

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	01/05/2023 09:03 (SGT)
Reported by	Actual Driver
Date of Accident	29/04/2023 14:25 (SGT)
Exact Location of Accident	BKE, Singapore
Additional Location Information	TOWARDS PIE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA8099M
-----------------------------------	----------

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) +65-90288953
Alternative Phone No	(Office) +65-65508768

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Prius
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	1798

INSURANCE COMPANY

Name of Insurance Company	HSBC Life (Singapore) Pte. Ltd
Policy Number / Cover Note Number	VFX/P2419140

DRIVER

Name of Driver	NG CHING WEE
NRIC No	S7981965D
Date Of Birth	11/06/1979
Occupation	Outdoor

Date Of Driving Pass	13/12/2004
Driving experience	18 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90288953
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLK 451B BUKIT BATOK WEST AVENUE 6 #18-697
Address complement	-
Postcode	652451
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	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	7
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)	4
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

PASSENGER 2

Name	UNKNOWN
Gender	Male

PASSENGER 3

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 29/04/23 AT AROUND 1425HRS I WAS DRIVING VEHICLE (SHA8099M) AT BKE TOWARDS PIE. AS I WAS MOVING STRAIGHT, VEHICLE G(SJG3407K) SUDDENLY JAMMED BRAKE WHICH CAUSED ME TO NOT BRAKE ON TIME AND HIT VEHICLE G REAR. THATS WHEN I FELT A COUPLE MORE IMPACT FROM BEHIND. I WENT OUT TO SEE THAT I WAS INVOLVED IN A 7 VEHICLE CHAIN COLLISION. I WAS REAR ENDED BY VEHICLE B(SJK2679C) AND VEHICLE B REAR ENDED BY VEHICLE C(SLL3078B) FOLLOWED BY VEHICLE C REAR ENDING VEHICLE D(SMS146J). THE IMPACT CAUSED VEHICLE D TO HIT VEHICLE E(SDH50R) AND VEHICLE E TO HIT VEHICLE F(SNK4585D). WE STOPPED AND EXCHANGED PARTICULARS AND NO ONE WAS INJURED AT THE MOMENT

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 SJG3407K
 Vehicle Manufacturer Toyota
 Vehicle Model Estima
 Vehicle Variant -
 Vehicle Colour -
 Vehicle Category Private car
 Name of Driver NG SHIN YING (HUANG XINYING)
 NRIC No S7717233E
 Contact Number (Phone) +65-81835397
 Address -
 Address complement -
 Postcode -
 Insurance Company Name -
 Nature Of Damage -
 Details of property damaged in accident -
 No. Of Passenger (Including Driver) -

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SJK2679C
 Vehicle Manufacturer Toyota
 Vehicle Model -
 Vehicle Variant -
 Vehicle Colour -
 Vehicle Category Private car
 Name of Driver SOH TING WEE (SU ZHENWEI)
 NRIC No S7700295B
 Contact Number (Phone) +65-96857943
 Address BLK 549 WOODLANDS DRIVE 44 #07-96
 Address complement -
 Postcode 730549
 Insurance Company Name -
 Nature Of Damage -
 Details of property damaged in accident -
 No. Of Passenger (Including Driver) -

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number SLL3078B
 Vehicle Manufacturer -
 Vehicle Model -
 Vehicle Variant -
 Vehicle Colour -
 Vehicle Category Private car
 Name of Driver JOSHUA JEBARAJ RAYMOND
 NRIC No S9643072H
 Contact Number (Phone) +65-92254495
 Address -
 Address complement -
 Postcode -
 Insurance Company Name -
 Nature Of Damage -
 Details of property damaged in accident -
 No. Of Passenger (Including Driver) -

DETAILS OF OTHER VEHICLE PROPERTY 4

Vehicle Registration Number	SMS146J
Vehicle Manufacturer	Volvo
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	ONG CHUE HOO
NRIC No	S2559382J
Contact Number	(Phone) +65-96791795
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 5

Vehicle Registration Number	SDH50R
Vehicle Manufacturer	Audi
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	DARREN YEO
Contact Number	(Phone) +65-91196266
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 6

Vehicle Registration Number	SNK4585D
Vehicle Manufacturer	Nissan
Vehicle Model	Serena
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private hire
Name of Driver	DELLA CHEONG LAI FONG
NRIC No	S7339514C
Contact Number	(Phone) +65-90721523
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**

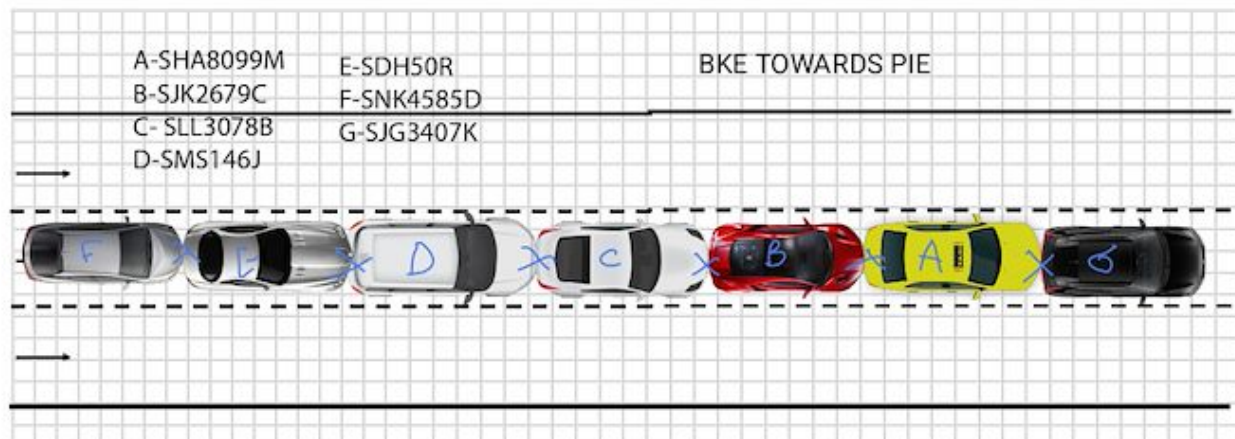
1. Please correctly report the details of the accident to speed up the claims process.
2. This Form must be **completed by the Policyholder and/or the Authorized Driver**.
3. Information provided must be as **truthful and accurate as possible**. Any willful misrepresentation or withholding of material 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. 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 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 ZIKRUL


 Policyholder's Signature / Date &
Time

 Driver's Signature (If driver is not the policyholder) / Date
& Time 29/04/23 1800HRS

 Witnessed by Reporting Centre
Personnel
Sketch Plan

Describe Circumstances of the Accident

ON 29/04/23 AT AROUND 1425HRS I WAS DRIVING VEHICLE (SHA8099M) AT BKE TOWARDS PIE. AS I WAS MOVING STRAIGHT, VEHICLE G(SJG3407K) SUDDENLY JAMMED BRAKE WHICH CAUSED ME TO NOT BRAKE ON TIME AND HIT VEHICLE G REAR. THATS WHEN I FELT A COUPLE MORE IMPACT FROM BEHIND. I WENT OUT TO SEE THAT I WAS INVOLVED IN A 7 VEHICLE CHAIN COLLISION. I WAS REAR ENDED BY VEHICLE B(SJK2679C) AND VEHICLE B REAR ENDED BY VEHICLE C(SLL3078B) FOLLOWED BY VEHICLE C REAR ENDING VEHICLE D(SMS146J). THE IMPACT CAUSED VEHICLE D TO HIT VEHICLE E(SDH50R) AND VEHICLE E TO HIT VEHICLE F(SNK4585D). WE STOPPED AND EXCHANGED PARTICULARS AND NO ONE WAS INJURED AT THE MOMENT

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

29/04/23 1800HRS

**FLASH ACCIDENT
REPORTING OFFICER**

FRO ZIKRUL

Witnessed by Reporting Centre Personnel















