

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	29/08/2022 15:07 (SGT)
Reported by	Driver
Date of Accident	27/08/2022 11:50 (SGT)
Exact Location of Accident	KPE, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC1339 P
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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) +65-81276660
Alternative Phone No	(Office) +65-65508768

VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	Ae ioniq
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	1580

INSURANCE COMPANY

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

DRIVER

Name of Driver	LEE KUAY GUAN
NRIC No	SXXXX533G
Date Of Birth	16/05/1958
Occupation	Outdoor

Date Of Driving Pass	07/06/1977
Driving experience	45 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-81276660
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLK 489A TAMIPINES STREET 45 #09-155
Address complement	-
Postcode	520489
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	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	4
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 27/08/2022 AT ABOUT 11:50HRS, I WAS DRIVING VEHICLE A (SHC133P) ALONG KPE TUNNEL (CITY). AS I TRAVELLING STRAIGHT ON FIRST LANE, FRONT D (SMP1145X) APPLY BRAKE AND STOP. I APPLY BRAKE BUT CAN'T STOP VEHICLE A STOP IN TIME HENCE REAR ENDED ONTO VEHICLE D. WHILE VEHICLE A WAS STATIONARY, I FELT AN IMPACT ONTO REAR OF VEHICLE A. ALIGHT AND REALISE VEHICLE B (SJS1420X) COLLIDED ONTO VEHICLE A REAR BUMPER. VEHICLE C - (SNF9878C) COLLIDED ONTO VEHICLE B REAR BUMPER. TOTAL 4 VEHICLES INVOLVED IN THIS ACCIDENT. NOBODY WAS INJURED AT THE TIME OF THE 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 IS NOT SUITABLE

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJS1420X
Vehicle Manufacturer	Suzuki
Vehicle Model	-

Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	DIONG TIEW CHAI
NRIC No	SXXXX785D
Contact Number	(Phone) +65-91457226
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SMP1145Z
Vehicle Manufacturer	Toyota
Vehicle Model	Camry
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	NG TIONG BENG
NRIC No	SXXXX612J
Contact Number	(Phone) +65-98799552
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	SNF9878C
Vehicle Manufacturer	Mercedes
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	WENDY HENG JU JU
NRIC No	SXXXX712C
Contact Number	(Phone) +65-96407335
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

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

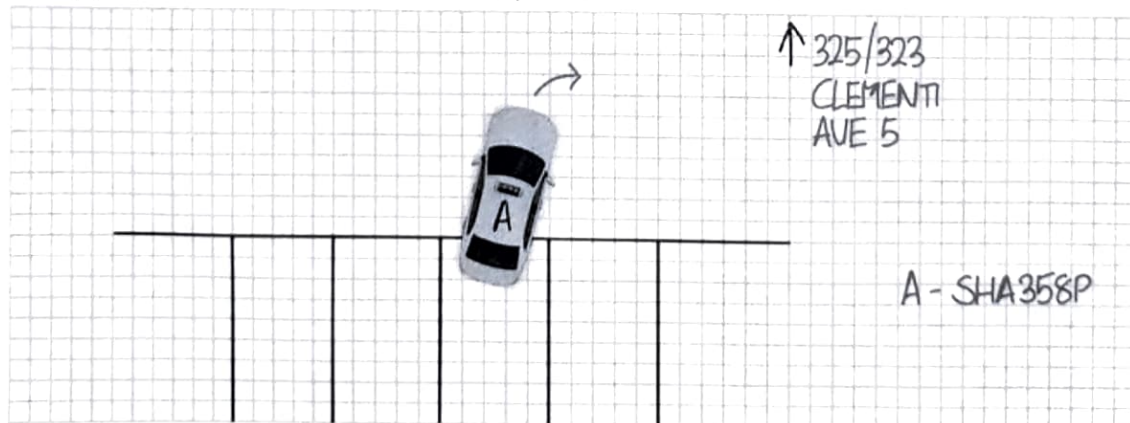
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

Sketch Plan

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

Witnessed by Reporting Centre Personnel



Describe Circumstances of the Accident

ON THE 26/08/2022 AT ABOUT 1730 HOURS, I WAS DRIVING VEHICLE A (SHA358P) ALONG 323/325 CLEMENTI AVENUE 5 MOVING OFF, TURNING RIGHT OUT OF A PARKING LOT IN THE OPEN SPACE CARPARK AND THERE WAS NO UNUSUAL EVENT OR ANY COLLISION WITH ANY PERSON, VEHICLE OR PROPERTY AS FAR AS I KNOW. THEN I RECEIVED A CALL FROM CITYCAB OFFICE SAYING THAT I WAS INVOLVED IN AN ACCIDENT WITH ANOTHER UNKNOWN VEHICLE AND I WAS TOLD TO CALL FLASH FOR ACCIDENT REPORTING. I HAVE COMPLIED AND ALSO CHECKED THE VIDEO AT 31 CORPORATION ROAD ACCIDENT REPORTING OFFICE INDICATING THAT THERE WAS NO IMPACT. THERE IS NO DAMAGE ON MY VEHICLE AS WELL. AND I DO NOT HAVE THE PLATE NUMBER OF THE ALLEGED THIRD PARTY VEHICLE. NOBODY IS INJURED.

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

29/08/22

1145



Witnessed by Reporting Centre Personnel