

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

SKETCH PLAN**IMPORTANT NOTICE**

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 5. Any false reporting may be referred to the Police for investigation.
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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.




Policyholder's Signature / Date & Time

Driver's Signature (If driver is not the policyholder) / Date & Time 7/9/21 1600

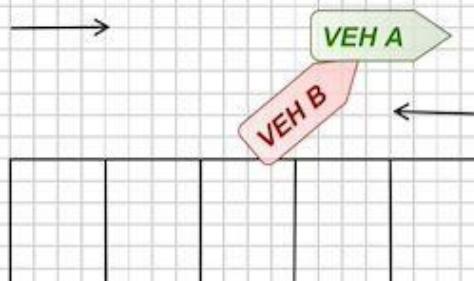
Witnessed by Reporting Centre Personnel Jyoti

Sketch Plan

A:SHA 804AK

B:SKN 5325B

		BIK	4/8 ang mo kip	
			ave 16	



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.

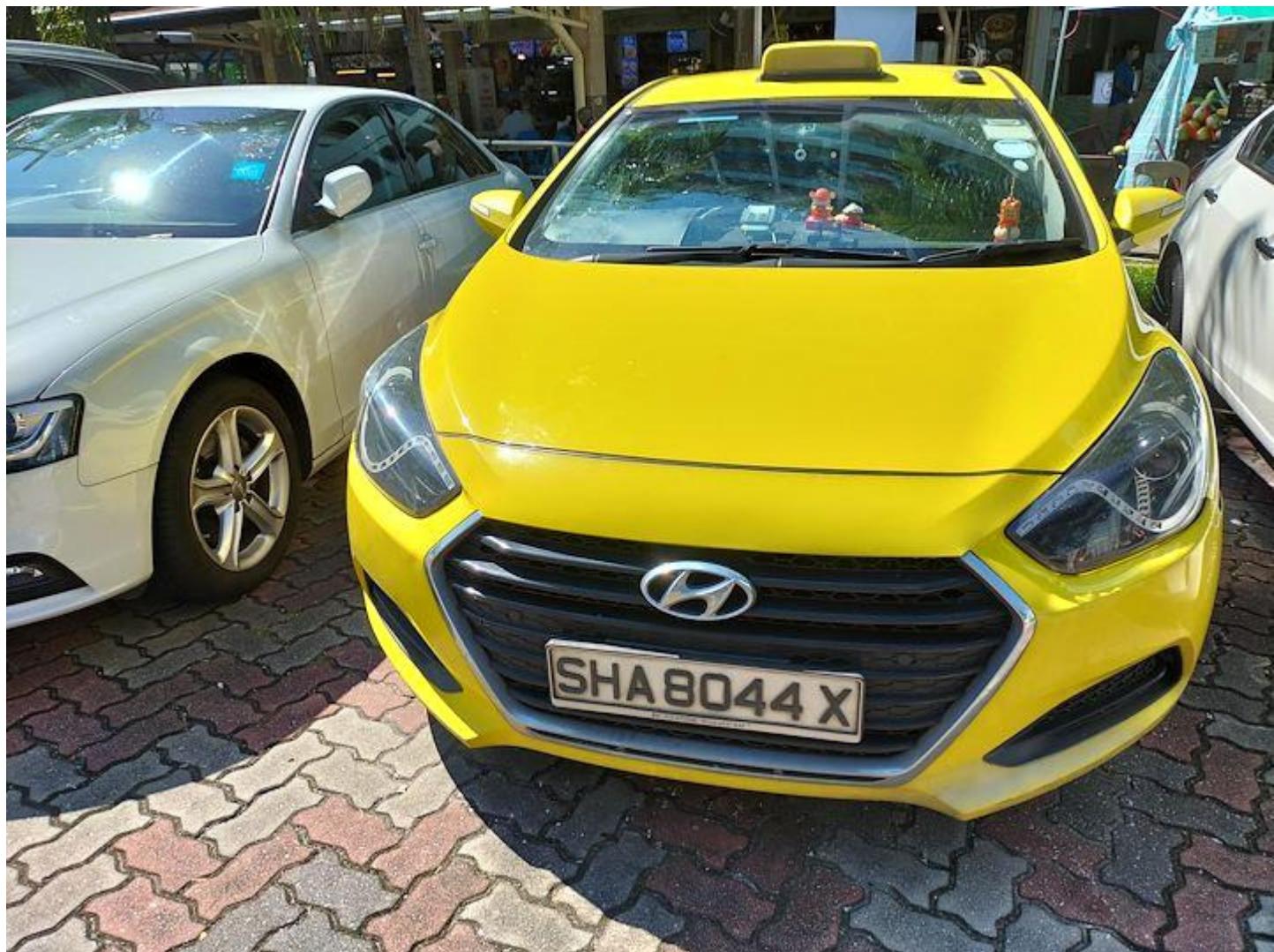


Policyholder's Signature / Date & Time

Driver's Signature (If driver is not the policyholder) / Date & Time 7/9/21 1600

Witnessed by Reporting Centre Personnel  Sayyat

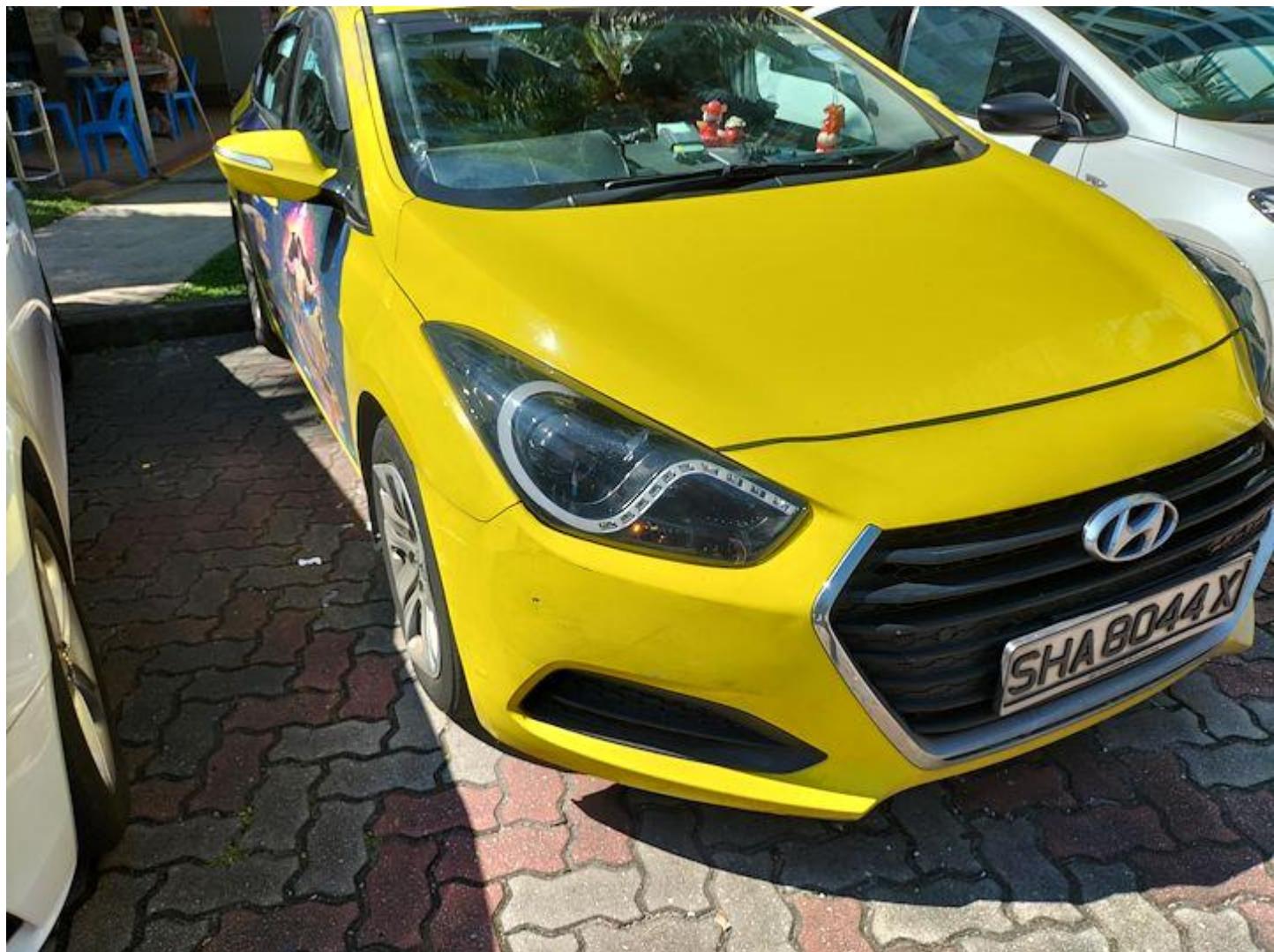
IMAGES



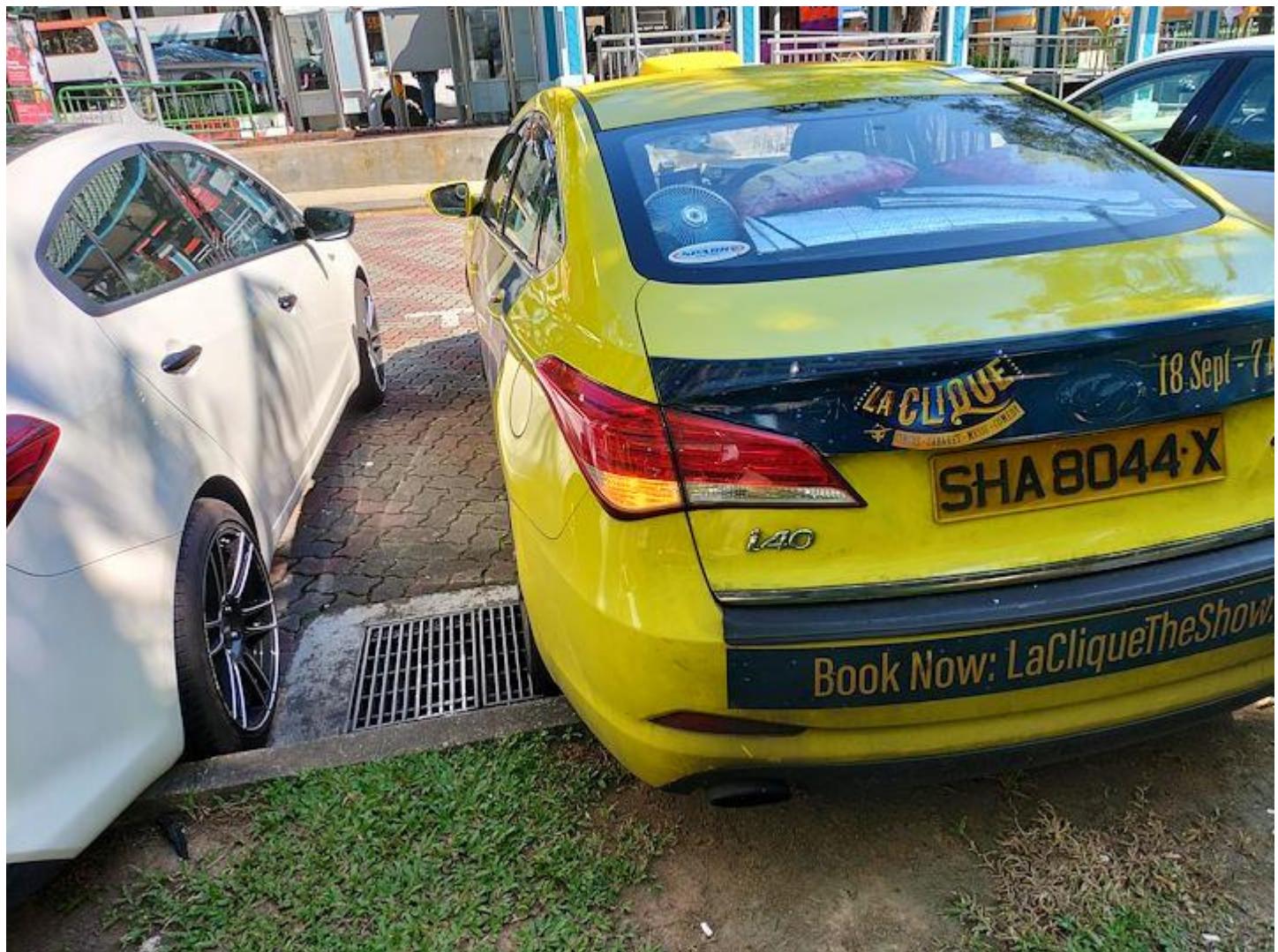
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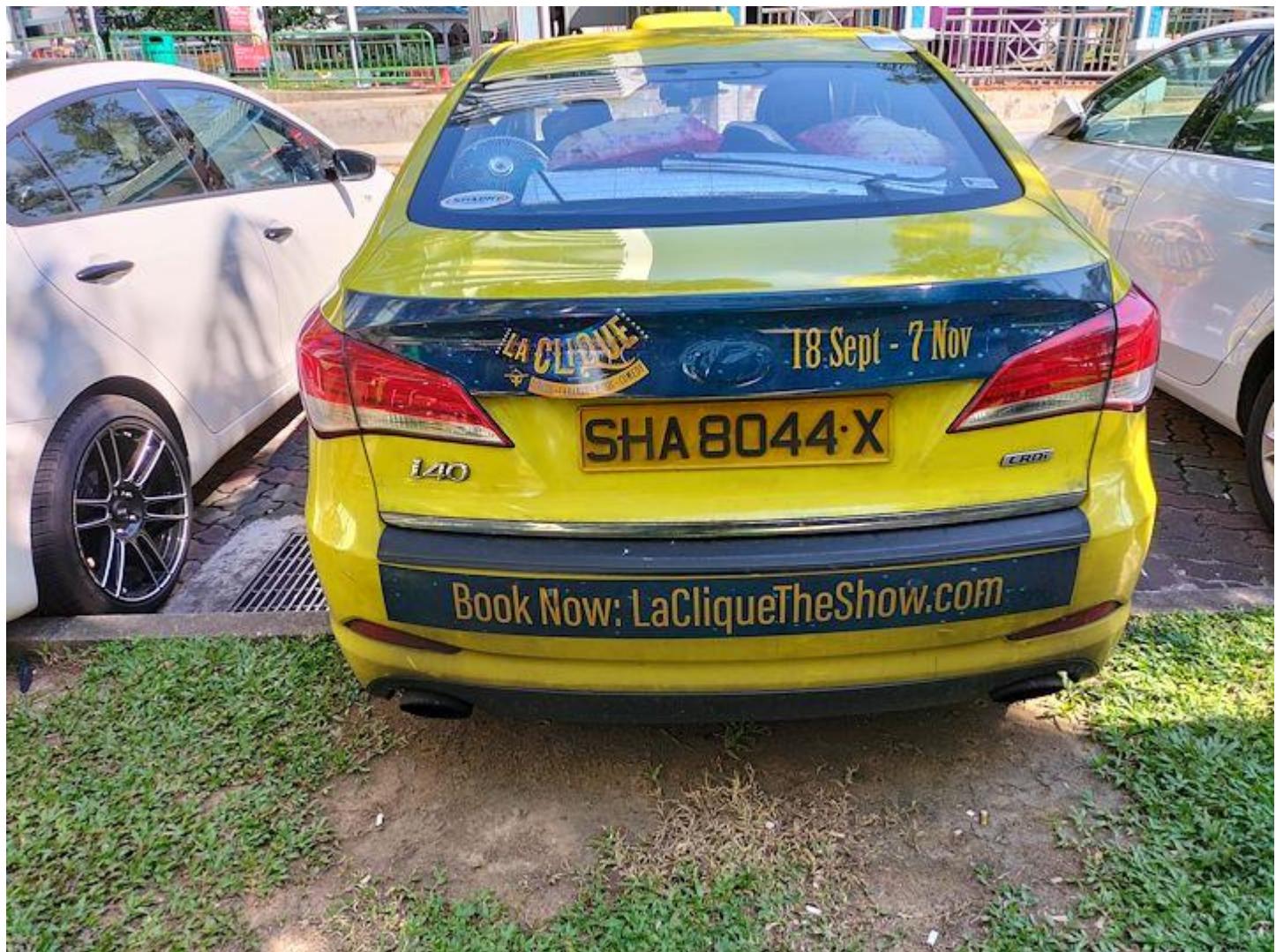


IMAGES #3





















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



SURIA

Policyholder / Driver's Signature
Date:

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

