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 witholding 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.

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 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 24/06/2022 10:38 (SGT) Reported by Driver Date of Accident 23/06/2022 17:35 (SGT) Exact Location of Accident Braddell Rd, Singapore Additional Location Information Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHB2386T

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) +65-91866336 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 No - Claiming third party your vehicle? Vehicle Category Taxi Transmission Auto CC 1798

INSURANCE COMPANY

Name of Insurance Company AXA Insurance Pte Ltd Policy Number / Cover Note Number VFX/P2419140

DRIVER

Name of Driver TAN AI SIOH NRIC No SXXXX463A Date Of Birth 30/08/1953 Occupation Outdoor

Date Of Driving Pass 23/03/1978 Driving experience 44 YEARS AND 3 MONTHS Gender Female Mobile Number (Phone) +65-91866336 Alt. Phone Number Email Address fleetsafety@cdgtaxi.com.sg Address BLK 636 HOUGANG AVENUE 8 #09-87 Address complement Postcode 530636 Is the driver the policyholder? No If No, Relationship of the Driver with the Insured Hirer Does Driver Own Other Vehicles? Nο 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 - Head to Rear Weather Conditions Clear Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident 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) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? Nο Translator's name Translator's ID Translator's phone number Translator's email Original language used in the statement PASSENGER 1 Name **UNKNOWN** Gender Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?

Was notice of intended Prosecution given?

No
If yes, against whom?

CIRCUMSTANCES OF ACCIDENT

ON 23/06/2022 AT ABOUT 17:35HRS. I WAS DRIVING VEHICLE A, SHB2386T TRAVELLING ALONG BRADDELL ROAD AT THE MOST RIGHT LANE. THERE WAS UNKNOWN VEHICLE COMING OUT FROM THE SIDE ROAD AND I SLOWED DOWN AND STOPPED TO GIVE WAY TO THE UNKNOWN VEHICLE. SUDDENLY I FELT AN IMPACT COMING FROM MY REAR AND I REALISED VEHICLE B SJT9210C HAS REAR ENDED MY VEHICLE.

ATTACHMENT(S)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

Yes

Yes

Reasons for not uploading a video of the accident FILE IS NOT SUITABLE

DETAILS OF OTHER VEHICLE PROPERTY 1



Vehicle Registration Number	SJT9210C
Vehicle Manufacturer	Toyota
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	TAN CHEE YANG
NRIC No	SXXXX372Z
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

SKETCH PLAN

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- 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. The 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.
- 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)

Lunderstand, acknowledge, agree and consent that :

- (a) My insurer , my w orkshop 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) w ho have insured vehicle(s) involved in this accident (all insurer(s) w ho 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 w ith 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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

Drive Signature (If driver is not the policyholder) / Date & Time 10:20 24:6-22

Witnessed by Reporting Centre Personnel MO NA2L(N)



Describe Circumstances of the Accident

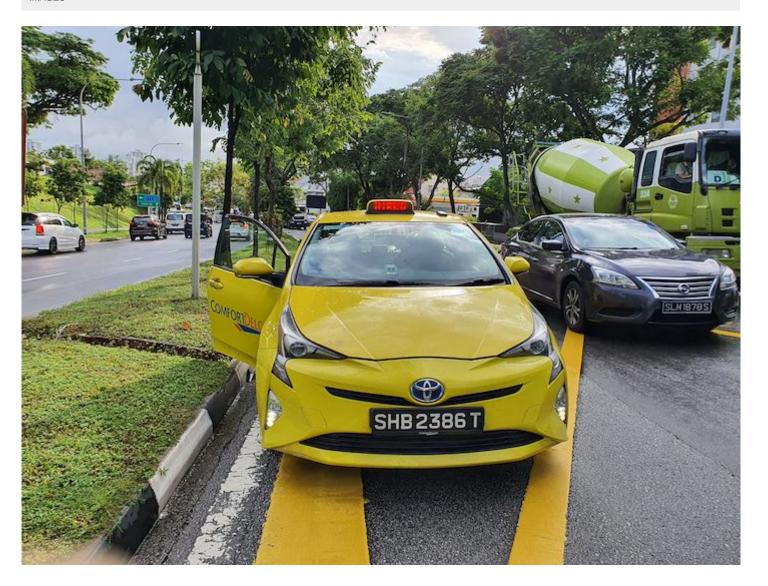
ON 23/06/2022 AT ABOUT 17:35HRS. I WAS DRIVING VEHICLE A, SHB2386T TRAVELLING ALONG BRADDELL ROAD AT THE MOST RIGHT LANE. THERE WAS UNKNOWN VEHICLE COMING OUT FROM THE SIDE ROAD AND I SLOWED DOWN AND STOPPED TO GIVE WAY TO THE UNKNOWN VEHICLE. SUDDENLY I FELT AN IMPACT COMING FROM MY REAR AND I REALISED VEHICLE B
SJT9210C HAS REAR ENDED MY VEHICLE.

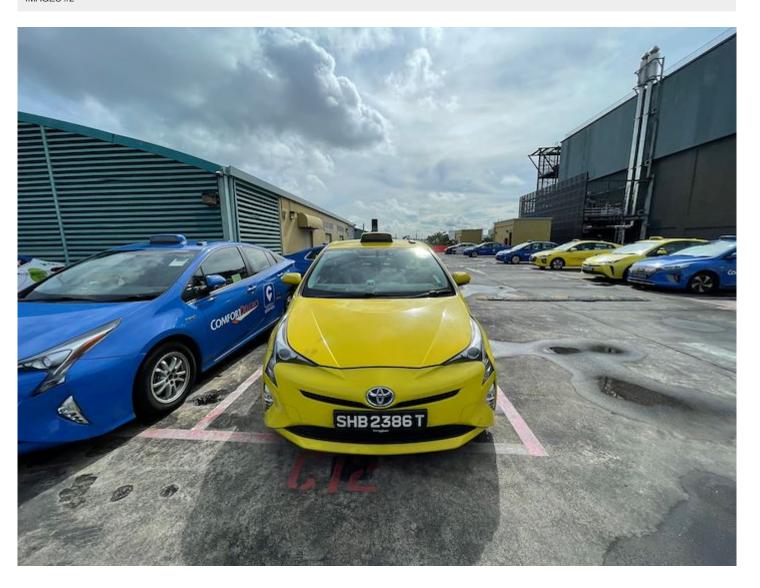
Declaration

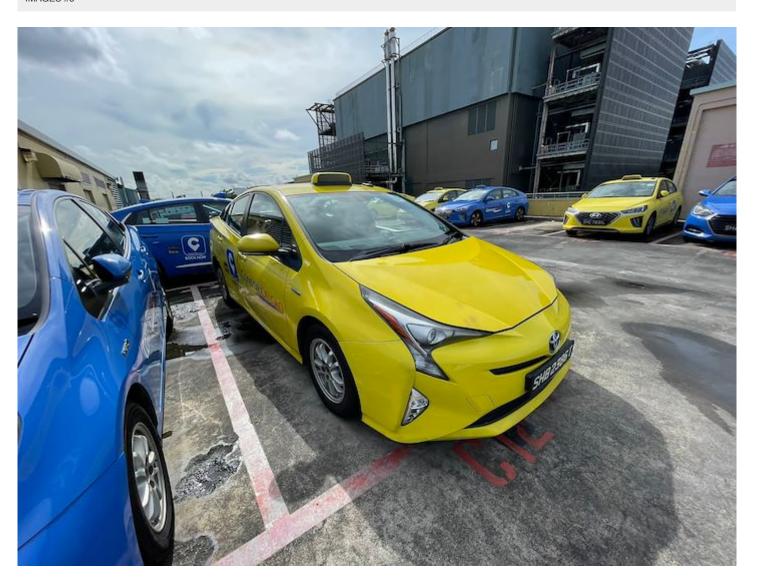
I/We declare the foregoing particulars are true in every respect.

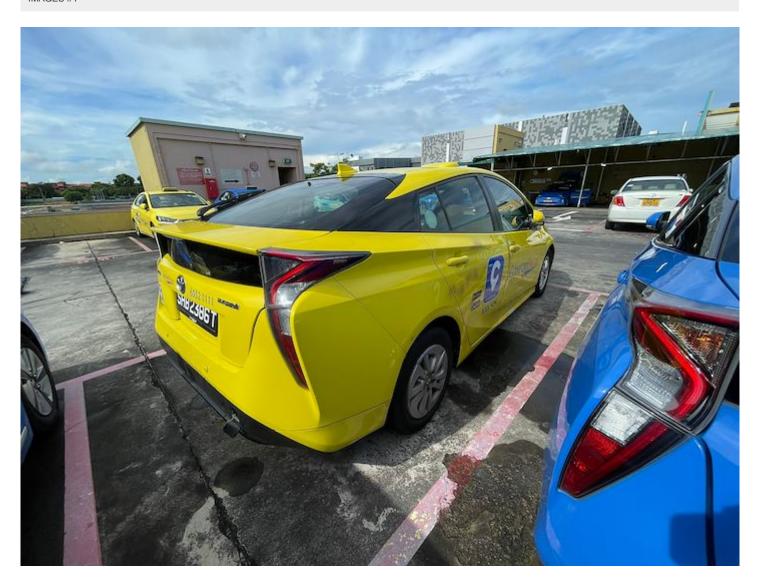
Policyholder's Signature / Date & Time Driver's Signature (If driver is not the policyholder) / Date

Witnessed by Reporting Centre Personnel MDNH2RIN



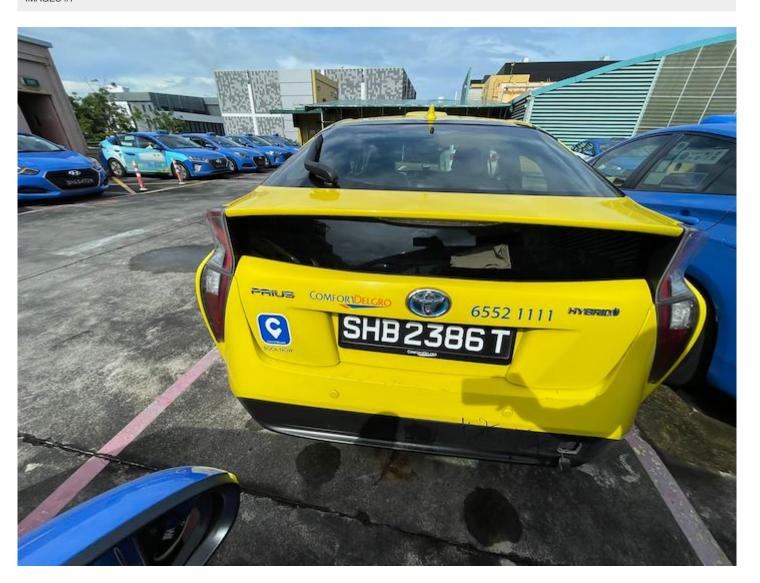








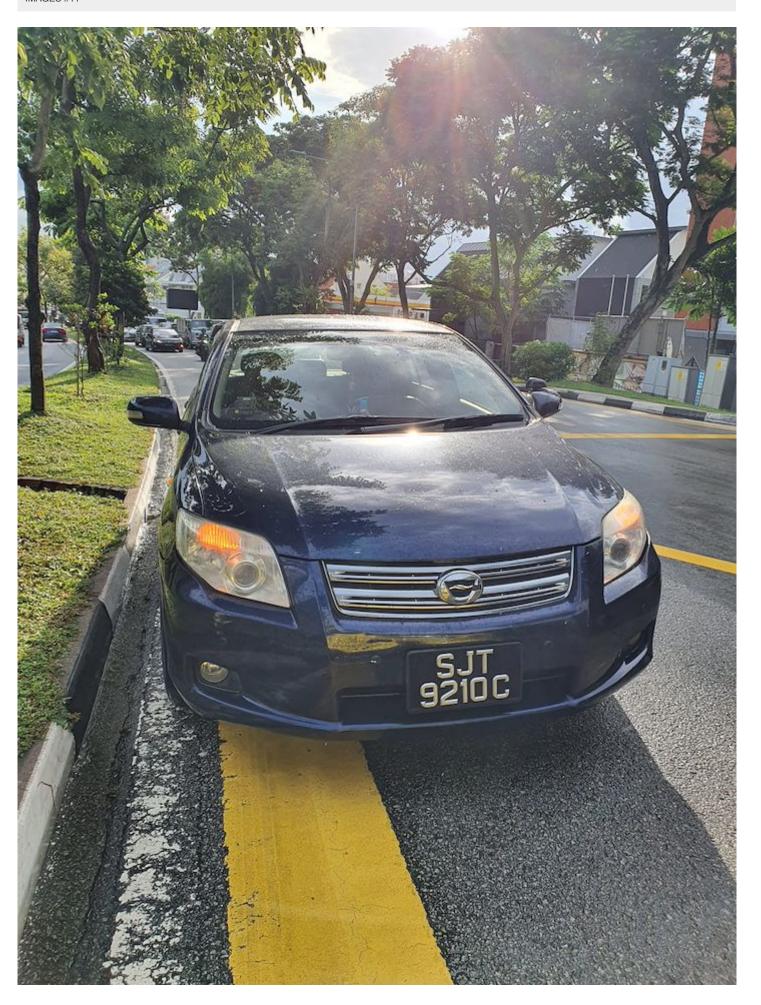














IMPORTANT NOTE: Please submit the completed Addendum form to the <u>same</u> Accident Reporting Centre with whom you submitted the Original Report.

	ADI	DENDUM		
(A)	PARTICULARS OF PERSON MAKING THE AMENDMENTS:			
	Original Report No: SJ04226O0005	Vehicle Registration No: SHB2388T		
	Name (as shown in NRCC): 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: 23/08/2022	Time of Accident: 17:35		
	Place of Accident: Braddell Rd,	200 000 000 000 000 000 000 000 000 000		
	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 ACCIDENT TIME			
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	CAB ATTENDED	sti		
	Policyholder / Driver's Signature Date:	Reporting Centre Personnel's Signature Name: Siti NRIC/FIN No.: Date: 24.06.2022		

GEARNC Addendum Form

