

## 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 ..... 07/03/2022 14:00 (SGT)  
Date of Accident ..... 06/03/2022 10:45 (SGT)  
Exact Location of Accident ..... Corporation Rd, Singapore  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SHC7882P

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) +65-98337755  
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 ..... NG GHIM SOON(HUANG JINSHIN)  
NRIC No ..... SXXXX130F

Date of Birth ..... 01/11/1977  
 Occupation ..... Outdoor  
 Date of Driving Pass ..... 20/09/1999  
 Driving experience ..... 22 YEARS AND 6 MONTHS  
 Gender ..... Male  
 Mobile Number ..... (Phone) +65-98337755  
 Alt. Phone Number .....  
 Email Address ..... fleetsafety@cdgtaxi.com.sg  
 Address ..... 311A CLEMENTI AVENUE 4 #16-155  
 Address complement .....  
 Postcode ..... 121311  
 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 ..... 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? ..... 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 ..... Male

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? ..... Yes  
 Police Station Name ..... Clementi Neighbourhood Police Centre  
 Police Station Phone No ..... (Phone) +65-18008729999  
 Alt. Police Station Phone No ..... (Fax) +65-68728039  
 Police Station Address ..... No. Singapore 129858  
 Was notice of intended Prosecution given? ..... No  
 If yes, against whom? ..... -

#### CIRCUMSTANCES OF ACCIDENT

ON THE 06/03/2022 AT AROUND 1045HRS. I VEHICLE A (SHC7882P) WAS DRIVING ALONG BOON LAY DRIVE ON THE LFT LANE TURNING RIGHT ONTO CORPORATION ROAD WITH A PASSENGER ON BOARD. AS I FINISHED MY TURN, VEHICLE B (SHC4873K) WHO WAS ON MY RIGHT ABRUPTLY LANE CHANGE ONTO MY LANE AND COLLIDED ONTO MY FRONT RIGHT BUMPER. THE IMPACT HAS CAUSED ME TO SUFFER INJURIES ON BOTH MY ARMS WHICH I WILL SEEK MEDICAL ATTENTION FOR IT.

#### 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	SHC4873K
Vehicle Manufacturer	Toyota
Vehicle Model	Prilus
Vehicle Variant	"
Vehicle Colour	"
Vehicle Category	Taxi
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)	"

## INJURED PERSONS DETAILS

### INJURED 1

Name of injured person	NG GHIM SOON(HUANG JINSHIN)
Gender	Male
Phone No	(Phone) +65-98337755
Address	311A CLEMENTI AVENUE 4 #16-155
Address Complement	-
Post Code	121311
Approximate Age Years Old	-
Injuries Sustained	BOTH ARM INJURIES
Injured person in which vehicle?	SHC7882P
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

## SKETCH PLAN

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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 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.

*[Signature]*

*[Signature]*

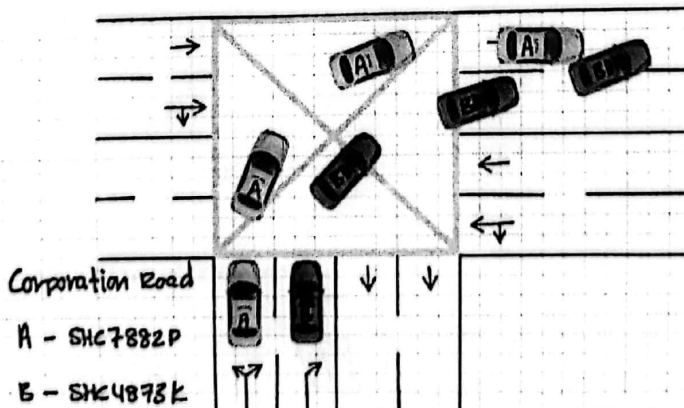
DAHNIAL

Policyholder's Signature / Date & Time

Driver's Signature (If driver is not the policyholder) / Date & Time 06/07/2022 1230

Witnessed by Reporting Centre Personnel

### Sketch Plan



Describe Circumstances of the Accident

ON THE 06/03/2022 AT AROUND 1045HRS. I VEHICLE A (SHC7882P) WAS DRIVING ALONG BOON LAY DRIVE ON THE LFT LANE TURNING RIGHT ONTO CORPORATION ROAD WITH A PASSENGER ON BOARD. AS I FINISHED MY TURN, VEHICLE B (SHC4873K) WHO WAS ON MY RIGHT ABRUPTLY LANE CHANGE ONTO MY LANE AND COLLIDED ONTO MY FRONT RIGHT BUMPER. THE IMPACT HAS CAUSED ME TO SUFFER INJURIES ON BOTH MY ARMS WHICH I WILL SEEK MEDICAL ATTENTION FOR IT.

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 06/03/2022 1250



DAHNIAL

Witnessed by Reporting Centre Personnel