

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 11:56 (SGT)
Reported by Driver
Date of Accident 18/12/2022 13:10 (SGT)
Exact Location of Accident Stamford Rd, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHD8511Z

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) +65-90609122
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 CHAN TUCK POOI
NRIC No S7077517D
Date Of Birth 03/01/1970
Occupation Outdoor

Date Of Driving Pass	31/12/2005
Driving experience	17 YEARS
Gender	Male
Mobile Number	(Phone) +65-90609122
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	914 TAMPINES ST 91 #06-39
Address complement	-
Postcode	520914
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 - 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	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
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 18/12/22 AT ABOUT 1310HRS I WAS DRIVING VEHICLE A SHD8511Z ALONG STAMFORD ROAD TOWARDS VICTORIA STREET. I WAS AT EXTREME RIGHT LANE (STATIONARY POSITION) AND ALIGHTED TO CHECK MY VEHICLE TYRES.AS I ABOARD MY VEHICLE MY FOOT ACCIDENTALLY TOUCHED ONTO ACCELERATOR PEDAL RESULTING MY VEHICLE REAR ENDED VEHICLE B SG5182M. I NEED MENTION THAT MY VEHICLE HAVING MECHANICAL ISSUES THAT'S THE REASON WHY I ALIGHT TO CHECK AND TOTALLY CAN NOT START AFTER ACCIDENT . MY VEHICLE VEHICLE BEEN TOWED TO LOYANG. MY RIGHT LEG INJURED WHILE I TRIED TO STOP MY VEHICLE FROM HITTING ONTO VEHICLE B.

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	SG5182M
Vehicle Manufacturer	-
Vehicle Model	-

Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Bus
Name of Driver	TANG KAY SOON
NRIC No	S1506323H
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	CHAN TUCK POOI
Gender	Male
Phone No	-
Address	914 TAMPINES ST 91 #06-39
Address Complement	-
Post Code	520914
Approximate Age Years Old	-
Injuries Sustained	NOT SURE
Injured person in which vehicle?	SHD8511Z
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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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.



FLASH ACCIDENT REPORTING OFFICER

FRO BALAJI

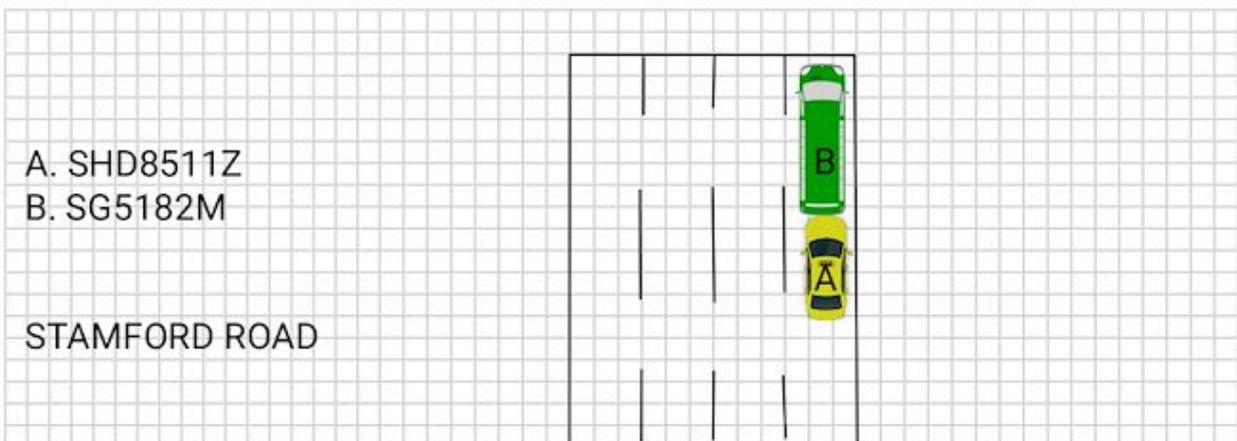


Policyholder's Signature / Date & Time

Driver's Signature (If driver is not the policyholder) / Date & Time
 1630hrs 18/12/22

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

ON 18/12/22 AT ABOUT 1310HRS I WAS DRIVING VEHICLE A SHD8511Z ALONG STAMFORD ROAD TOWARDS VICTORIA STREET. I WAS AT EXTREME RIGHT LANE (STATIONARY POSITION) AND ALIGHTED TO CHECK MY VEHICLE TYRES. AS I ABOARD MY VEHICLE MY FOOT ACCIDENTALLY TOUCHED ONTO ACCELERATOR PEDAL RESULTING MY VEHICLE REAR ENDED VEHICLE B SG5182M. I NEED MENTION THAT MY VEHICLE HAVING MECHANICAL ISSUES THAT'S THE REASON WHY I ALIGHT TO CHECK AND TOTALLY CAN NOT START AFTER ACCIDENT . MY VEHICLE VEHICLE BEEN TOWED TO LOYANG. MY RIGHT LEG INJURED WHILE I TRIED TO STOP MY VEHICLE FROM HITTING ONTO VEHICLE B.

Declaration

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



FLASH ACCIDENT
REPORTING OFFICER

FRO BALAJI



Policyholder's Signature / Date &
Time

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

1630HRS 18 /12/22

Witnessed by Reporting Centre
Personnel







