

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	23/02/2023 16:15 (SGT)
Reported by	Driver
Date of Accident	23/02/2023 09:20 (SGT)
Exact Location of Accident	Boon Lay Way, Singapore
Additional Location Information	OPPOSITE CHINESE GARDEN MRT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD8628X
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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) +65-90600069
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	HSBC Life (Singapore) Pte. Ltd
Policy Number / Cover Note Number	VFX/P2419140

DRIVER

Name of Driver	TANG SWEE CHOON
NRIC No	S0217075B
Date Of Birth	29/03/1951
Occupation	Outdoor

Date Of Driving Pass	09/09/1974
Driving experience	48 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90600069
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLK 542 JELAPANG ROAD # 06-42
Address complement	-
Postcode	670542
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	Side Swipe
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 23/02/2023 AT ABOUT 0920HRS I WAS DRIVING MY VEHICLE A SHD8628X ALONG BOON LAY WAY. NEAR CHINESE GARDENS MRT, I SIGNAL LEFT AND SLOWLY FILTER INTO 1ST LANE. VEHICLE B FBT710E WHICH WAS BEHIND SIDE SWIPE HIS VEHICLE B RIGHT HANDLE ONTO MY VEHICLE A LEFT REAR.

HE HURT HIS RIGHT ARM AND RIGHT ANKLE.

HE THEN CALLED AMBULANCE BUT WAS NOT NOT CONVEY. POLICE CAME AND TOLD US NOT NECESSARY TO MAKE POLICE REPORT AS NO ONE WAS CONVEYED.

SCENE PHOTOS AND PARTICULARS TAKEN. NO HANDPHONE EXCHANGED.

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	FBT710E
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
Name of Driver	TOH MING XUAN
NRIC No	S9570128J
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	RIGHT FRONT HANDLE
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	TOH MING XUAN
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	RIGHT ARM AND RIGHT ANKLE
Injured person in which vehicle?	FBT710E
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No


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.

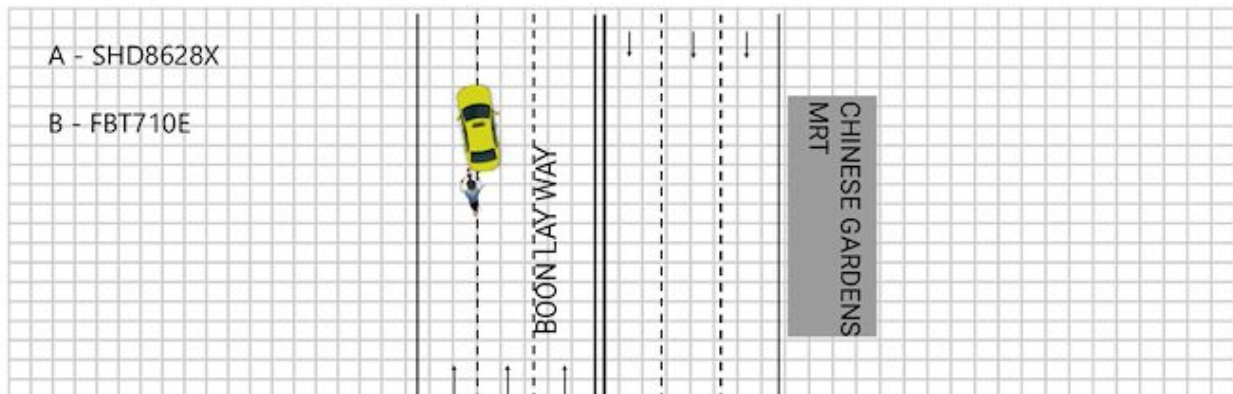
Policyholder's Signature /
Date & Time

Driver's Signature (If driver is not the policyholder) /
Date & Time 23.02.2023 1330 HRS

FLASH ACCIDENT
REPORTING OFFICER
KYMI YONG



Witnessed by Reporting Centre
Personnel

Sketch Plan

Describe Circumstances of the Accident

ON 23/02/2023 AT ABOUT 0920HRS I WAS DRIVING MY VEHICLE A SHD8628X ALONG BOON LAY WAY, NEAR CHINESE GARDENS MRT, I SIGNAL LEFT AND SLOWLY FILTER INTO 1ST LANE. VEHICLE B FBT710E WHICH WAS BEHIND SIDE SWIPE HIS VEHICLE B RIGHT HANDLE ONTO MY VEHICLE A LEFT REAR. HE HURT HIS RIGHT ARM AND RIGHT ANKLE. HE THEN CALLED AMBULANCE BUT WAS NOT NOT CONVEY. POLICE CAME AND TOLD US NOT NECESSARY TO MAKE POLICE REPORT AS NO ONE WAS CONVEYED. SCENE PHOTOS AND PARTICULARS TAKEN. NO HANDPHONE EXCHANGED.

Declaration

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

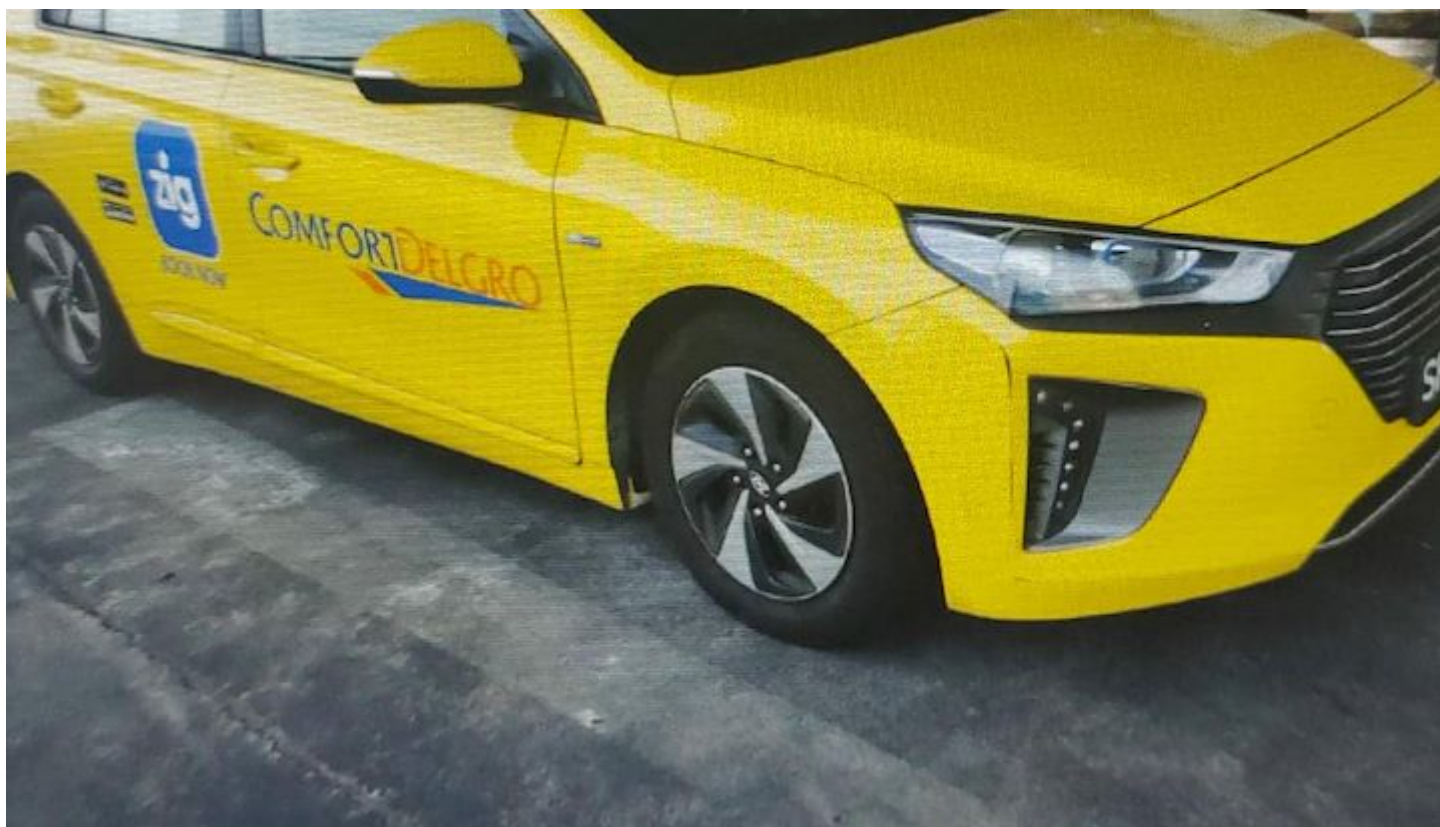
Policyholder's Signature /
Date & Time

Driver's Signature (If driver is not the policyholder) /
Date & Time 23.02.2023 1335 HRS

Witnessed by Reporting Centre
Personnel

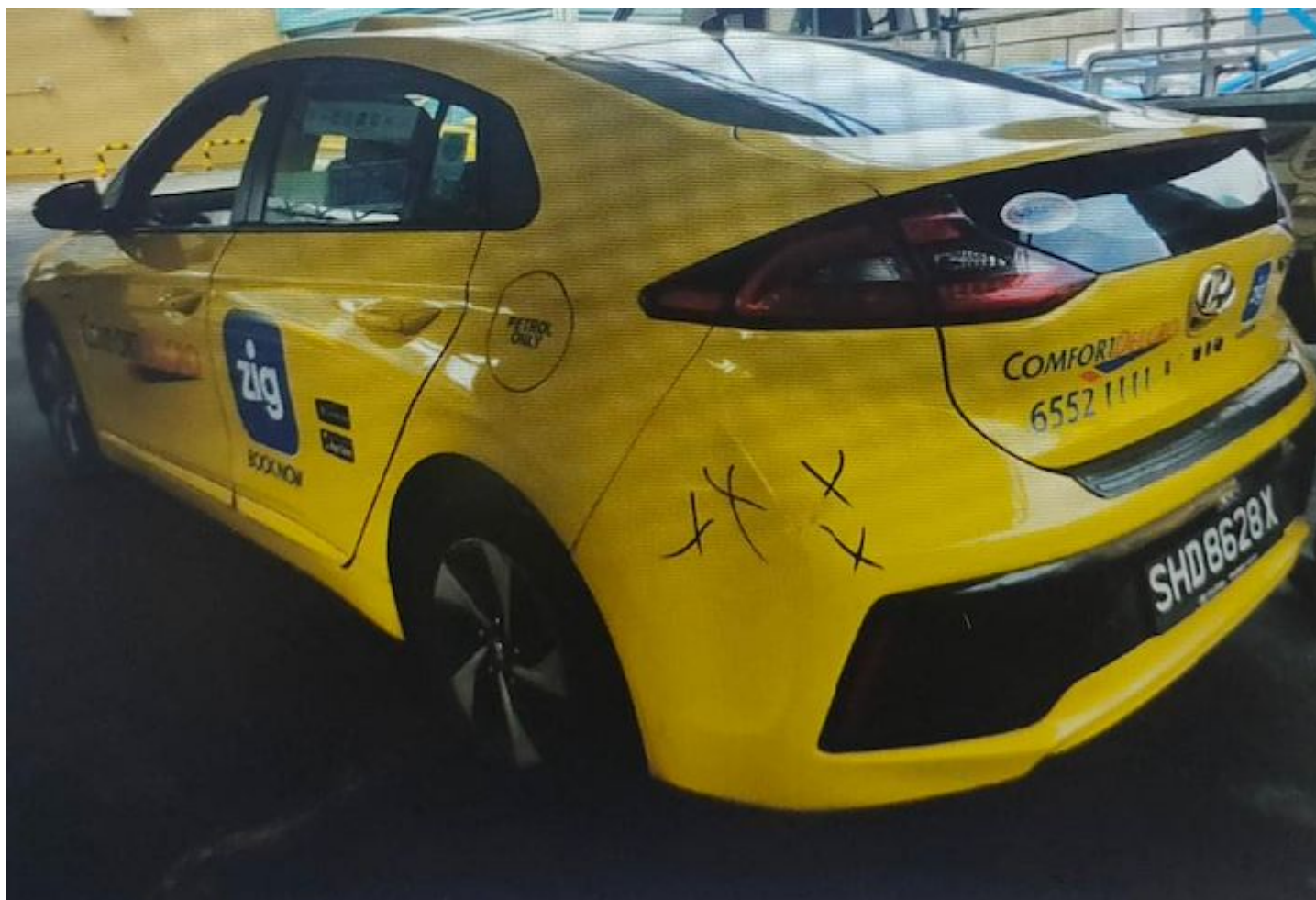
FLASH ACCIDENT
REPORTING OFFICER
KYMI YONG



























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: SJ0G232N0011 Vehicle Registration No: SHD8828X
 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: 23/02/2023 09:20 Time of Accident: 09:20
 Place of Accident: Boon Lay Way.
 Insurance Company: HSBC Life (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 THIRD PARTY PLATE NUMBER



 Policyholder / Driver's Signature
 Date:

Siti
 Reporting Centre Personnel's Signature
 Name:
 NRIC/FIN No.:
 Date: 24.02.2023

GEARMC Addendum Form

