

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	10/05/2023 11:17 (SGT)
Reported by	Actual Driver
Date of Accident	09/05/2023 17:25 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	BEFORE STEVENS ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC655A
-----------------------------------	---------

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) +65-97961685
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	LIM CHIN MING (LIN ZHENMING)
NRIC No	S7409562C
Date Of Birth	25/03/1974
Occupation	Outdoor

Date Of Driving Pass	20/02/1993
Driving experience	30 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97961685
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLK 202 CLEMENTI AVENUE 6 #13-63
Address complement	-
Postcode	120202
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	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	3
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)	3
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

PASSENGER 2

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 09/05/2023 AT AROUND 1725HRS, I WAS DRIVING VEHICLE A (SHC655A) ALONG PIE EXPRESSWAY TOWARDS TUAS. UPON SLOWING DOWN APPROACHING TRAFFIC CONGESTION, VEHICLE B (GY567S) COLLIDED ONTO THE REAR OF VEHICLE A. THE IMPACT CAUSED VEHICLE A TO SURGE FORWARD AND COLLIDE ONTO THE REAR OF VEHICLE C (SLJ630L).

ONE OF MY FEMALE PASSENGERS COMPLAINED OF HAVING DIZZINESS AFTER THE ACCIDENT WHILE I SUSTAINED PAIN IN KNEE.

THERE WERE NO OTHER VEHICLES INVOLVED IN THE CHAIN COLLISION.

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 GY567S
 Vehicle Manufacturer -
 Vehicle Model -
 Vehicle Variant -
 Vehicle Colour -
 Vehicle Category Commercial vehicle
 Name of Driver UNKNOWN
 Contact Number (Phone) +65-98514500
 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 SLJ630L
 Vehicle Manufacturer Toyota
 Vehicle Model Sienta
 Vehicle Variant -
 Vehicle Colour -
 Vehicle Category Private car
 Name of Driver UNKNOWN
 Contact Number (Phone) +65-96577098
 Address -
 Address complement -
 Postcode -
 Insurance Company Name -
 Nature Of Damage -
 Details of property damaged in accident -
 No. Of Passenger (Including Driver) -

INJURED PERSONS DETAILS

INJURED 1

Name of injured person LIM CHIN MING (LIN ZHENMING)
 Gender Male
 Phone No (Phone) +65-97961685
 Address BLK 202 CLEMENTI AVENUE 6 #13-63
 Address Complement -
 Post Code 120202
 Approximate Age Years Old 49
 Injuries Sustained PAIN IN KNEE
 Injured person in which vehicle? SHC655A
 Were seat belts worn? Yes
 Was this injured conveyed to hospital by ambulance? No

INJURED 2

Name of injured person UNKNOWN
 Gender Female
 Phone No -
 Address -
 Address Complement -
 Post Code -
 Approximate Age Years Old -

Injuries Sustained	DIZZINESS
Injured person in which vehicle?	SHC655A
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

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.

Policyholder's Signature / Date & Time

Sketch Plan

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

09/05/2023 1900HRS

FLASH ACCIDENT REPORTING OFFICER
FRO SUFIYAN



Witnessed by Reporting Centre Personnel



Describe Circumstances of the Accident

ON 09/05/2023 AT AROUND 1725HRS, I WAS DRIVING VEHICLE A (SHC655A) ALONG PIE EXPRESSWAY TOWARDS TUAS. UPON SLOWING DOWN APPROACHING TRAFFIC CONJESTION, VEHICLE B (GY567S) COLLIDED ONTO THE REAR OF VEHICLE A. THE IMPACT CAUSED VEHICLE A TO SURGE FORWARD AND COLLIDE ONTO THE REAR OF VEHICLE C (SLJ630L).

ONE OF MY FEMALE PASSENGERS COMPLAINED OF HAVING DIZZINESS AFTER THE ACCIDENT WHILE I SUSTAINED PAIN IN KNEE.

THERE WERE NO OTHER VEHICLES INVOLVED IN THE CHAIN COLLISION.

Declaration

We declare the foregoing particulars are true in every respect.



**FLASH ACCIDENT
REPORTING OFFICER**
FRO SUFIYAN



Policyholder's Signature / Date & Time

Driver's Signature (If driver is not the policyholder) / Date & Time **09/05/2023 1900HRS**

Witnessed by Reporting Centre Personnel





































