

# 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	30/03/2023 15:05 (SGT)
Reported by	Actual Driver
Date of Accident	30/03/2023 08:30 (SGT)
Exact Location of Accident	Choa Chu Kang North 6, Singapore
Additional Location Information	NEAR BUS STOP B03 AND BLOCK 634
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number SHA9571J

### 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) +65-86093930
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	MOHAMAD YATIM BIN MOHAMED HAMZAH
NRIC No	SXXXX676B
Date Of Birth	04/04/1968
Occupation	Outdoor

Date Of Driving Pass  
Driving experience  
Gender  
Mobile Number  
Alt. Phone Number  
Email Address  
Address  
Address complement  
Postcode  
Is the driver the policyholder?  
If No, Relationship of the Driver with the Insured  
Does Driver Own Other Vehicles?  
Vehicle Registration Number of Other Vehicle Owned by Driver  
Insurance Company of Other Vehicle Owned by Driver

20/08/2003  
19 YEARS AND 7 MONTHS  
Male  
(Phone) +65-86093930  
-  
fleetsafety@cdgtaxi.com.sg  
BLK 640A SENJA CLOSE #24-295  
-  
671640  
No  
Hirer  
No  
-  
-

#### GENERAL INFORMATION OF THE ACCIDENT

Type of Accident  
Weather Conditions  
Road Surface

Collision - Head to Rear  
Clear  
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) 2  
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 -

#### PASSENGER 1

Name UNKNOWN  
Gender Female

#### 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 30.03.2023 AT ABOUT 0830HRS I WAS DRIVING MY VEHICLE A SHA9571J FETCHING MY PASSENGER TO SENOKO. I STOP MY VEHICLE A AT THE TRAFFIC LIGHTS OF CHOA CHUA KANG NORTH 6 NEAR BUS STOP B03 WHEN VEHICLE B FBT3010Y REAR ENDED MY STATIONARY VEHICLE A. BIKER DID NOT FALL AND IS NOT INJURED. MY PASSENGER IS NOT INJURED AND I PROCEEDED TO SEND HER TO DESTINATION. SCENE PHOTOS AND PARTICULARS TAKEN.

#### 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	FBT3010Y
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
Name of Driver	NORIRWAN BIN MOHD YUSOFF
NRIC No	SXXXX079I
Contact Number	(Phone) +65-87674131
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	FRONT
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1



**SKETCH PLAN****IMPORTANT NOTICE**

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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 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.
  - (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.

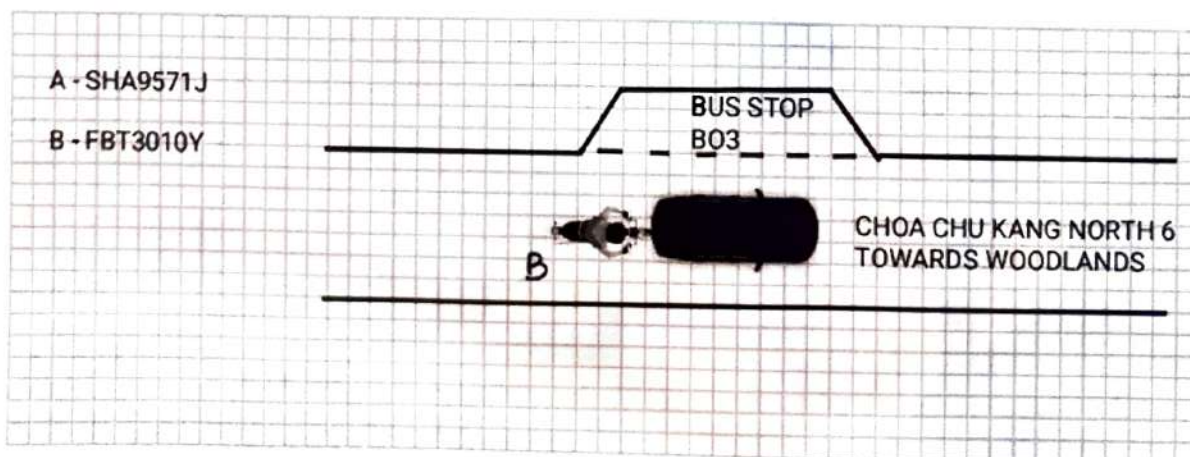
Policyholder's Signature / Date &amp; Time

Sketch Plan

Driver's Signature (If driver is not the policyholder) / Date &amp; Time 30.03.2023. 1310HRS

**FLASH ACCIDENT  
REPORTING OFFICER  
KYMI**


Witnessed by Reporting Centre Personnel



## Describe Circumstances of the Accident

ON 30.03.2023 AT ABOUT 0830HRS I WAS DRIVING MY VEHICLE A (SHA9571J) FETCHING MY PASSENGER TO SENOKO. I STOP MY VEHICLE A AT THE TRAFFIC LIGHTS OF CHOA CHUA KANG NORTH 6 NEAR BUS STOP B03 WHEN VEHICLE B (FBT3010Y) REAR ENDED MY STATIONARY VEHICLE A. BIKER DID NOT FALL AND IS NOT INJURED. MY PASSENGER IS NOT INJURED AND I PROCEEDED TO SEND HER TO DESTINATION. SCENE PHOTOS AND PARTICULARS TAKEN.

## 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 30.03.2023. 1315HRS

FLASH ACCIDENT  
REPORTING OFFICER  
KYMI



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