

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	10/04/2023 11:39 (SGT)
Reported by	Actual Driver
Date of Accident	09/04/2023 16:55 (SGT)
Exact Location of Accident	Gateway Ave, Singapore
Additional Location Information	ROUNDAABOUT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC227C
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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) +65-97618429
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	TAN KUAN HENG (CHEN GUANGXING)
NRIC No	SXXXX866A
Date Of Birth	08/02/1971
Occupation	Outdoor

Date Of Driving Pass	28/10/1991
Driving experience	31 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97618429
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLK 411 SEMBAWANG DRIVE # 03 - 760
Address complement	-
Postcode	750411
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	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)	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	Male

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 09.04.2023 AT ABOUT 1655HRS I WAS DRIVING MY VEHICLE A SHC227C FETCHING MY PASSENGER TO SHANGRILA RASA. AT THE SENTOSA GATEWAY AVE , MY VEHICLE A WAS ON THE LEFT LANE. VEHICLE B SJJ1211E ON MY RIGHT , CUT INTO MY LANE. HIS VEHICLE B FRONT LEFT THEN SIDE SWIPE MY VEHICLE A RIGHT REAR DOOR. MY PASSENGER IS NOT INJURED AND I PROCEEDED TO SEND HIM TO DESTINATION. SCENE PHOTOS TAKEN. PARTICULARS 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	SJJ1211E
Vehicle Manufacturer	BMW
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	CALVIN
NRIC No	SXXXX702B
Contact Number	(Phone) +65-91068892
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	FRONT LEFT
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	2

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

Sketch Plan

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

10.04.2023. 0925HRS

**FLASH ACCIDENT
REPORTING OFFICER
KYMI**

Witnessed by Reporting Centre Personnel

A - SHC227C

B - SJJ1211E



Describe Circumstances of the Accident

ON 09.04.2023 AT ABOUT 1655HRS I WAS DRIVING MY VEHICLE A SHC227C FETCHING MY PASSENGER TO SHANGRILA RASA. AT THE SENTOSA GATEWAY AVE , MY VEHICLE A WAS ON THE LEFT LANE. VEHICLE B SJJ1211E ON MY RIGHT , CUT INTO MY LANE. HIS VEHICLE B FRONT LEFT THEN SIDE SWIPE MY VEHICLE A RIGHT REAR DOOR. MY PASSENGER IS NOT INJURED AND I PROCEEDED TO SEND HIM TO DESTINATION. SCENE PHOTOS TAKEN. PARTICULARS 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

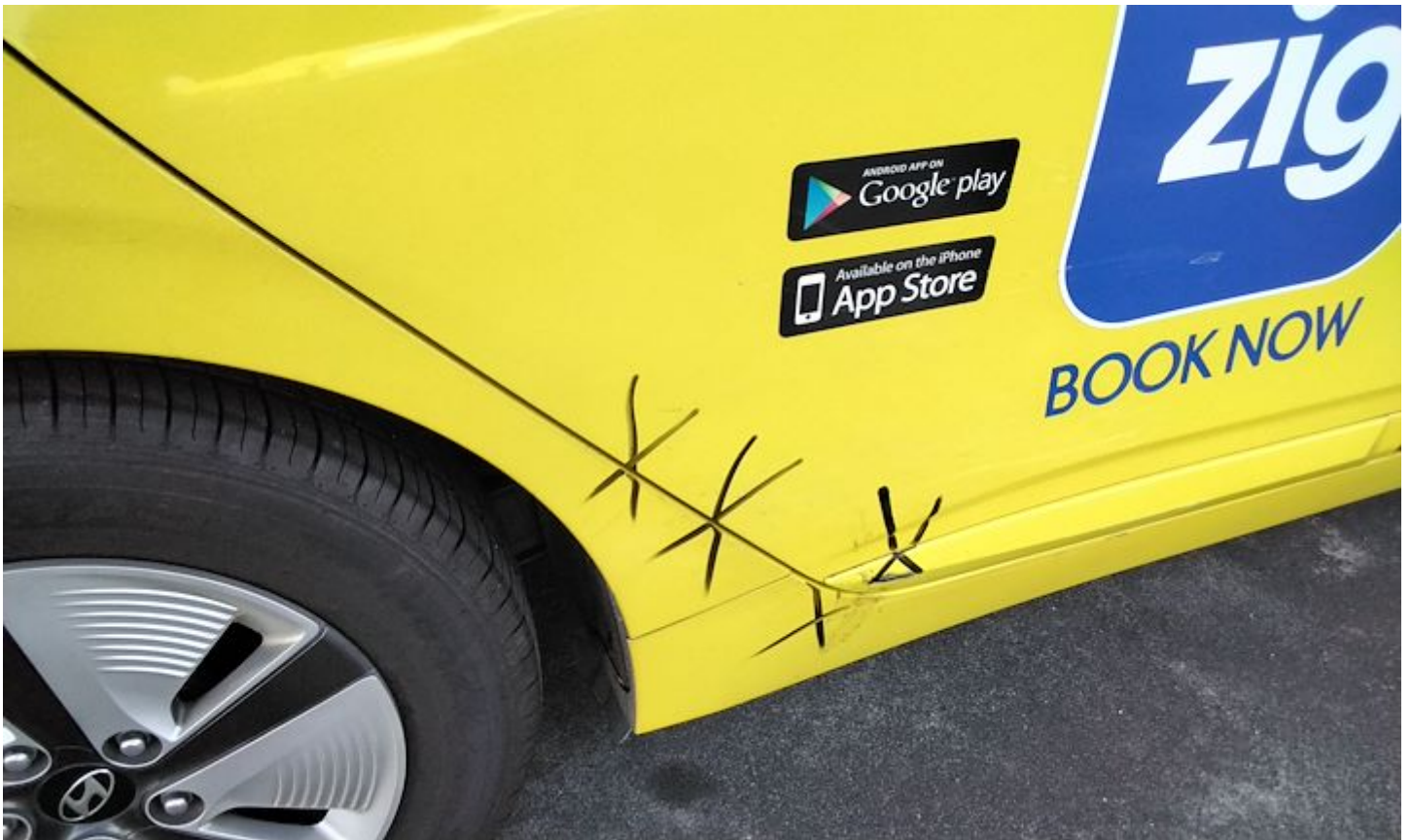
 10.04.2023. 0930HRS

FLASH ACCIDENT
REPORTING OFFICER
KYMI

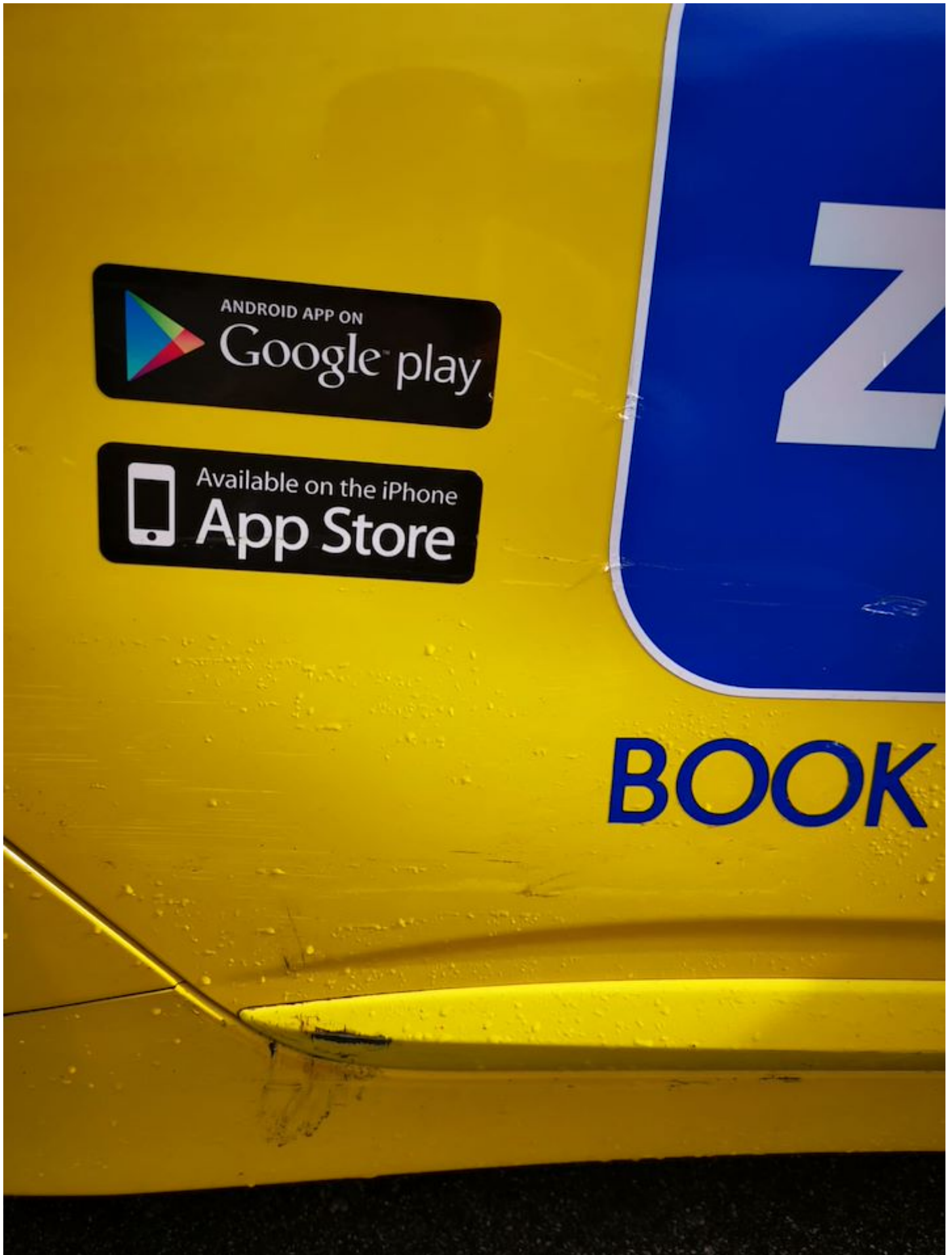
Witnessed by Reporting Centre Personnel







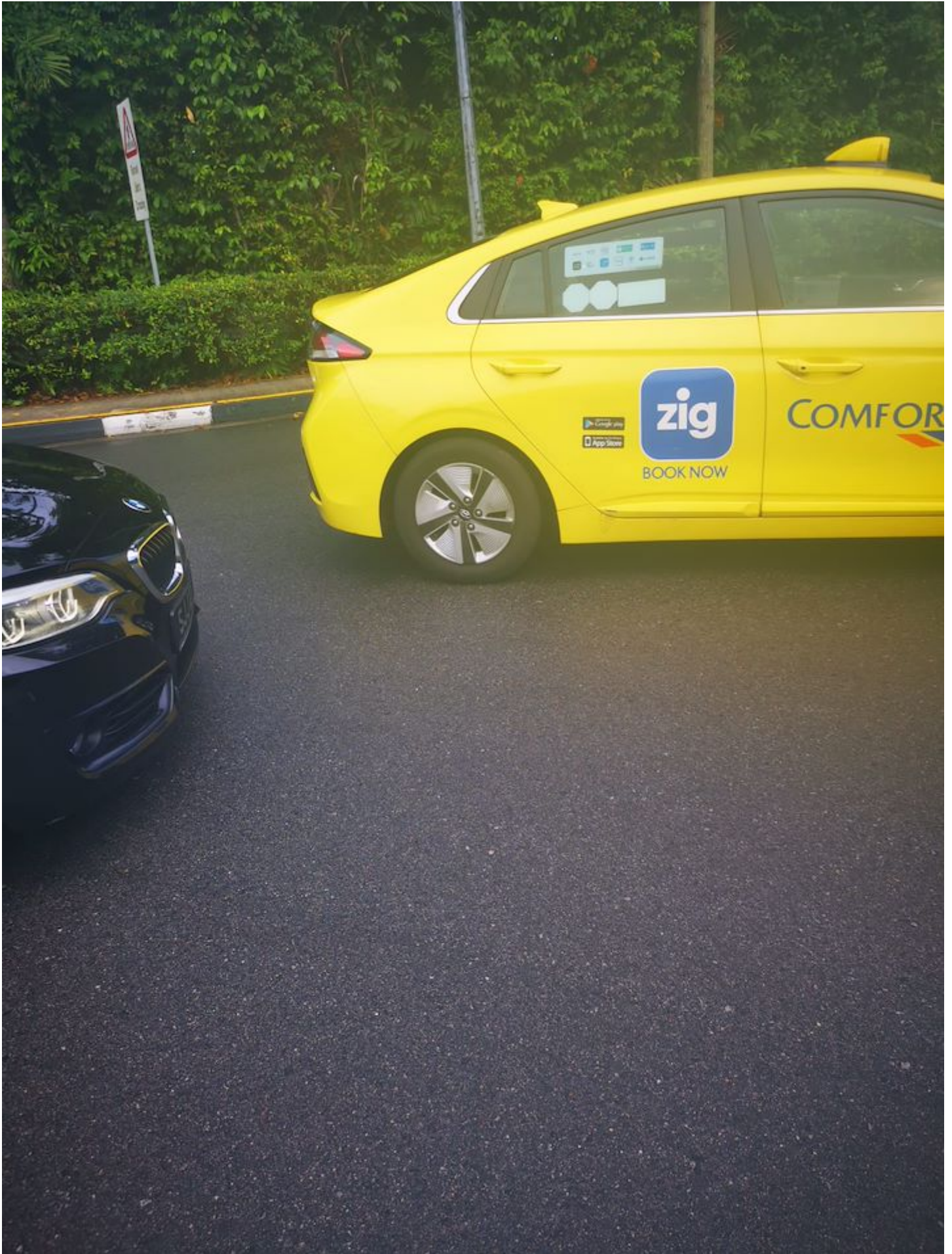














IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SJ0G234A000V Vehicle Registration No: SHC227C
 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: 09/04/2023 Time of Accident: 18:55
 Place of Accident: Gateway Ave.
 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:

ATTACHED VEHICLE PHOTOS



Policyholder / Driver's Signature
 Date:

Siti

Reporting Centre Personnel's Signature
 Name:
 NRIC/FIN No.:
 Date: 10.04.2023

GIARMC Addendum Form