

# 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 First Submission .....	11/09/2024 12:17 (SGT)
Reported by .....	Actual Driver
Date of Accident .....	10/09/2024 11:00 (SGT)
Exact Location of Accident .....	Nicoll Hwy, Singapore
Additional Location Information .....	TOWARDS KPE TUNNEL
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SHC504C
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### 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) +65-97578008
Alternative Phone No .....	(Office) +65-65508768

### VEHICLE PARTICULARS

Manufacturer .....	Toyota
Model .....	Prius
Variant .....	5DR HATCHBACK (AUTO)
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
Vehicle Fuel .....	Petrol-Electric
First Registration Date .....	-
Chassis no .....	JTDKB3FUX03092716
Effective Date/Time of Ownership .....	-

### INSURANCE COMPANY

Name of Insurance Company .....	MS First Capital Insurance Ltd
Policy Number / Cover Note Number .....	D-24101860MFCT

### DRIVER

Name of Driver .....	UE SENG WAH
NRIC No .....	S1853985C
Date Of Birth .....	17/06/1959
Occupation .....	Outdoor
Driving Pass Date .....	04/03/1980
Driving License Pass Class .....	3
Driving License Validity .....	Valid
Driving experience .....	44 YEARS AND 6 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-97578008
Alt. Phone Number .....	-
Email Address .....	fleetsafety@cdgtaxi.com.sg
Address .....	BLK 253 COMPASSVALE STREET #15-21
Address complement .....	-
Postcode .....	540253
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) .....	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 10.09.2024 AT ABOUT 1100HRS, VEHICLE A SHC504C WAS ALONG NICOLL HIGHWAY SLIP ROAD TO KPE TUNNEL. NEAR LAMP POST 2S10, VEHICLE C SMA7193X IN FRONT SLOWED DOWN AND STOP. VEHICLE A ALSO SLOWED DOWN AND STOP. VEHICLE B SLK6565Y THEN REAR ENDED STATIONARY VEHICLE A CAUSING VEHICLE A TO SURGED FORWARD AND REAR END VEHICLE C. UPON IMPACT, MY PASSENGER AND MYSELF WAS HURT. PASSENGER THEN REQUESTED ME TO SEND HER BACK TO TOA PAYOH INSTEAD OF GOING TO IKEA. 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 .....	SLK6565Y
Vehicle Manufacturer .....	Toyota
Vehicle Model .....	SIENTA 1.5G HYBRID AT ABS D/AIRBAG 2WD
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private hire
Name of Driver .....	CHER YONG KHUAN
NRIC No .....	S7013658I
Contact Number .....	(Phone) +65-97578008
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	FRONT
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	1

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number .....	SMA7193X
Vehicle Manufacturer .....	Toyota
Vehicle Model .....	C-HR HYBRID 1.8S CVT
Vehicle Variant .....	-
Vehicle Colour .....	Blue
Vehicle Category .....	Private car
Name of Driver .....	WONG KAIJIE
NRIC No .....	S8127488F
Contact Number .....	(Phone) +65-83389366
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	REAR
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	1

#### INJURED PERSONS DETAILS

##### INJURED 1

Name of injured person .....	UE SENG WAH
Gender .....	Male
Phone No .....	(Phone) +65-97578008
Address .....	BLK 253 COMPASSVALE STREET #15-21
Address Complement .....	-
Post Code .....	540253
Approximate Age Years Old .....	65
Injuries Sustained .....	NECK AND BACK
Injured person in which vehicle? .....	SHC504C
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 .....	NECK AND BACK
Injured person in which vehicle? .....	SHC504C
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No



## Describe Circumstances of the Accident

ON 10.09.2024 AT ABOUT 1100HRS, VEHICLE A SHC504C WAS ALONG NICOLL HIGHWAY SLIP ROAD TO KPE TUNNEL. NEAR LAMP POST 2S10, VEHICLE C SMA7193X IN FRONT SLOWED DOWN AND STOP. VEHICLE A ALSO SLOWED DOWN AND STOP. VEHICLE B SLK6565Y THEN REAR ENDED STATIONARY VEHICLE A CAUSING VEHICLE A TO SURGED FORWARD AND REAR END VEHICLE C. UPON IMPACT, MY PASSENGER AND MYSELF WAS HURT. PASSENGER THEN REQUESTED ME TO SEND HER BACK TO TOA PAYOH INSTEAD OF GOING TO IKEA. 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 10.09.2024. 1430HRS



Witnessed by Reporting Centre  
Personnel













































