

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 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 03/03/2022 10:19 (SGT)
Date of Accident 02/03/2022 15:00 (SGT)
Exact Location of Accident Circuit Rd, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHA981T

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) +65-97436933
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
Type of Coverage ThirdPartyFireTheft
Fleet Policy Yes
Policy Number VFX/P2419140
Cover Note Number -

DRIVER

Name of Driver LYE KAI SHENG
NRIC No S1583071I

Date Of Birth	24/01/1963
Occupation	Outdoor
Date Of Driving Pass	22/12/1980
Driving experience	41 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97436933
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	82A CIRCUIT RPAD #09-72
Address complement	-
Postcode	371082
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	Side Swipe
Weather Conditions	Raining
Road Surface	Wet

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?	Yes
Was any injured conveyed to hospital by ambulance?	No
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

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 02/03/2022 AT AROUND 1500HRS, I WAS DRIVING MY VEHICLE A SHA981T ON THE EXTREME RIGHT LANE OF CIRCUIT ROAD AT THE CONTROLLED T-JUNCTION WITH CIRCUIT LINK. THE TRAFFIC LIGHT TURNED GREEN IN MY DIRECTION HENCE I PROCEEDED TO DRIVE STRAIGHT. THERE WAS 2 VEHICLES IN FRONT OF MY VEHICLE. I WAS DRIVING STRAIGHT THROUGH THE CONTROLLED T-JUNCTION WHEN SUDDENLY VEHICLE B SMF2318K BEAT THE RED LIGHT FROM MY LEFT AND COLLIDED ONTO THE CENTER LEFT PORTION OF MY VEHICLE. THERE WAS DAMAGES AND I FEEL INJURED ON MY NECK, RIGHT STOMACH AREA AND BACK.

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
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMF2318K
Vehicle Manufacturer	Toyota
Vehicle Model	Prius
Vehicle Variant	-
Vehicle Colour	-

Vehicle Category	Private car
Name of Driver	LOO CHUN YIK
NRIC No	S7586774C
Contact Number	(Phone) +65-93841699
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	LYE KAI SHENG
Gender	Male
Phone No	(Phone) +65-97436933
Address	82A CIRCUIT RPAD #09-72
Address Complement	-
Post Code	371082
Approximate Age Years Old	-
Injuries Sustained	NECK, SHOULDER, RIGHT LOWER BACK AND RIGHT LEG PAIN.
Injured person in which vehicle?	SHA981T
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	-

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")

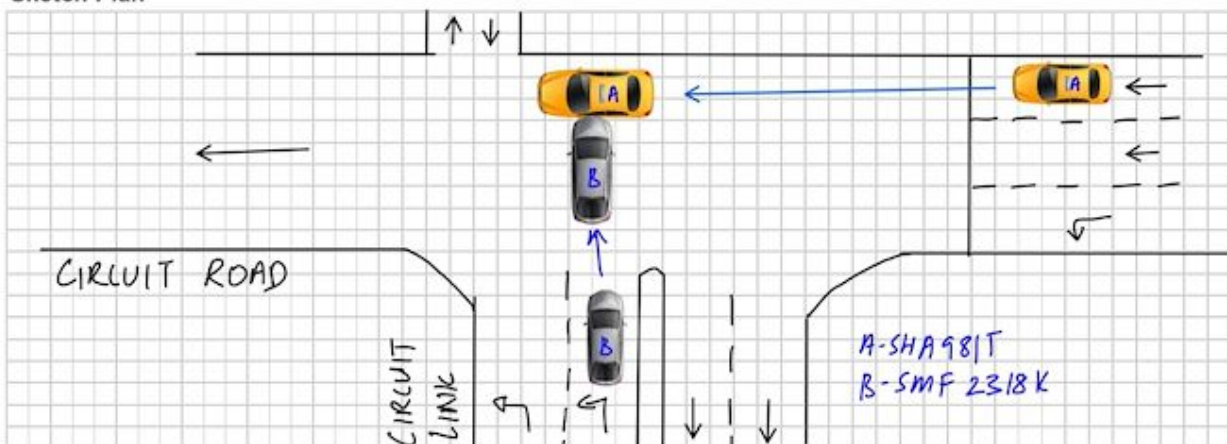
(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

(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 2/3/22 1645

Witnessed by Reporting Centre Personnel KHAIRUL

Sketch Plan

Describe Circumstances of the Accident

ON 02/03/2022 AT AROUND 1500HRS, I WAS DRIVING MY VEHICLE A SHA981T ON THE EXTREME RIGHT LANE OF CIRCUIT ROAD AT THE CONTROLLED T-JUNCTION WITH CIRCUIT LINK. THE TRAFFIC LIGHT TURNED GREEN IN MY DIRECTION HENCE I PROCEEDED TO DRIVE STRAIGHT. THERE WAS 2 VEHICLES IN FRONT OF MY VEHICLE. I WAS DRIVING STRAIGHT THROUGH THE CONTROLLED T-JUNCTION WHEN SUDDENLY VEHICLE B SMF2318K BEAT THE RED LIGHT FROM MY LEFT AND COLLIDED ONTO THE CENTER LEFT PORTION OF MY VEHICLE. THERE WAS DAMAGES AND I FEEL INJURED ON MY NECK, RIGHT STOMACH AREA AND BACK.

Declaration

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



Policyholder's Signature / Date & Time

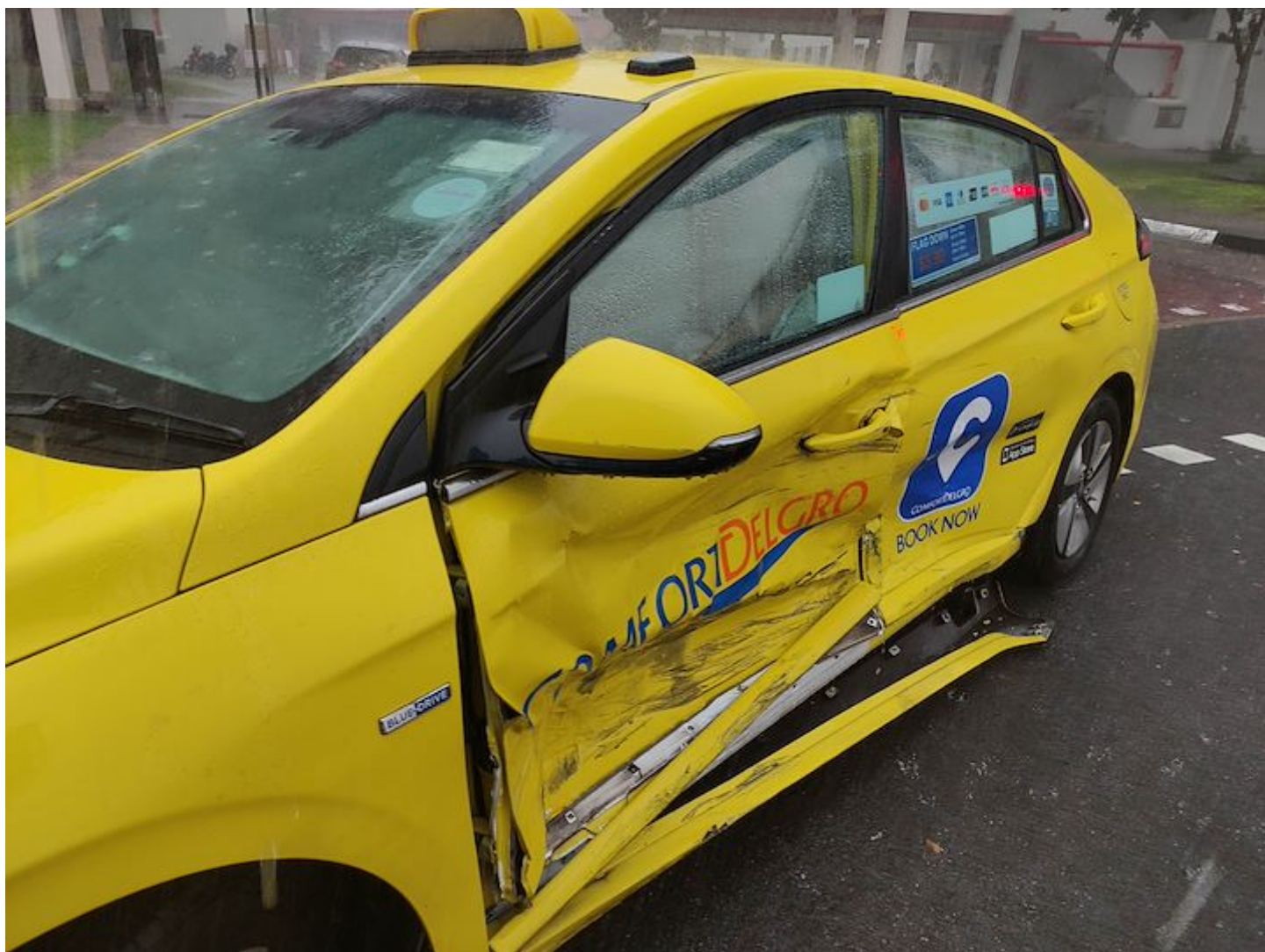
Driver's Signature (If driver is not the policyholder) / Date & Time 2/3/22 1645



Witnessed by Reporting Centre Personnel KHAIKAM









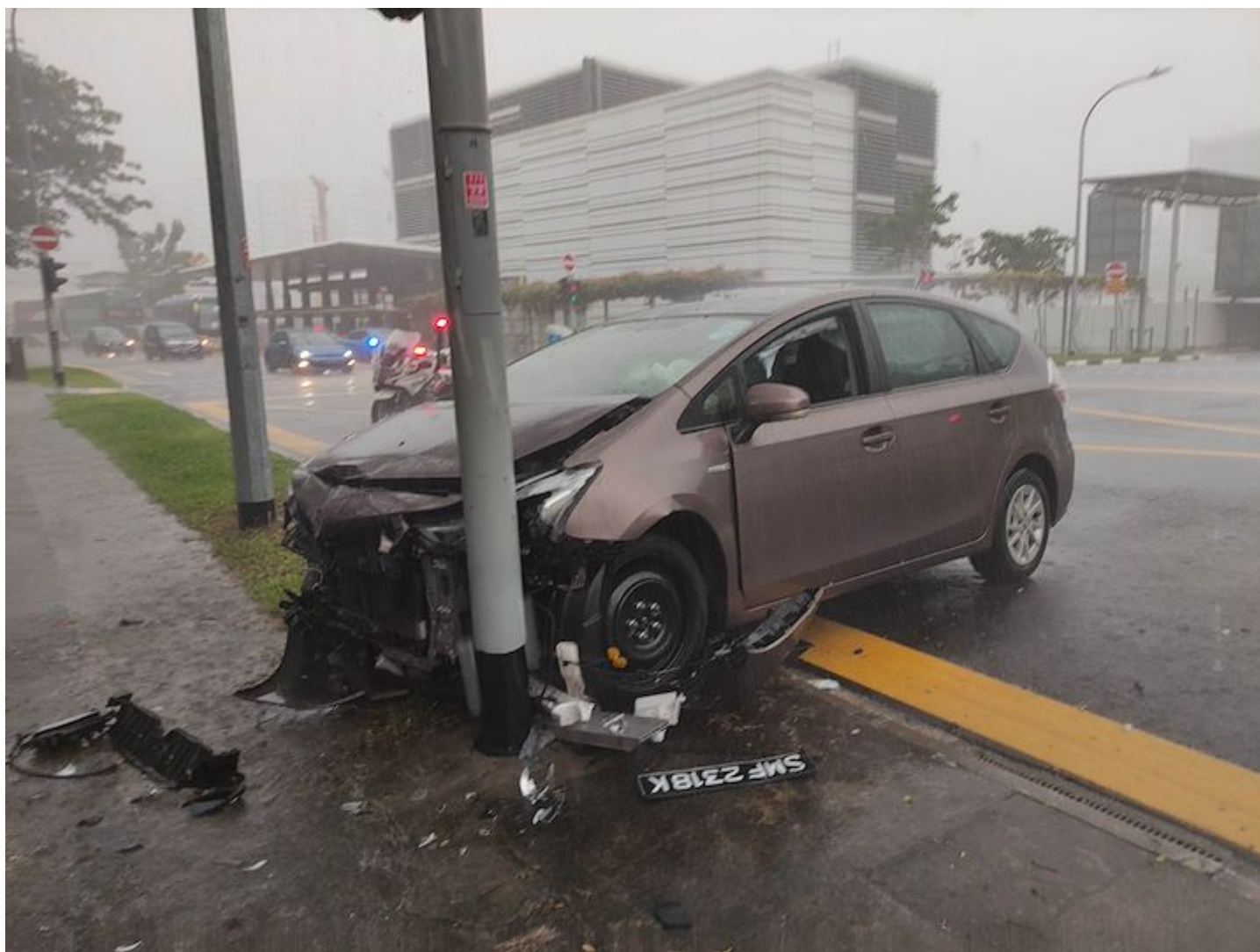


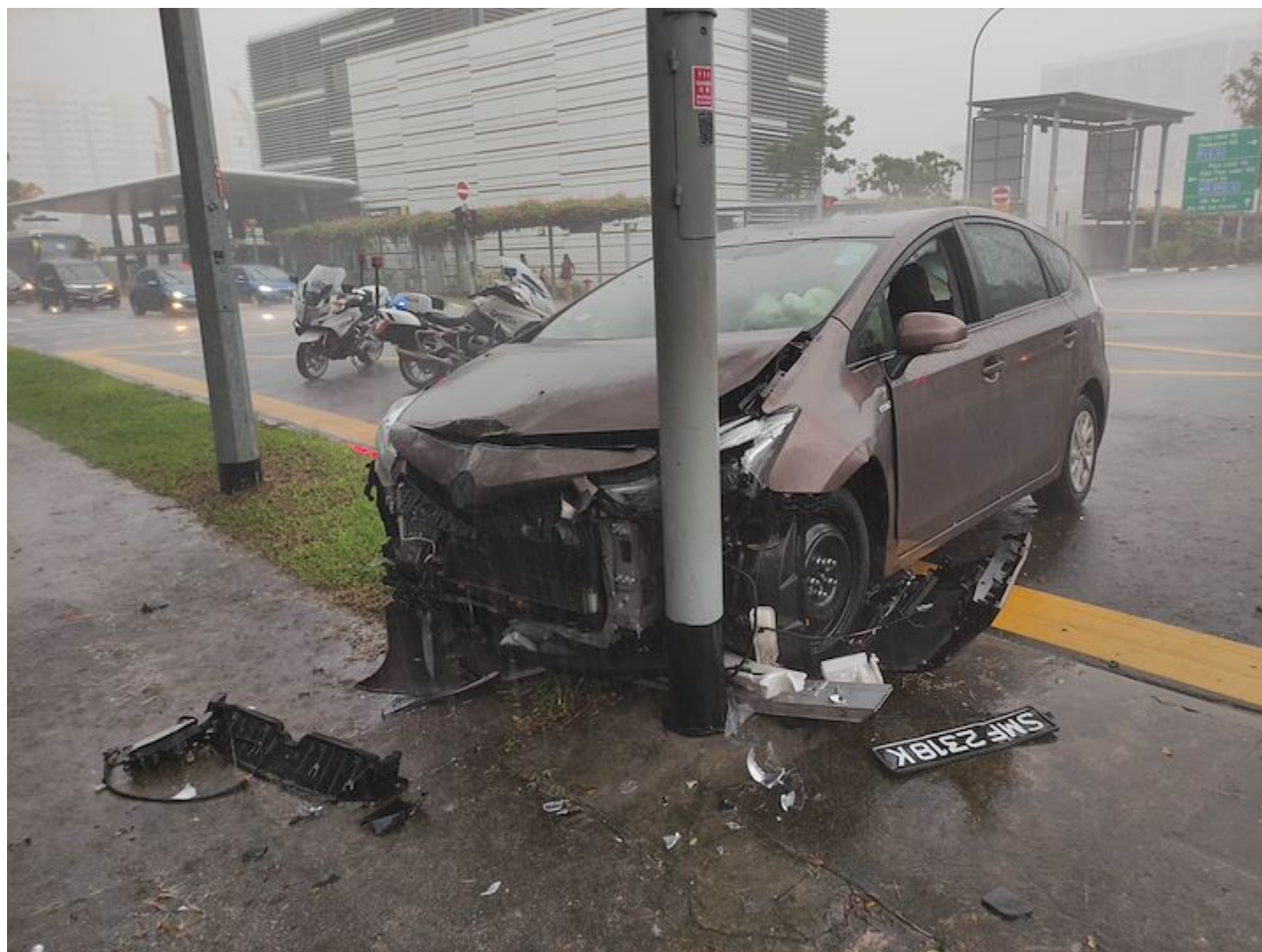




























IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SJ0422330001 Vehicle Registration No: SHA981T
 Name (as shown in NRIC): Comfort Transportation Pte Ltd NRIC/FIN/Passport No: 1XXXXX821R
 (*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
 Address: _____ Singapore ()
 Contact (Tel): _____ Mobile No.: _____
 Email Address: _____
 Date of Accident: 02/03/2022 Time of Accident: 15:00
 Place of Accident: Circuit Rd,
 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:

-admend injuries details



Policyholder / Driver's Signature
Date:

siti

Reporting Centre Personnel's Signature
Name: Siti
NRIC/FIN No.:
Date: 03.03.2022

GEARMC Addendum Form