

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 21/02/2022 15:40 (SGT)
Date of Accident 20/02/2022 04:05 (SGT)
Exact Location of Accident 126A Rivervale St, Singapore 541126
Additional Location Information MSCP 2B
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHC7133T

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) +65-96497721
Alternative Phone No (Office) +65-65508768

VEHICLE PARTICULARS

Manufacturer Hyundai
Model I40
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 1685

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 ANG HOCK HUAT
NRIC No SXXXX688I

Date Of Birth	03/12/1960
Occupation	Outdoor
Date Of Driving Pass	31/05/1984
Driving experience	37 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96497721
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	206C COMPASSVALE LANE #10-103
Address complement	-
Postcode	543206
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	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)	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 THE 20/02/2022 AT AROUND 0405HRS, I VEHICLE A (SHC7133T) WAS DRIVING INSIDE MSCP 126A RIVERVALE STREET. AS I APPROACHED DECK 2B, I WANTED TO FIND A PARKING SPACE. SHORTLY AFTER I SAW AN IMAGE ON MY RIGHT AND VEHICLE B (SMG2822R) CAMECOUT FROM THE CARPARK WITHOUT LOOKING AND COLLIDED ONTO MY RIGHT SIDE DRIVER DOOR. DAMAGES WERE MINOR AND NO INJURIES WERE PRESENTED DURING THE COURSE OF COLLISION.

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	SMG2822R
Vehicle Manufacturer	Peugeot
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-

Contact Number	(Phone) +65-98808862
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

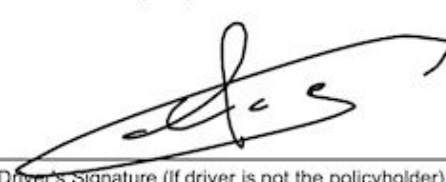
Describe Circumstances of the Accident

ON THE 20/02/2022 AT AROUND 0405HRS, I VEHICLE A (SHC7133T) WAS DRIVING INSIDE MSCP 126A RIVERVALE STREET. AS I APPROACHED DECK 2B, I WANTED TO FIND A PARKING SPACE. SHORTLY AFTER I SAW AN IMAGE ON MY RIGHT AND VEHICLE B (SMG2822R) CAMECOUT FROM THE CARPARK WITHOUT LOOKING AND COLLIDED ONTO MY RIGHT SIDE DRIVER DOOR. DAMAGES WERE MINOR AND NO INJURIES WERE PRESENTED DURING THE COURSE OF COLLISION.

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 20/02/2022 1430



DAHNIAL
Witnessed by Reporting Centre
Personnel

