

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 20/12/2021 10:28 (SGT)
Date of Accident 19/12/2021 19:15 (SGT)
Exact Location of Accident 1 Yishun St 51, Singapore 767996
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHC427S

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) +65-98518545
Alternative Phone No (Office) +65-65508768

VEHICLE PARTICULARS

Manufacturer Toyota
Model Prius
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 - 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 ABDUL RAHMAN BIN AHMAD MUSTAFFA
NRIC No S0065409D

Date Of Birth	11/04/1952
Occupation	Outdoor
Date Of Driving Pass	14/11/1978
Driving experience	43 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-98518545
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	6 WOODGROVE DRIVE #03-27
Address complement	-
Postcode	738209
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
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 - Opening Door of Vehicle
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?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	4
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	UNKNOWN
Gender	Male

PASSENGER 2

Name	UNKNOWN
Gender	Male

PASSENGER 3

Name	UNKNOWN
Gender	Female

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 THE 19/12/2021 AT AROUND 1915HRS. I VEHICLE A(SHC427S) WAS DROPPING OF PASSENGER AT BASEMENT 1 LOBBY 1 OF THE CRITERION CONDO. AS MY PASSENGER OPENED THE LEFT DOOR. SUDDENLY I HEARD A LOUD BANG AND REALISED THAT VEHICLE B(SNA375Y) SIDE MIRROR COLLIDED ONTO MY LEFT PASSENGER DOOR. I BELIEVE THEY ARE TOUTERS AS THEY CLAIMED THAT THE IMPACT HAS GRAZED THE RIGHT DOOR BUT WHEN THE RESPONSE OFFICER WENT TO CHECK, ONLY THE RIGHT SIDE MIRROR WAS DAMAGE. I WISH TO STATE THAT THE ONLY DAMAGES WERE VEHICLE A LEFT SIDE PASSENGER DOOR AND VEHICLE B RIGHT SIDE MIRROR. THERE IS NO INJURY 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? No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SNA375Y
Vehicle Manufacturer BMW
Vehicle Model -
Vehicle Variant -
Vehicle Colour -
Vehicle Category Private car
Name of Driver -
Contact Number -
Address -
Address complement -
Postcode -
Insurance Company Name -
Nature Of Damage -
Details of property damaged in accident -
No. Of Passenger (Including Driver) 1

SKETCH PLAN

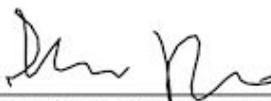
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8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that :

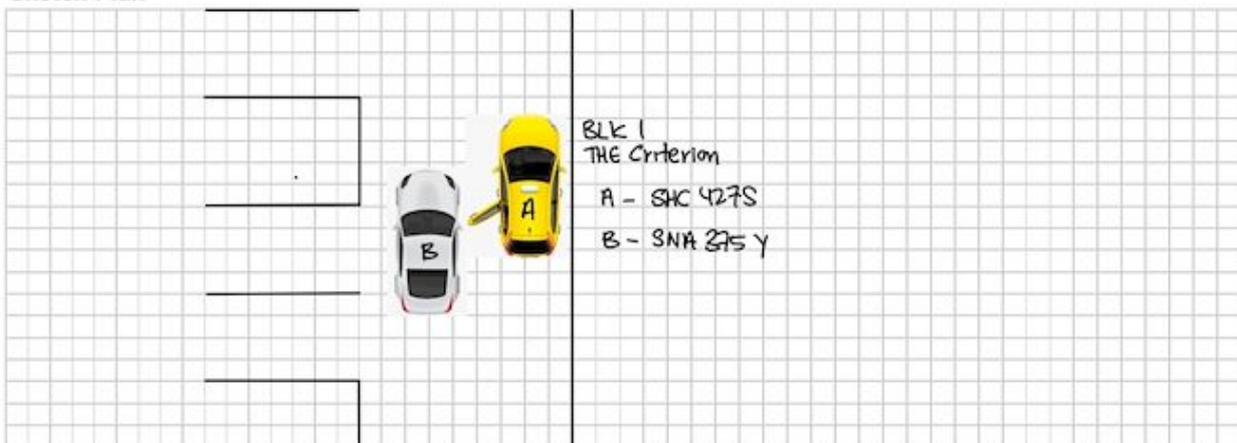
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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' lawyers/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;
 - (iii) 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 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 lawyers/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 19/12/2021 2000


 DAHNIAL
 Witnessed by Reporting Centre Personnel

Sketch Plan



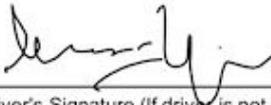
Describe Circumstances of the Accident

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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 19/12/2021 2000


 DAHNIAL
 Witnessed by Reporting Centre Personnel

















