

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 21/09/2022 08:53 (SGT)
Reported by Driver
Date of Accident 20/09/2022 22:30 (SGT)
Exact Location of Accident Woodlands Ave 4, Singapore
Additional Location Information TOWARDS AVENUE 7
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHC144H

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) +65-97719658
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 CHUA TIAN SANG
NRIC No S2534111B
Date Of Birth 20/11/1957
Occupation Outdoor

Date Of Driving Pass	21/12/1976
Driving experience	45 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97719658
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLK 856 TAMPINES STREET 82 #11-271
Address complement	-
Postcode	520856
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	RELIEF DRIVER
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	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 20/09/2022 AT ABOUT 2230HRS, I WAS DRIVING VEHICLE A (SHC144H) EXITING FROM 846 WOODLANDS AVENUE 4 AFTER ALIGHTING MY PASSENGER, I EXITED RIGHT TO THE MAIN ROAD OF WOODLANDS AVENUE 4 TOWARDS AVENUE 7. I CHECKED MY BLINDSPOT IT WAS CLEAR, THEN SUDDENLY VEHICLE B (GBK5695E) WAS ONCOMING. I NOTICED THAT VEHICLE B DID NOT HAVE THE HEADLIGHTS TURNED ON THUS I COULDN'T REACT ON TIME TO AVOID COLLISION. NO INJURY.

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	GBK5695E
Vehicle Manufacturer	Toyota
Vehicle Model	Hiace
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	NOORISHAM BIN NOORDIN
NRIC No	S8614278C
Contact Number	(Phone) +65-87495206
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

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")

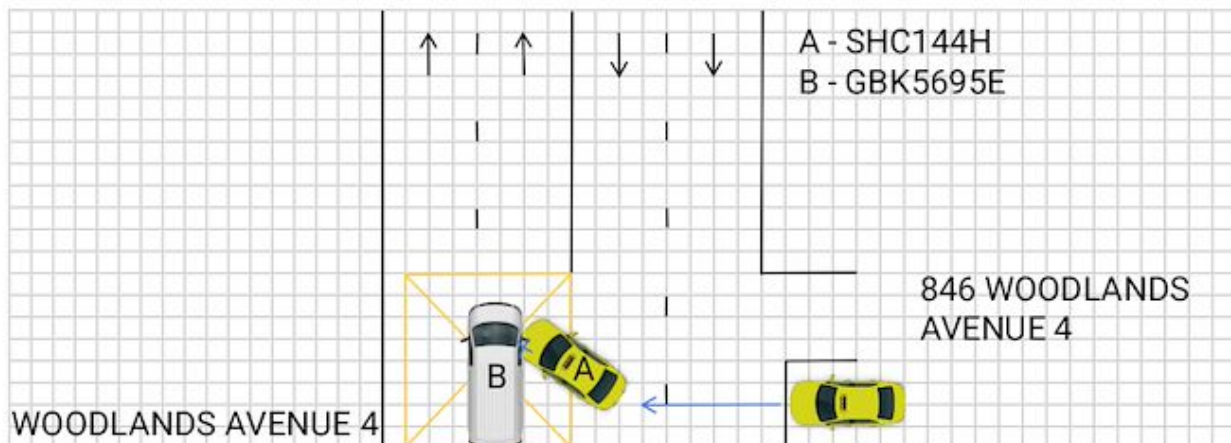
(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

(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 20/09/22 2325

Witnessed by Reporting Centre Personnel Amin

Sketch Plan


Describe Circumstances of the Accident

ON 20/09/2022 AT ABOUT 2230HRS, I WAS DRIVING VEHICLE A (SHC144H) EXITING FROM 846 WOODLANDS AVENUE 4 AFTER ALIGHTING MY PASSENGER, I EXITED RIGHT TO THE MAIN ROAD OF WOODLANDS AVENUE 4 TOWARDS AVENUE 7. I CHECKED MY BLINDSPOT IT WAS CLEAR, THEN SUDDENLY VEHICLE B (GBK5695E) WAS ONCOMING. I NOTICED THAT VEHICLE B DID NOT HAVE THE HEADLIGHTS TURNED ON THUS I COULDN'T REACT ON TIME TO AVOID COLLISION. NO INJURY.

Declaration

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

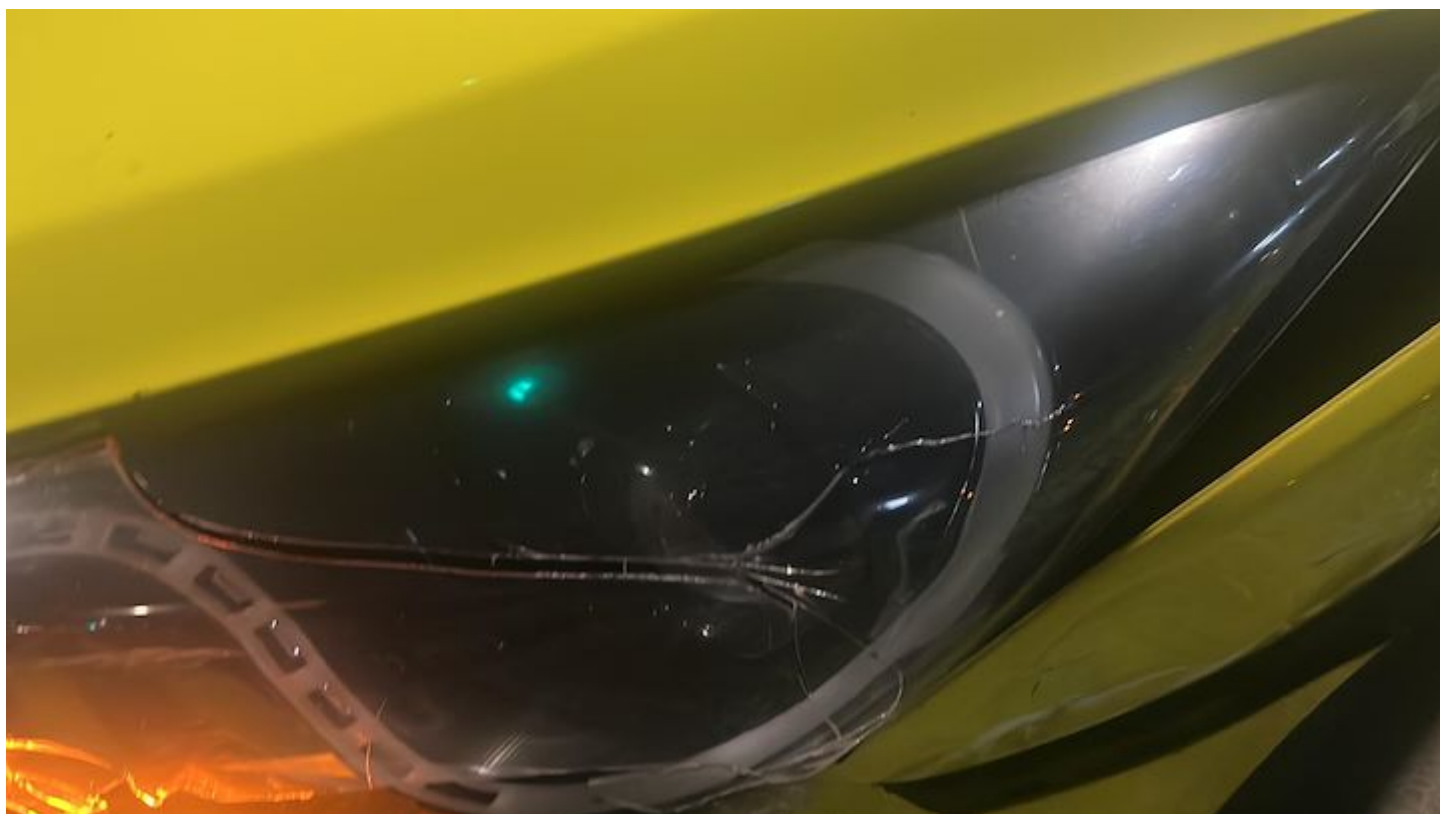
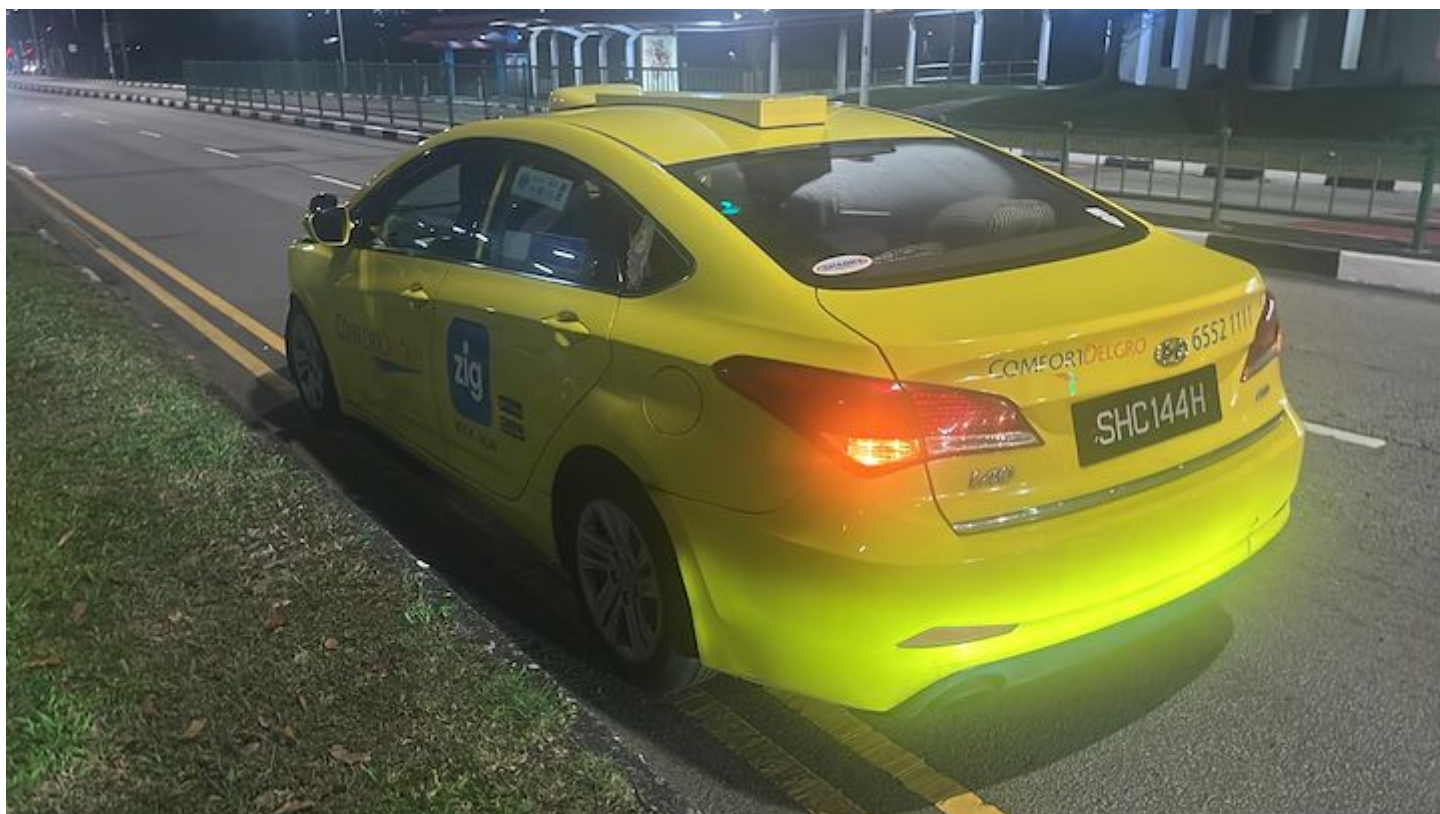
Policyholder's Signature / Date & Time

Driver's Signature (If driver is not the policyholder) / Date & Time  20/09/22 2335

Witnessed by Reporting Centre Personnel  Anin



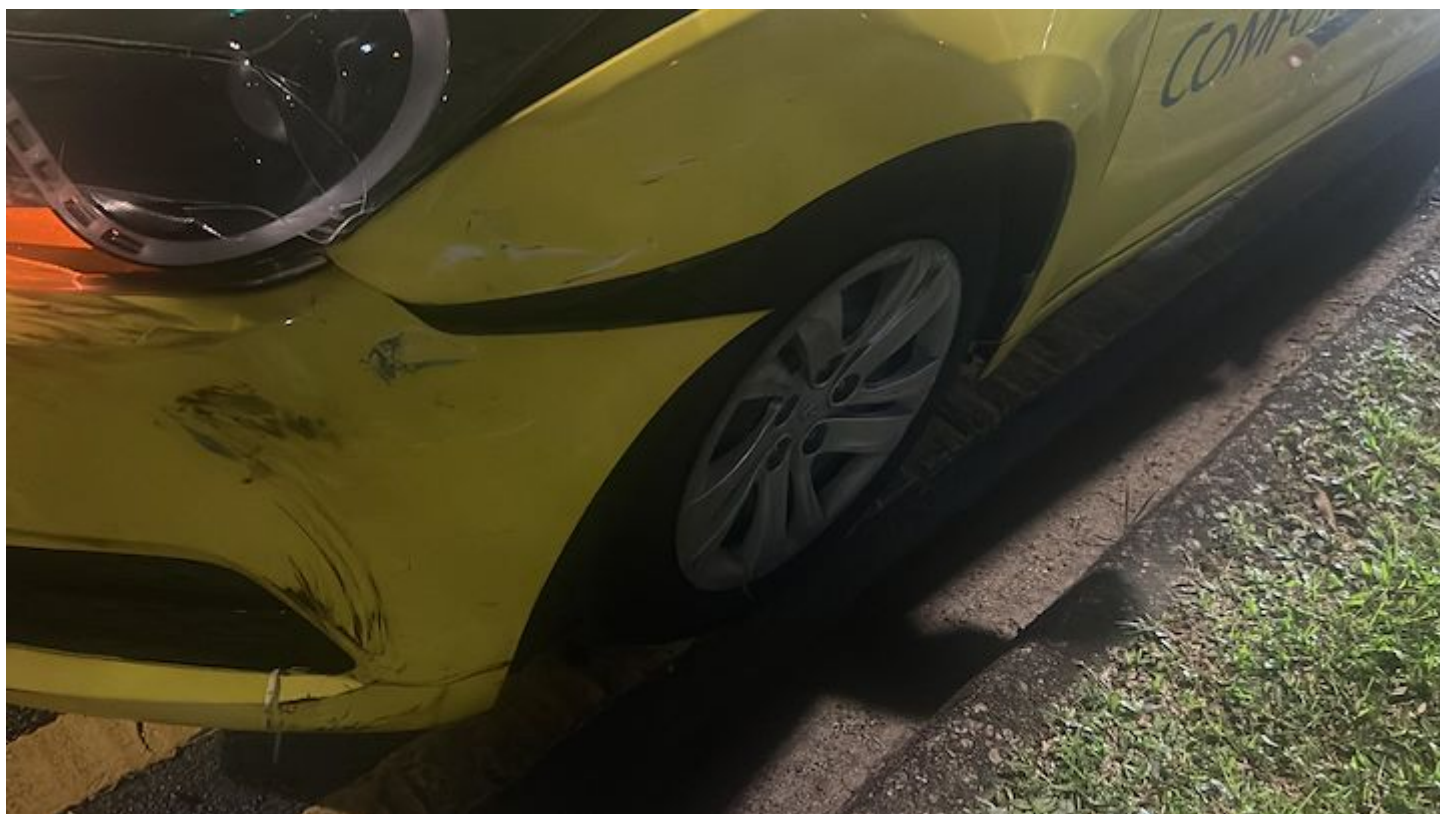




















IMPORTANT NOTE: Please submit the completed Addendum form to the sams Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SJ0G229L0003 Vehicle Registration No: SHC144H
 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: 20/09/2022 Time of Accident: 22:30
 Place of Accident: Woodlands Ave 4,
 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 THE ACCIDENT TIME.



Policyholder / Driver's Signature
Date:

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Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:
Date: 21.09.2022

GIARMC Addendum Form

