vehicle Manufacturer	SKG3553J Toyota
Vehicle Model	Corolla
Vehicle Variant	-
Vehicle Colour	_
Vehicle Category	Private car



Name of Driver	TAN MENG CHYE
NRIC No	SXXXX770J
Contact Number	-
Address	_
Address complement	_
Postcode	_
Insurance Company Name	_
Nature Of Damage	_
Details of property damaged in accident	_
No. Of Passenger (Including Driver)	

SKETCH PLAN

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- 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)

l 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 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 the claims:
- (ii) investigating the accident and/or my claims;
- (ii) 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 & Time

Sketch Plan

Driver's Signature (If driver is not the policyholder) / Date & Time (3 / 2 | 2 | 0 2 | - 04 00+

Witnessed by Reporting Centre

Num Keat Rd

Kim Keat Rd

Kim Keat Rd

A-JH1076335

Describe Circumstances of the Accident

ON 11/12/2021 AT ABOUT 21:10HRS, I WAS DRIVING VEHICLE A (SHC7633S) ALONG KIM KEAT ROAD. I TRAVELLING ON SECOND LANE AND FILTERING TO THIRD LANE. I ON MY HAZARD LIGHT AND SLOWLY STOP VEHICLE A. BEFORE REVERSE THERE WAS NO VEHICLE BEHIND VEHICLE A. AS I REVERSE, I NEVER NOTICE THAT VEHICLE B (SKG3553J) WAS FOLLOWING TOO CLOSE TO MY VEHICLE AND STOP VEHICLE BEHIND VEHICLE A. I CAN'T STOP VEHICLE A IN TIME HENCE SLIGHTLY HIT ONTO VEHICLE B FRONT BUMPER. NOBODY WAS INJURED AT THE TIME OF THE ACCIDENT.

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

Witnessed by Reporting Centre Personnel