SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
 This Form must be <u>completed</u> by the Policyholder and/or the Authorised <u>Driver</u>
 Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate

- 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 Date of Accident

Exact Location of Accident Additional Location Information Country/State of Loss

16/04/2022 19:04 (SGT) 15/04/2022 23:00 (SGT) Woodlands Ave 12, Singapore

Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SHB2198U

INSURED/POLICYHOLDER

Is company?

Name Of Registered Owner

Company Reg No **Email Address** Mobile Phone No. Alternative Phone No Yes

CITYCAB PTE LTD

1XXXXX839G fleetsafety@cdgtaxi.com.sg

(Phone) +65-92377457 (Office) +65-65508768

VEHICLE PARTICULARS

Manufacturer

Model

Variant

Exact purpose for which vehicle was being used at time of

accident

Are you claiming under your own insurance policy for repair to

your vehicle? Vehicle Category Transmission

CC

Toyota Prius

Private hire

No - Claiming third party

Taxi Auto 1798

INSURANCE COMPANY

Name of Insurance Company

Type of Coverage Fleet Policy **Policy Number** Cover Note Number

AXA Insurance Pte Ltd ThirdPartyFireTheft

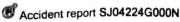
Yes

VFX/P2419140

DRIVER

Name of Driver NRIC No

NG KOK BOON DENNIS SXXXX476J



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Date Of Birth Occupation **Date Of Driving Pass**

Driving experience

Gender

Mobile Number Alt. Phone Number **Email Address**

Address

Address complement

Postcode

Is the driver the policyholder?

If No. Relationship of the Driver with the Insured

Does Driver Own Other Vehicles?

Vehicle Registration Number of Other Vehicle Owned by Driver

Insurance Company of Other Vehicle Owned by Driver

15/06/1965 Outdoor 25/02/1987

35 YEARS AND 2 MONTHS

Male

(Phone) +65-92377457

fleetsafety@cdgtaxi.com.sg

BLK 407A FERNVALE ROAD #14-27

791407

No

Hirer

No

Dry

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident Weather Conditions Road Surface

Chain Collision Clear

OTHER INFORMATION

Was any foreign vehicle involved in the accident? No 3 Number of vehicles involved in the accident Yes Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? No Was any other vehicle or property damaged? Yes 2 Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) No soliciting/offering accident claims assistance?

PASSENGER 1

Name Gender UNKNOWN Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?

Police Station Name Police Station Phone No Police Station Address

Was notice of intended Prosecution given?

If yes, against whom?

Yes

Woodlands Division Headquarters (Phone) +65-18004660000

1 Woodlands St 12 Singapore 738622

No

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT L/20220416/7005

ATTACHMENT(S)

Are accident photos available for attachment? Was there any video captured by Car Camera? Reasons for not uploading a video of the accident Was there any audio recorded?

Yes Yes

FILE IS NOT SUITABLE

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

GBK9445J



Vehicle Category Commercial vehicle

Name of Driver
Contact Number
Address

Address complement
Postcode

Postcode Insurance Company Name

Nature Of Damage

Details of property damaged in accident

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number YQ4891H Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Commercial vehicle Vehicle Category 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 KOK BOON DENNIS
Gender Male
Phone No (Phone) +65-92377457

Address - Address Complement -

Post Code Approximate Age Years Old -

Injuries Sustained PAIN ON NECK, SHOULDERS, BACK AND 5 DAYS MC

Injured person in which vehicle? SHB2198U
Were seat helts worm?

Were seat belts worn? Yes Was this injured conveyed to hospital by ambulance? No

SKETCH PLAN

IMPORTANT NOTICE

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 E. The resort is the fore arched by the insurers of the GAI Records Management Centre established by the General Insurance Associat

 Singapore (GAI) for archiving and that copies of this report is the or a fee be made evaluate upon splittation by interested parties.

 The resort is the fore arched by the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report is the made evaluate upon splittation by interested parties.

 B. Concent under the Personal Data Protection And groups;

 Lunderstand, acknowledge, agree and consent that:

 (a) My incurer, my is entained and the General insurance Association of Singapore (GIAP) mayber permitted to collect, use, disclosed and process my personal data personal information and or the process my personal data personal information and or process my personal data personal information and or the process of personal collectively in Personal Information?) and disclose and brancher such Personal information to all inturers on his house insurance vehicles) insolved in this accident (all insurers) is no house insurance vehicles) insolved in this accident (all insurers) is no house insurance vehicles) insolved in this accident (all insurers) are housed insurance vehicles) insolved in this accident (all insurers) are personal insurance. Authority of Singapore and any relevant government algebra, business of the purpose(s) of:

 (i) processing, handing analor dealing with my claims including the settlement of the claims and any recessary investigations relating the cases.

 (ii) carrying out another dealing with my instructions or responding to any empaticality reports or notices to me, which could involution of certain personal characters and the mating of correspondence, statements, invoices, reports or notices to me, which could involution to come.

- (N) administrating my claims (including the making of correspondence, statements, invoices, reports or notices to me, which could involve discourse of certain personal data about me to bring about delivery of the same as wiel as on the external cover of envelopes/mail
- M complying with applicable law in administrating processing, handing end/or deating with my define.
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C -18 +0 (0)	CO	BILA		
	WOODLAN	03 AME 12-		

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SKETCH PLAN #2

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We declare the foregoing partici-	N	not the policyhood	en/Date	Winessed by Repo	rsing Centre