

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 19/12/2022 10:10 (SGT)
Reported by Driver
Date of Accident 17/12/2022 15:30 (SGT)
Exact Location of Accident 337 Ang Mo Kio Ave 1, Block 337, Singapore 560337
Additional Location Information OSCP
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHC7104C

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) +65-96680023
Alternative Phone No (Office) +65-65508768

VEHICLE PARTICULARS

Manufacturer Toyota
Model Prius
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 1798

INSURANCE COMPANY

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

DRIVER

Name of Driver CHOO FOO CHONG
NRIC No S1435369J
Date Of Birth 18/08/1960
Occupation Outdoor

Date Of Driving Pass	07/02/1984
Driving experience	38 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96680023
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	717 YISHUN STREET 71 #05-325
Address complement	-
Postcode	760717
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 - Major/Minor Rd
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?	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 17/12/2022 AROUND 1530HRS I WAS DRIVING VEHICLE A (SHC7104C) ON BLK 337 ANG MO KIO AVE 1 OSCP. WHEN I REACH THE LAST JUNCTION IN CAR PARK I TURN LEFT BECAUSE ITS A ONE WAY AND I CANT GO STRAIGHT. THE MOMENT I TURN LEFT SUDDENLY THERE WAS THIS VEHICLE B (SMQ4507K) WAS DRIVING OUT OR REVERSE PARKING HER VEHICLE I AM NOT SURE OF HER ACTION. UNFORTUNATELY VEHICLE A AND B HAS GRAZED EACH OTHER I WAS ON MY MAJOR AND SHE WAS IN HER MINOR , FOR ME IT LOOK LIKE SHE WANTED TO EXIT THE CAR PARK AND DIDNT SEE THE BLINDSPOT. NOBODY WAS INJURED DURING THE ACCIDEN

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	SMQ4507K
Vehicle Manufacturer	Honda
Vehicle Model	-

Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	NA / Unknown
Name of Driver	UNKNOWN
Contact Number	-
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 situated outside of Singapore, for one or more of the above Purposes.

[Handwritten Signature]

17/12/2022 2250HRS

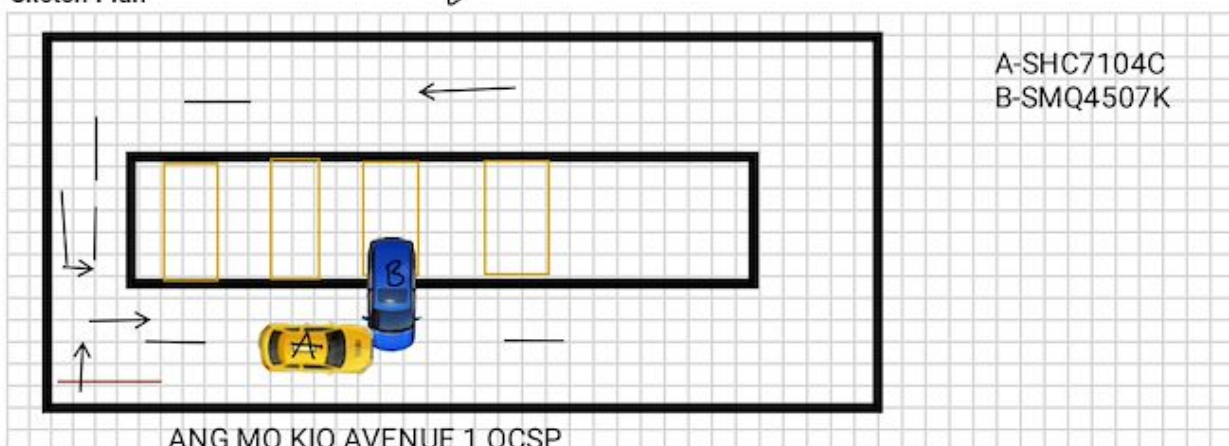
**FLASH ACCIDENT
REPORTING OFFICER**
FRO VICKY



Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

A-SHC7104C
B-SMQ4507K

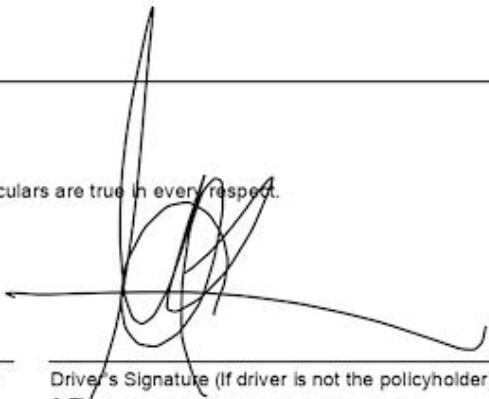
Describe Circumstances of the Accident

ON 17/12/2022 AROUND 1530HRS I WAS DRIVING VEHICLE A (SHC7104C) ON BLK 337 ANG MO KIO AVE 1 OSCP. WHEN I REACH THE LAST JUNCTION IN CAR PARK I TURN LEFT BECAUSE ITS A ONE WAY AND I CANT GO STRAIGHT. THE MOMENT I TURN LEFT SUDDENLY THERE WAS THIS VEHICLE B (SMQ4507K) WAS DRIVING OUT OR REVERSE PARKING HER VEHICLE I AM NOT SURE OF HER ACTION. UNFORTUNATELY VEHICLE A AND B HAS GRAZED EACH OTHER I WAS ON MY MAJOR AND SHE WAS IN HER MINOR, FOR ME IT LOOK LIKE SHE WANTED TO EXIT THE CAR PARK AND DIDNT SEE THE BLINDSPOT. NOBODY WAS INJURED DURING THE ACCIDENT.

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 17/12/2022 2250HRS

**FLASH ACCIDENT
REPORTING OFFICER**

FRO VICKY



Witnessed by Reporting Centre Personnel



