© SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Please report <u>correctly</u> 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 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.

- 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 Reported by

Date of Accident Exact Location of Accident Additional Location Information Driver 06/12/2022 07:50 (SGT) Pioneer Rd North, Singapore

06/12/2022 16:05 (SGT)

Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHC7664C

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner Company Reg No.

Email Address

Mobile Phone No. Alternative Phone No Yes

CITYCAB PTE LTD 1XXXXXX839G

fleetsafety@cdgtaxi.com.sq (Phone) +65-92963211 (Office) +65-65508768

VEHICLE PARTICULARS

Manufacturer Model

Variant

Exact purpose for which vehicle was being used at time of accident

Are you claiming under your own insurance policy for repair to your vehicle?

Vehicle Category Transmission

CC

Hyundai

Ae ionig

Private hire

No - Claiming third party

Taxi Auto

1580

INSURANCE COMPANY

Name of Insurance Company

Policy Number / Cover Note Number

AXA Insurance Pte Ltd VFX/P2419140

DRIVER

Name of Driver NRIC No Date Of Birth

Occupation

TAY HAY THANG SXXXX190A 13/05/1958 Outdoor



Date Of Driving Pass 08/02/1980

Driving experience 42 YEARS AND 10 MONTHS

Gender

Mobile Number (Phone) +65-92963211

Alt. Phone Number

Email Address fleetsafety@cdgtaxi.com.sg
Address 167D PUNGGOL EAST #11-387

Male

Address complement Postcode 824167

Is the driver the policyholder?

No
If No, Relationship of the Driver with the Insured

Hirer

Does Driver Own Other Vehicles?

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?

Was any injured conveyed to hospital by ambulance?

Was any other vehicle or property damaged?

Yes

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?

Was notice of intended Prosecution given?

No
If yes, against whom?

CIRCUMSTANCES OF ACCIDENT

ON 06/12/2022 AT ABOUT 0750HRS, I WAS STOPPED VEHICLE A (SHC7664C) AT PIONEER ROAD NORTH ON THE THIRD LANE AT JUNCTION ON INTERNATIONAL ROAD. WHEN SUDDENLY VEHICLE B (SKN4308H) COLLIDED INTO THE REAR OF MY VEHICLE. NO INJURY.

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

Vehicle Manufacturer

Vehicle Model

Vehicle Variant

Vehicle Colour

SKN4308H

Honda

Fit

-

Vehicle Category	Private car
Name of Driver	NGIN PERT CHIN
NRIC No	SXXXX765I
Contact Number	(Phone) +65-96949487
Address	-
Address complement	
Postcode	
Insurance Company Name	3.4
Nature Of Damage	
Details of property damaged in accident	
No. Of Passenger (Including Driver)	-

SKETCH PLAN

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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)

l understand, acknow ledge, agree and consent that

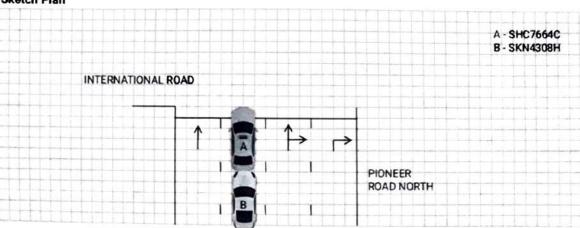
- (a) My insurer , my w orkshop and the General Insurance Association of Singapore (*GIA*) may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this (form) and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) 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' 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:
- (i) investigating the accident and/or my claims;
- (ii) 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' law yers/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

Driver's Signature (If driver is not the policyholder) / Date & Time 0412/22

Witnessed by Reporting Centre Personnel Amin

Sketch Plan



Describe Circumstances of the Accident

ON 06/12/2022 AT ABOUT 0750HRS, I WAS STOPPED VEHICLE A (SHC7664C) AT PIONEER ROAD NORTH ON THE THIRD LANE AT JUNCTION ON INTERNATIONAL ROAD. WHEN SUDDENLY VEHICLE B (SKN4308H) COLLIDED INTO THE REAR OF MY VEHICLE. NO INJURY.	

Declaration

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

In

Driver's Signature (If driver is not the policyholder) / Date & Time $96/\mu \mu$ [10]

Witnessed by Reporting Centre Personnel

Policyholder's Signature / Date & Time