

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 27/05/2022 05:36 (SGT)
Date of Accident 26/05/2022 22:00 (SGT)
Exact Location of Accident Bras Basah Rd, Singapore
Additional Location Information JUNCTION NORTH BRIDGE ROAD
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHC376E

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) +65-91456738
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 - Claiming third party
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 SHAFIQ ABDULLAH LOW @ LOW SWEE MENG
NRIC No S0184281A

Date Of Birth	24/01/1952
Occupation	Outdoor
Date Of Driving Pass	18/11/1976
Driving experience	45 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91456738
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLOCK 773 WOODLANDS DRIVE 60
Address complement	#12-208
Postcode	730773
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	RELIEF
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)	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 26/05/2022 AT ABOUT 2200HRS, I WAS DRIVING VEHICLE A (SHC376E) ALONG BRAS BASAH ROAD RIGHT MOST LANE INTENDING TO TURN RIGHT INTO NORTH BRIDGE ROAD. VEHICLE A WAS MAKING THE RIGHT TURN AND STOPPED AT THE SECOND RIGHT TURN POCKET TOWARDS NORTH BRIDGE ROAD. WHILST WAITING FOR PEDESTRIAN TO CLEAR, VEHICLE B(SMU8798P) COLLIDED ONTO VEHICLE A RIGHT REAR TYRE MUDGUARD. NOBODY WAS INJURED AT THE TIME OF 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 NOT SUITABLE
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMU8798P
Vehicle Manufacturer	Mazda
Vehicle Model	3
Vehicle Variant	-
Vehicle Colour	White
Vehicle Category	Private car

Name of Driver	LEE ZI SIONG
NRIC No	S9013127C
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	2

PASSENGER 1

Name	UNKNOWN
Gender	Female

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	LEE ZI SIONG
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	ABRASION ON THE HAND
Injured person in which vehicle?	SMU8798P
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLANIMPORTANT NOTICE

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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' 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;
(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' law yers/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

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

Witnessed by Reporting Centre Personnel



A - SHC376E
B - SMU8798P

Describe Circumstances of the Accident

ON 26/05/2022 AT ABOUT 2200HRS, I WAS DRIVING VEHICLE A (SHC376E) ALONG BRAS BASAH ROAD RIGHT MOST LANE INTENDING TO TURN RIGHT INTO NORTH BRIDGE ROAD. VEHICLE A WAS MAKING THE RIGHT TURN AND STOPPED AT THE SECOND RIGHT TURN POCKET TOWARDS NORTH BRIDGE ROAD. WHILST WAITING FOR PEDESTRIAN TO CLEAR, VEHICLE B(SMU8798P) COLLIDED ONTO VEHICLE A RIGHT REAR TYRE MUDGUARD. NOBODY WAS INJURED AT THE TIME OF 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
& Time

Witnessed by Reporting Centre
Personnel

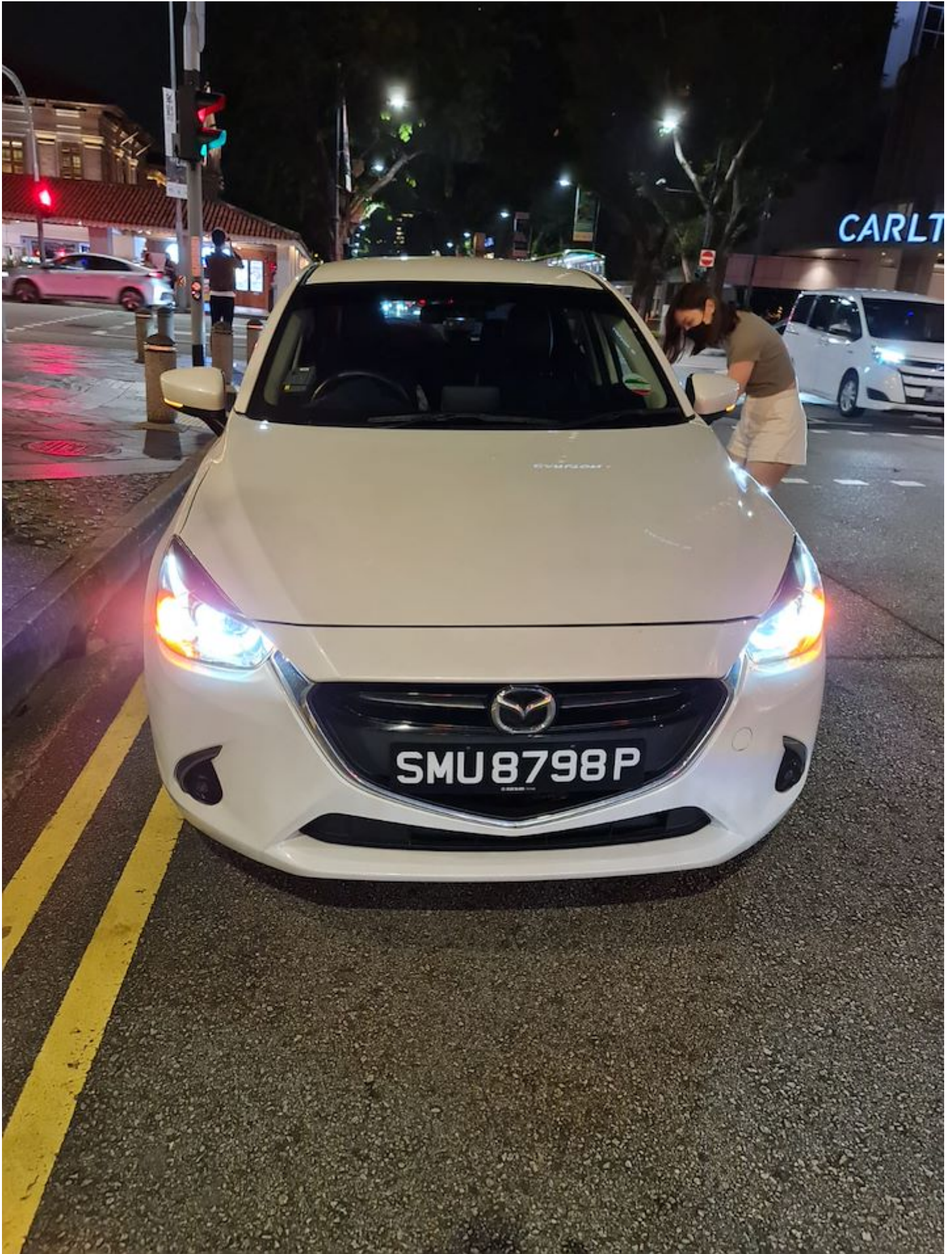






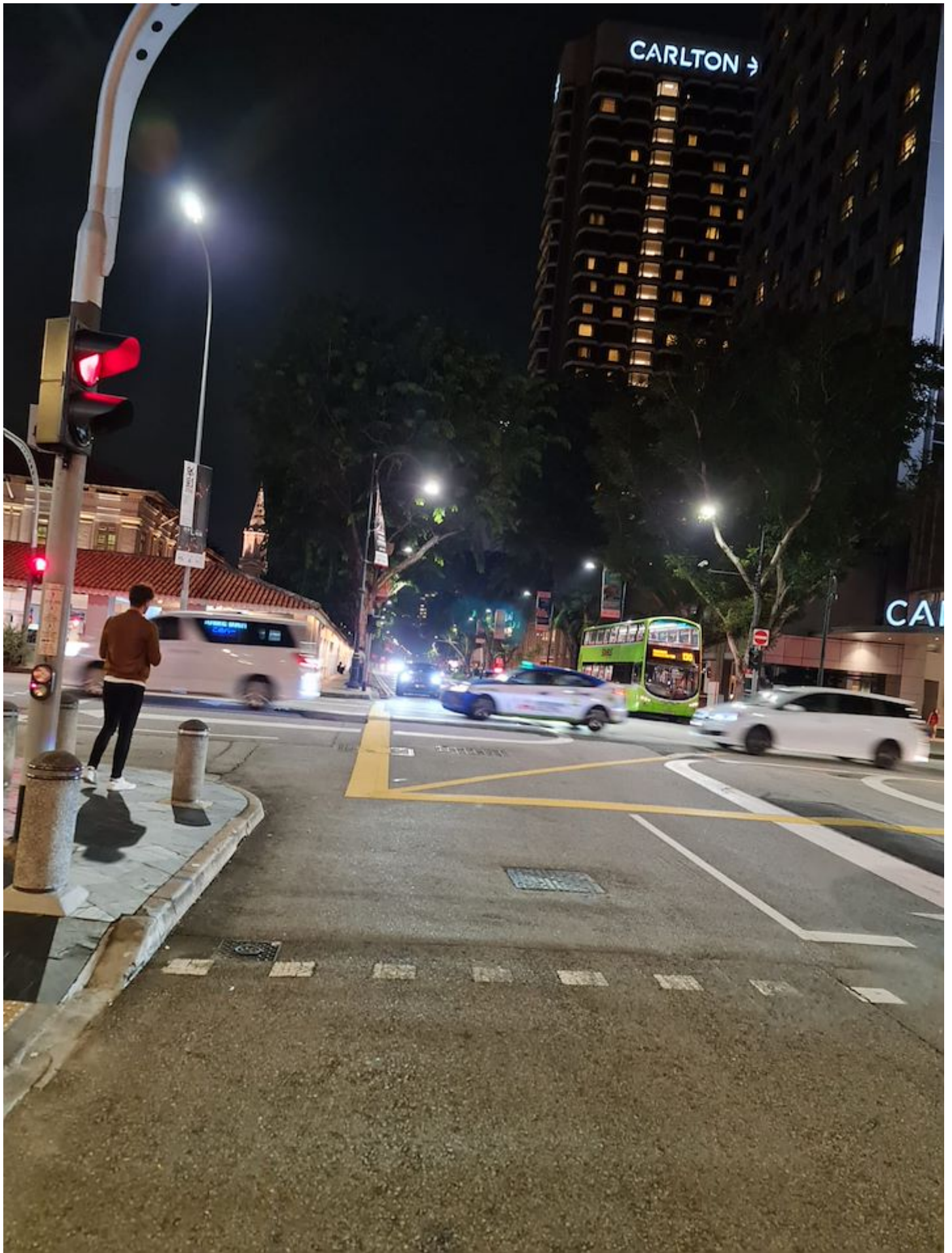


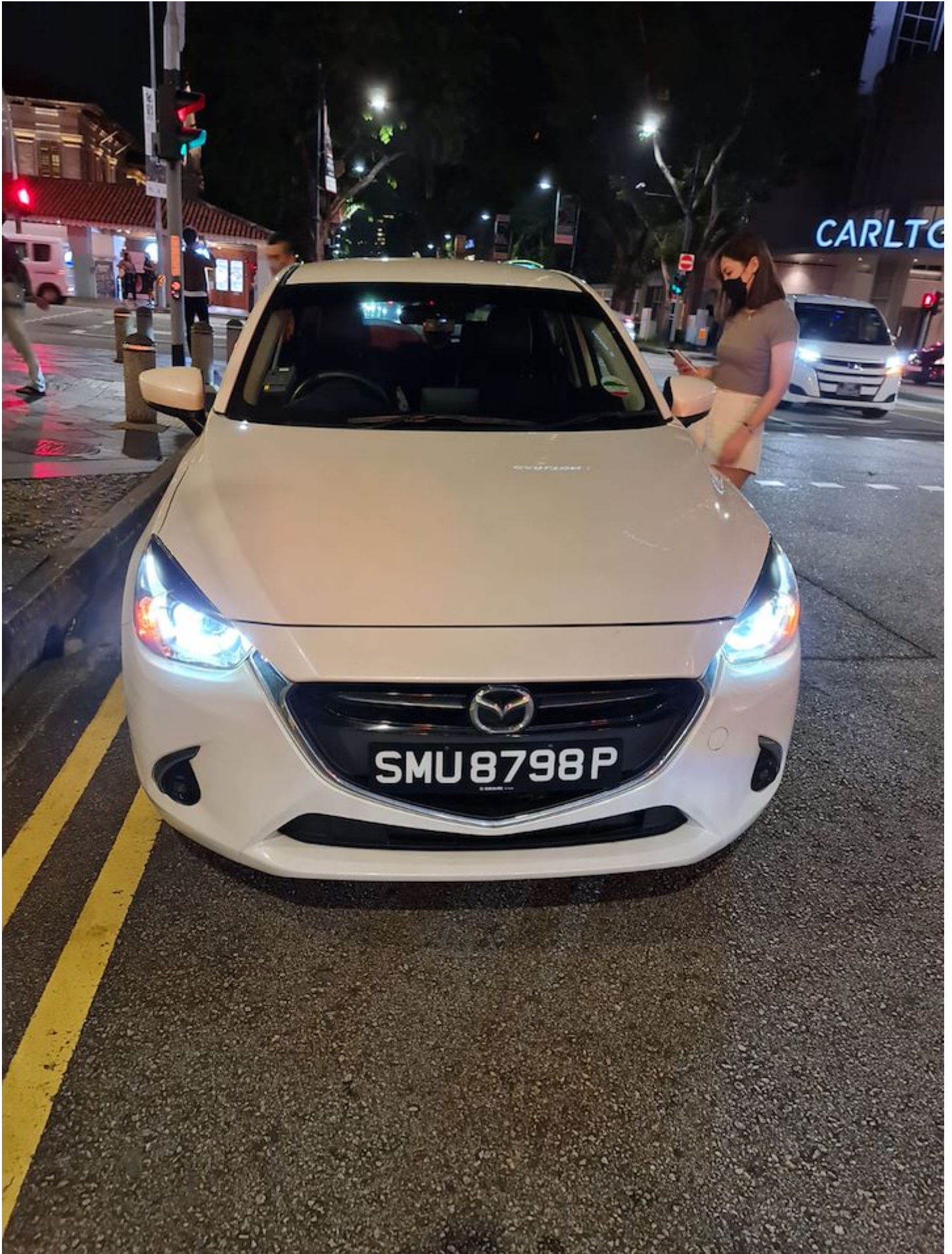


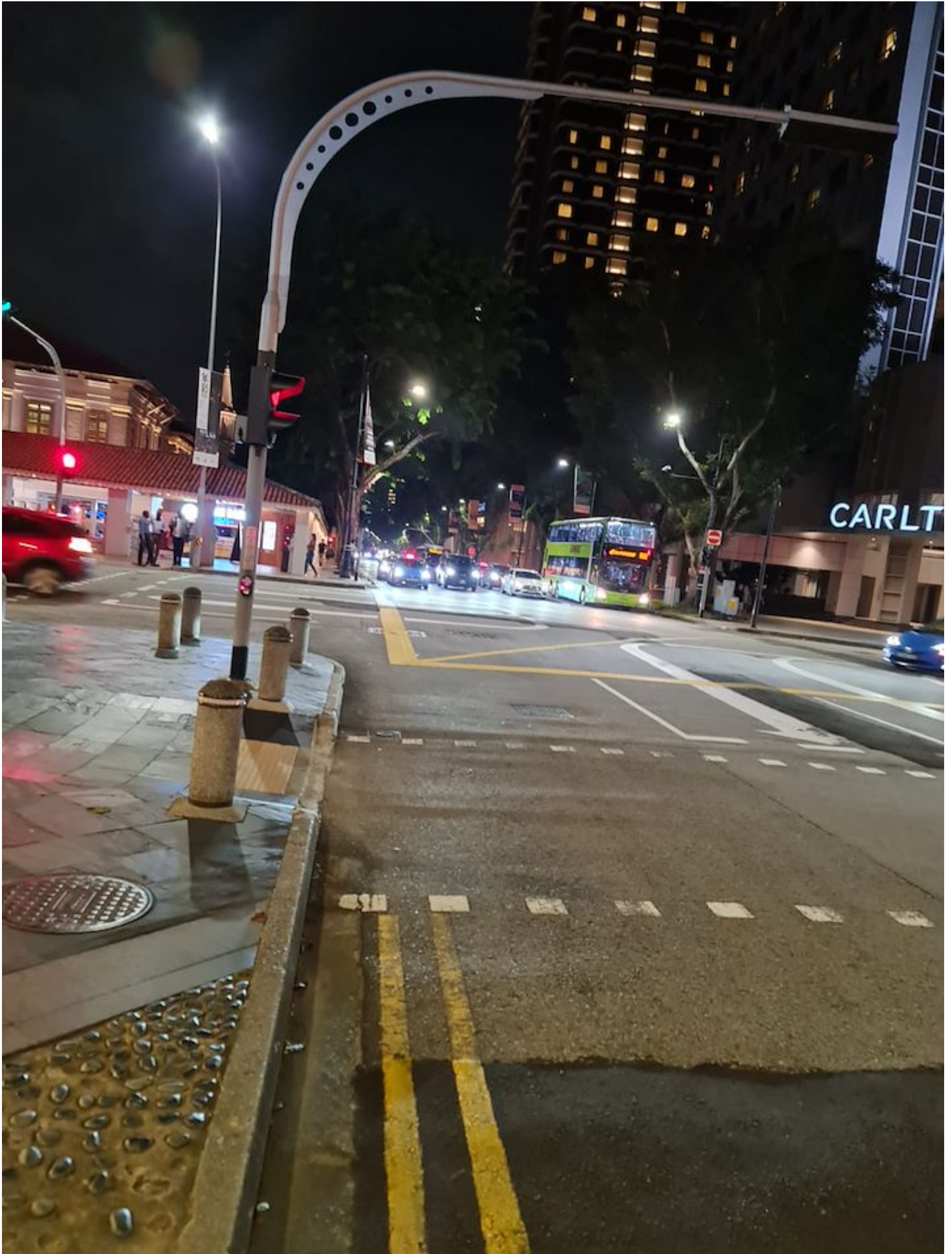
















IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SJ04225Q0011 Vehicle Registration No: SHC376E
 Name (as shown in NRIC): CityCab Pte Ltd NRIC/FIN/Passport No: 1XXXXXX839G
 (*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
 Address: _____ Singapore ()
 Contact (Tel): _____ Mobile No.: _____
 Email Address: _____
 Date of Accident: 26/05/2022 Time of Accident: 22:00
 Place of Accident: Bras Basah Rd.
 Insurance Company: AXA Insurance Singapore Pte Ltd

(B) ADDITIONAL INFORMATION /AMENDMENTS:

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

UPDATE THIRD PARTY INJURIES



Policyholder / Driver's Signature
Date:

siti

Reporting Centre Personnel's Signature
Name: Siti
NRIC/FIN No.:
Date: 27.05.2022

GIARC Addendum Form