

## 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	25/02/2023 14:45 (SGT)
Reported by	Driver
Date of Accident	24/02/2023 20:45 (SGT)
Exact Location of Accident	Marsiling Dr, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB3633Z
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	CITYCAB PTE LTD
Company Reg No	1XXXXX839G
Email Address	fleetsafety@cdgtaxi.com.sg
Mobile Phone No	(Phone) +65-91198889
Alternative Phone No	-

#### 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	NG SAY WAN
NRIC No	SXXXX335B
Date Of Birth	02/01/1965
Occupation	Outdoor

Date Of Driving Pass	20/10/2005
Driving experience	17 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91198889
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLK 353 WOODLANDS AVENUE 1 # 12-755
Address complement	-
Postcode	730353
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?	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 24/02/2023 AT 2045HRS I WAS DRIVING VEHICLE A(SHB3633Z) AT A JUNCTION ALONG MARSILING DRIVE, VEHICLE B(SLN7886Z) FRONT LEFT SIDE COLLIDED ONTO VEHICLE A REAR RIGHT SIDE.

NO OTHER VEHICLE INVOLVED  
NOBODY WAS INJURED

#### 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 NOT SUITABLE

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLN7886Z
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	AMINAH BEEVE BINTE ABDUL HAMID
NRIC No	SXXXX040J
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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6. The 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 lodgment of this report to the insurers, you hereby consent to the archiving of this report at the center and to copies of the report being made available aforesaid.
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 purposes 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

Sketch Plan

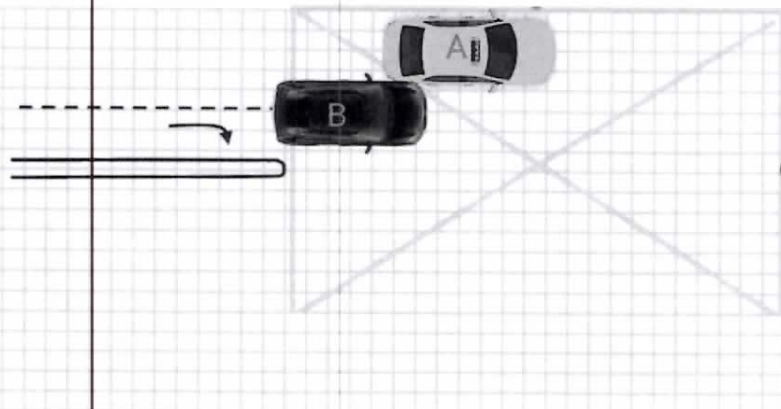
Driver's Signature (If driver is not the policyholder) / Date & Time

25/02/2023 1300HRS

Witnessed by Reporting Centre Personnel

DHIYAA

A - SHB3633Z  
B - SLN7886Z  
MARSILING DRIVE



Describe Circumstances of the Accident

ON 24/02/2023 AT 2045HRS I WAS DRIVING VEHICLE A(SHB3633Z) AT A JUNCTION ALONG MARSILING DRIVE, VEHICLE B(SLN7886Z) FRONT LEFT SIDE COLLIDED ONTO VEHICLE A REAR RIGHT SIDE.

NO OTHER VEHICLE INVOLVED  
NOBODY WAS INJURED

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  
25/02/2023 1300HRS

\_\_\_\_\_  
Witnessed by Reporting Centre Personnel  
DHIYAA

