

# 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 ..... 08/09/2021 09:07 (SGT)  
Date of Accident ..... 15/08/2021 23:45 (SGT)  
Exact Location of Accident ..... 418 Ang Mo Kio Ave 10, Block 418, Singapore 560418  
Additional Location Information ..... OPEN CAR PARK  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SHA8044X

### 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) +65-87891985  
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 - Reporting only  
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 ..... LYE YEOK SENG

Date Of Birth .....	17/04/1959
Occupation .....	Outdoor
Date Of Driving Pass .....	05/02/1985
Driving experience .....	36 YEARS AND 6 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-87891985
Alt. Phone Number .....	-
Email Address .....	fleetsafety@cdgtaxi.com.sg
Address .....	BLK 465 ANG MO KIO AVENUE 10 #03-1068
Address complement .....	-
Postcode .....	560465
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 - Major/Minor Rd
Weather Conditions .....	Raining
Road Surface .....	Wet

#### 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) .....	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### PASSENGER 1

Name .....	PASSENGER
Gender .....	Female

#### PASSENGER 2

Name .....	PASSENGER
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 15/08/2021 AT AROUND 2345HRS, I WAS DRIVING MY VEHICLE A SHA8044X AT BLOCK 418 ANG MO KIO AVENUE 10 OPEN CAR PARK. I WAS PICKING UP AN ON CALL PASSENGER. AFTER I'VE PICK UP MY PASSENGER FROM BLOCK 420 I PROCEED TO EXIT THE CAR PARK WHEN SUDDENLY VEHICLE B SKN5325B CAME OUT OF A PARKING LOT AND HIT ONTO THE RIGHT SIDE OF VEHICLE A. THERE IS NO DAMAGE ON VEHICLE A. THE NUMBER PLATE AND THE FRONT LEFT OF VEHICLE B WAS DAMAGE. THERE IS NO INJURIES.

#### ATTACHMENT(S)

Are accident photos available for attachment? .....	Yes
Was there any video captured by Car Camera? .....	No
Was there any audio recorded? .....	No

## DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SKN5325B
Vehicle Manufacturer .....	-
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) .....	4

A: SHA 8044K  
B: SKN 5325B

Bik 4/8 ang mo kip  
ave 1b

## Describe Circumstances of the Accident

ON THE 15/08/2021 AT AROUND 2345HRS, I WAS DRIVING MY VEHICLE A SHA8044X AT BLOCK 418 ANG MO KIO AVENUE 10 OPEN CARPARK. I WAS PICKING UP AN ON CALL PASSENGER. AFTER I'VE PICK UP MY PASSENGER FROM BLOCK 420 I PROCEED TO EXIT THE CARPARK WHEN SUDDENLY VEHICLE B SKN5325B CAME OUT OF A PARKING LOT AND HIT ONTO THE RIGHT SIDE OF VEHICLE A. THERE IS NO DAMAGE ON VEHICLE A. THE NUMBER PLATE AND THE FRONT LEFT OF VEHICLE B WAS DAMAGE. THERE IS NO INJURIES.

## 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 7/9/21 1600

  
Witnessed by Reporting Centre Personnel Sayyaf











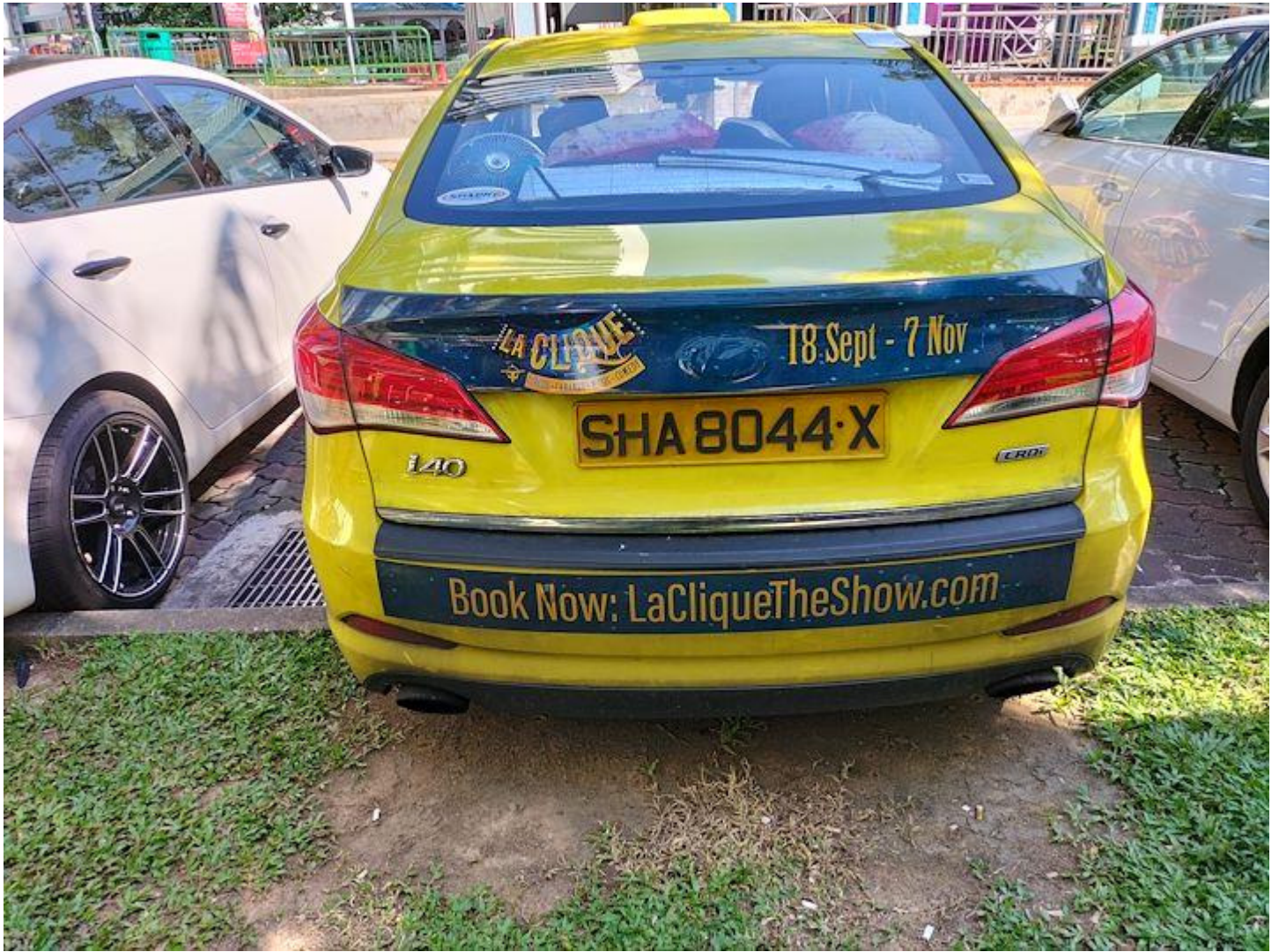
































**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

### ADDENDUM

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No: SJ0421980001 Vehicle Registration No: SHA8044X  
 Name (as shown in NRIC): CityCab Pte Ltd NRIC/FIN/Passport No: 1XXXXX839G  
 (\*Vehicle Driver/Vehicle Owner) (\*) Please delete as appropriate  
 Address: \_\_\_\_\_ Singapore ( )  
 Contact (Tel): \_\_\_\_\_ Mobile No.: \_\_\_\_\_  
 Email Address: \_\_\_\_\_  
 Date of Accident: 15/08/2021 Time of Accident: 23:45  
 Place of Accident: 418 Ang Mo Kio Ave 10, Block 418, Singapore 560418  
 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:

- Change claim to " Reporting Only "

- Amend to "NO" to video



Policyholder / Driver's Signature  
Date:

*SURIA*

Reporting Centre Personnel's Signature  
Name: suria  
NRIC/FIN No.:  
Date: 9/09/2021



