

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 Actual 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	15/08/2022 15:00 (SGT)
Reported by	Driver
Date of Accident	13/08/2022 14:50 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	BEFORE CTE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB3142Z
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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) +65-96750457
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
Policy Number / Cover Note Number	VFX/P2419140

DRIVER

Name of Driver	PHUA AI KOON
NRIC No	S0171840A
Date Of Birth	22/05/1949
Occupation	Outdoor

Date Of Driving Pass	18/11/1969
Driving experience	52 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96750457
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLK 873 YISHUN STREET 81 #05-167
Address complement	-
Postcode	760873
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 - 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	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)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

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 13.08.2022 AT ABOUT 1450HRS I WAS DRIVING MY VEHICLE A SHB3142Z ON THE MOST LEFT LANE OF PIE TOWARDS THOMSON. BEFORE CTE EXIT VEHICLE B SMJ7598P WHICH WAS IN FRONT STOP. MY VEHICLE A DID NOT STOP IN TIME HENCE REAR ENDED VEHICLE B. NO ONE WAS INJURED. PARTICULARS EXCHANGED

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 IS NOT SUITABLE

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMJ7598P
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-

Vehicle Category	Private car
Name of Driver	AHMAD
Contact Number	(Phone) +65-97896519
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	REAR
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	2

SKETCH PLAN**IMPORTANT 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' 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

Witnessed by Reporting Centre Personnel



Sketch Plan

A - SHB 3142Z
B - SMJ 7598P

PIE BEFORE CTE EXIT

LETTER OF UNDERTAKING (COMFORT DELGRO TAXIS)

*Please sign in the box of our advice

Vehicle No: <u>SHB 3142Z</u>	TOWING REQUESTED BY ME <input type="checkbox"/> YES <input type="checkbox"/> NO	Ver 03032021
Name of Approved Workshop	Brand & Model	Signature
ComfortDelGro Engineering Pte Ltd (CDGE) 59 Loyang Drive, Singapore 508969 (Level 4) <u>Operating Hours:</u> Weekdays: 8:00am to 5:30pm Saturdays: 8:00am to 12:30pm Closed on Sunday and Public Holidays Tel: 6214 8303	All Comfort Taxis & Citycab Taxis Workshop Maintenance under CDGE	
ST Engineering Land Systems Ltd (STELS) 31 Corporation Road, Singapore 649825 <u>Operating Hours:</u> Weekdays: 8:00am to 5:45pm Saturdays: 8:00am to 5:00pm Closed on Sundays and Public Holidays Tel: 6265 7130	Citycab Taxis Workshop Maintenance under STELS	
<p>By signing the below, I acknowledge the following: 本人在此声明, 本人明白及同意以下的事项:</p> <ol style="list-style-type: none"> 1) No other workshop was recommended by the FLASH Reporting Officer / FLASH Call Agent apart from the above indicated and initiated. FLASH 属下的报案人员以及报案中心除了以上的维修中心, 并没有建议本人到其它维修中心进行车子的维修。 2) I am aware and was informed by the FLASH Reporting Officer / FLASH Call Agent to return the Approved Workshop for video downloading. FLASH 属下的报案人员以及报案中心已通知本人, 必须回到所属的维修中心下载行车记录仪的录像片段。本人也清楚明白。 3) I understand that the next step would be to send my taxi to the above Approved Workshop immediately regardless whether my taxi sustains minor or major damage; who will assist and advise me further on the repair and/or claim of my taxi. 本人清楚明白接下来下一个步骤, 德士的损坏无论多轻微或多严重, 本人必须把德士送回所属的维修中心进行进一步的检验、维修及索赔。 4) I am not to wash, fix, touch the damage areas. 本人同意不会私自洗刷、修补以及触碰德士损坏部分。 		
Name: <u>MR PHUA</u>	 Signature	Date: <u>15-08-2022</u>









