

# 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 .....	11/12/2024 19:30 (SGT)
Reported by .....	Actual Driver
Date of Accident .....	10/12/2024 17:00 (SGT)
Exact Location of Accident .....	Petir Rd, Singapore
Additional Location Information .....	BETWEEN DAIRYFARM WALK / CHESTNUT AVE
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SHA8238D
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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) +65-97612294
Alternative Phone No .....	(Office) +65-65508768

### VEHICLE PARTICULARS

Manufacturer .....	Byd
Model .....	E6 (ME-2)
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 - Reporting only
Vehicle Category .....	Taxi
Transmission .....	Auto
CC .....	0
Vehicle Fuel .....	Electric
First Registration Date .....	-
Chassis no .....	LC0CE4DCXN0011580
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 .....	FOO CHEE FATT
NRIC No .....	S0155582J
Date Of Birth .....	20/04/1954
Occupation .....	Outdoor
Driving Pass Date .....	31/03/1975
Driving License Pass Class .....	3
Driving License Validity .....	Valid
Driving experience .....	49 YEARS AND 9 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-97612294
Alt. Phone Number .....	-
Email Address .....	fleetsafety@cdgtaxi.com.sg
Address .....	BLK 133 SIMEI STREET 1 # 10 - 154
Address complement .....	-
Postcode .....	520133
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 .....	Collision - Change/cross lane
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? .....	Yes
Was any injured conveyed to hospital by ambulance? .....	Yes
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 .....	Male

#### PASSENGER 2

Name .....	UNKNOWN
Gender .....	Female

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Traffic Police
Police Station Phone No .....	(Phone) +65-65470000
Alt. Police Station Phone No .....	(Fax) +65-65474900
Police Station Address .....	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

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 ..... FBU9218X  
Vehicle Manufacturer ..... Honda  
Vehicle Model ..... ADV160 ABS CVT  
Vehicle Variant ..... -  
Vehicle Colour ..... -  
Vehicle Category ..... Motorcycle  
Name of Driver ..... MOHAMMED NUR ILHAM BIN MOHAMMED NAZRI  
NRIC No ..... S9936940Z  
Contact Number ..... -  
Address ..... -  
Address complement ..... -  
Postcode ..... -  
Insurance Company Name ..... -  
Nature Of Damage ..... LEFT  
Details of property damaged in accident ..... -  
No. Of Passenger (Including Driver) ..... 1

INJURED PERSONS DETAILS

INJURED 1

Name of injured person ..... MOHAMMED NOR ILHAM MOHAMMED NAZRI  
Gender ..... Male  
Phone No ..... -  
Address ..... -  
Address Complement ..... -  
Post Code ..... -  
Approximate Age Years Old ..... -  
Injuries Sustained ..... LEFT ARM  
Injured person in which vehicle? ..... FBU9218X  
Were seat belts worn? ..... No  
Was this injured conveyed to hospital by ambulance? ..... Yes

**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.  
(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 11.12.2024. 1100HRS

 Witnessed by Reporting Centre  
Personnel

A - SHA8238D

B - FBU9218X

**Petir Rd**

BETWEEN DAIRYFARM WALK / CHESTNUT AVE



Describe Circumstances of the Accident

REFER TO POLICE REPORT  
T /20241210/7136

Declaration

I/We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date &  
Time

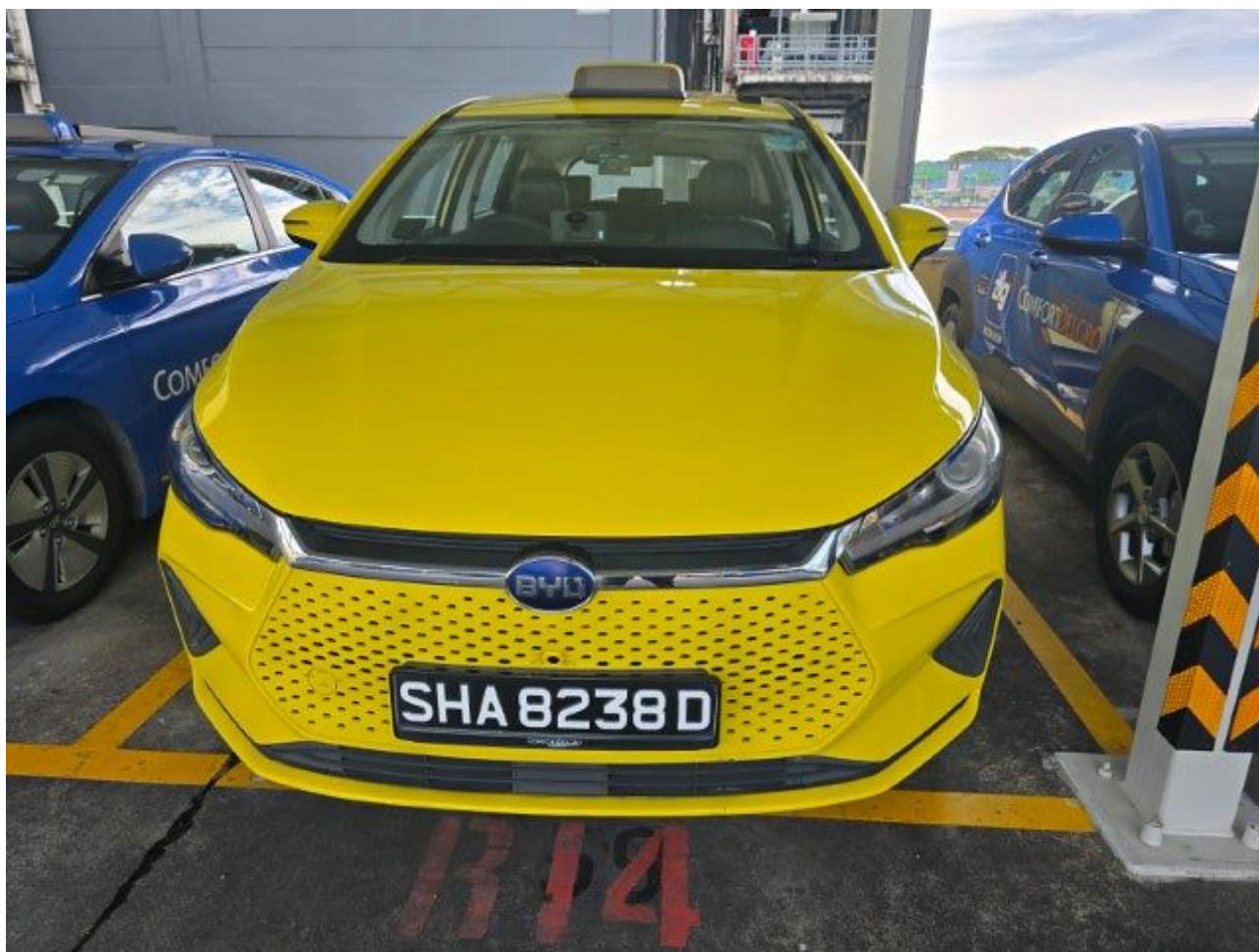
Driver's Signature (If driver is not the policyholder) / Date  
& Time 11.12.2024. 1100HRS



Witnessed by Reporting Centre  
Personnel

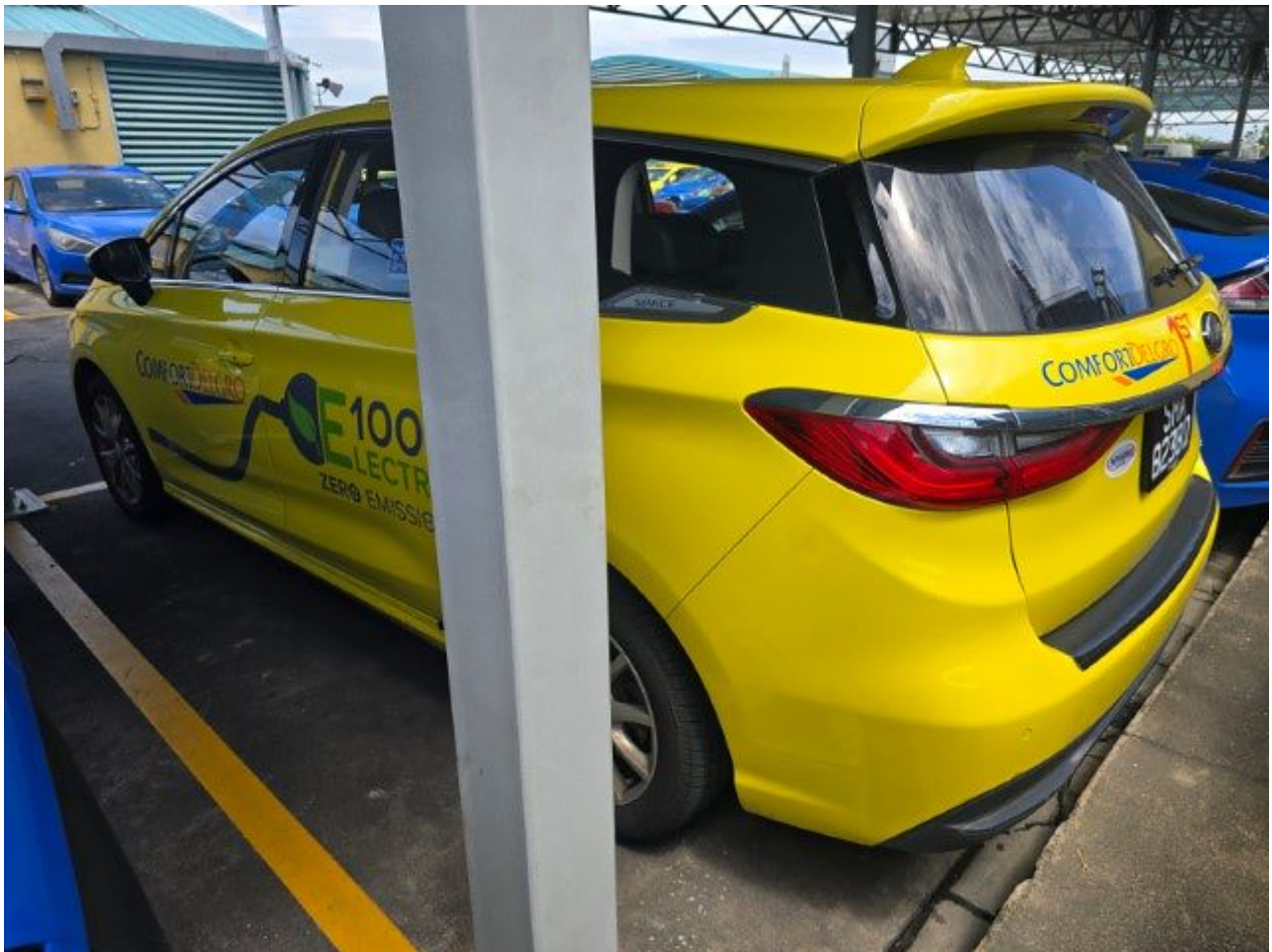




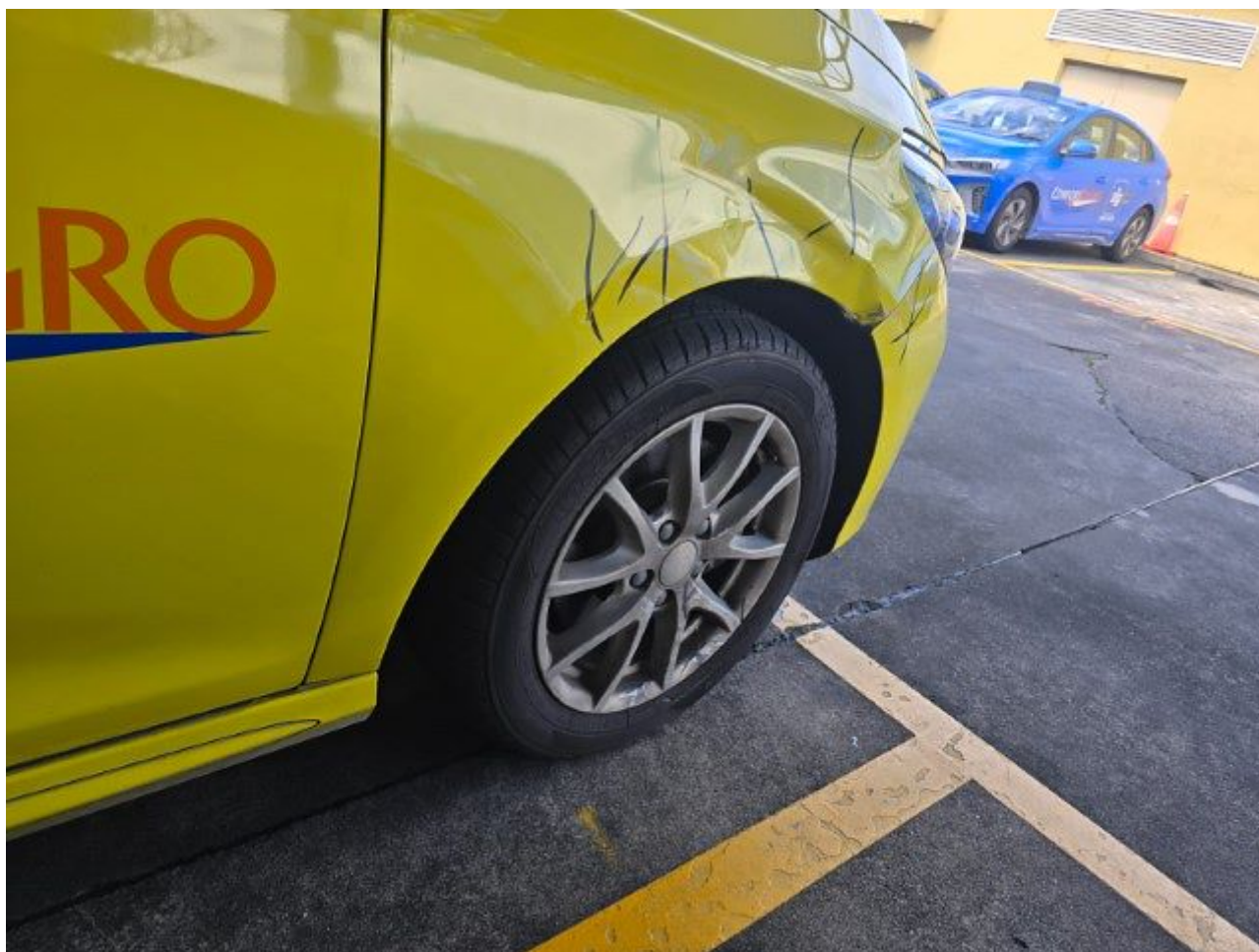














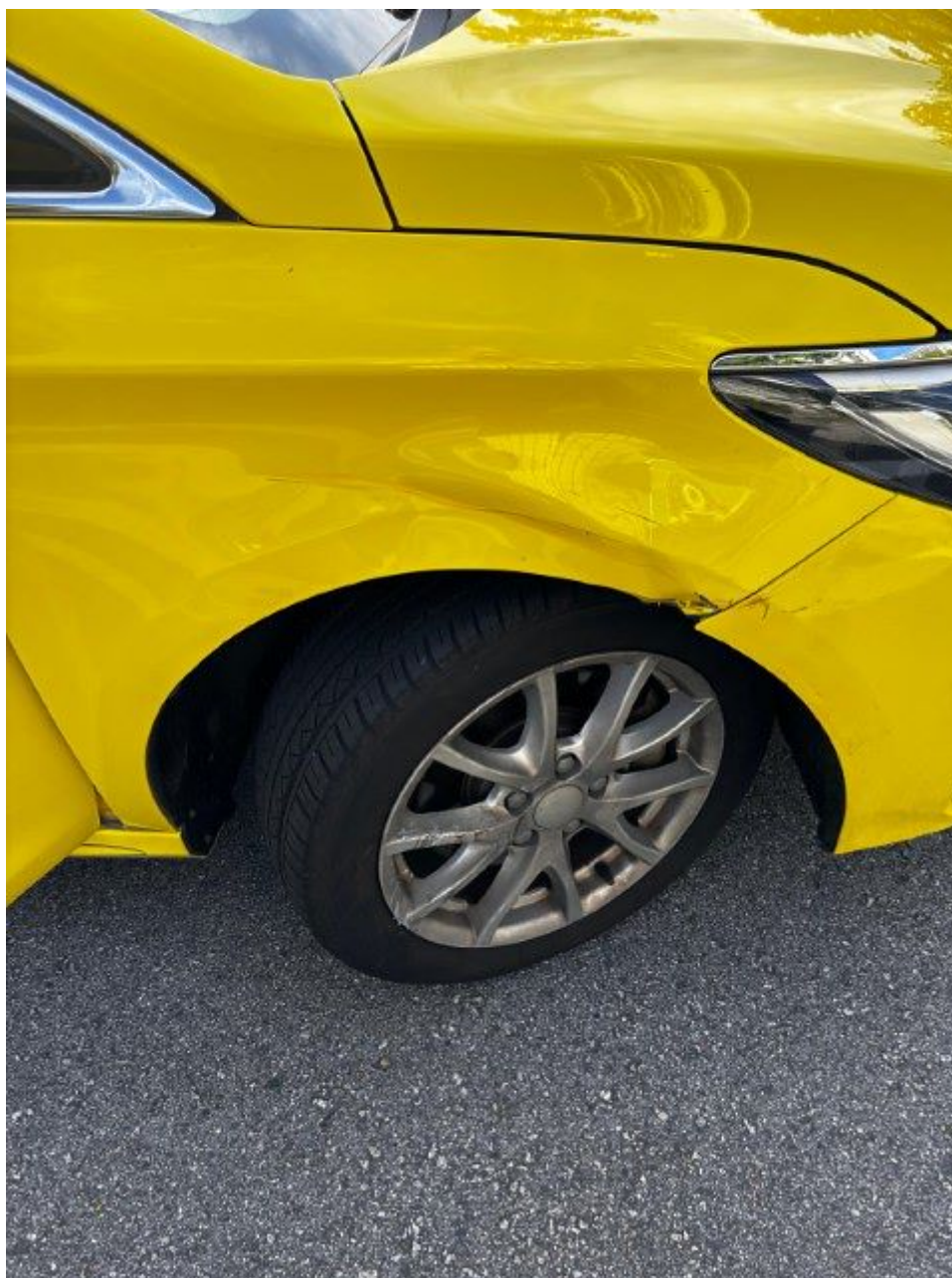






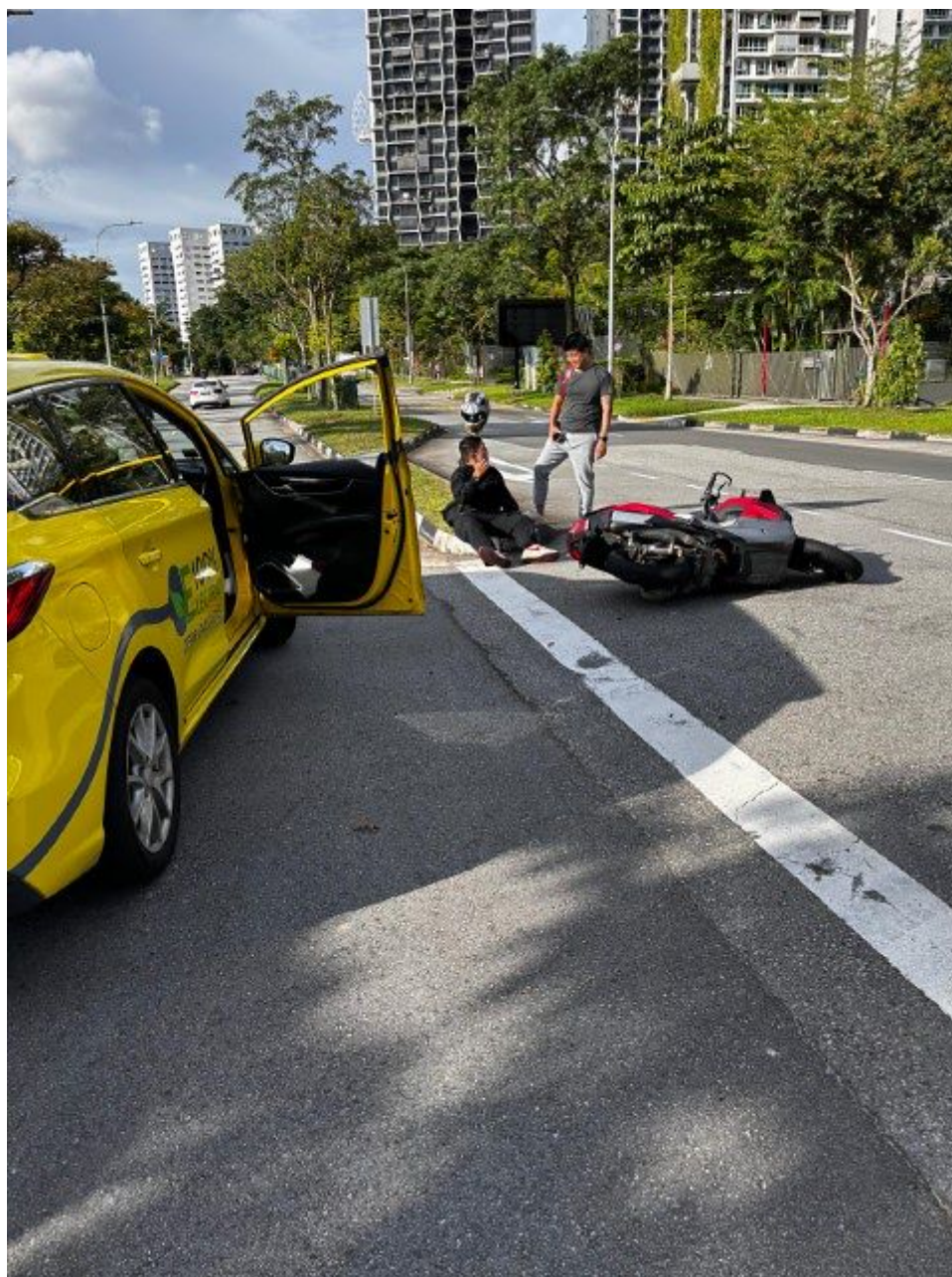


















 <b>SINGAPORE POLICE FORCE</b>		 T/20241210/7136				
Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408665 Tel No: 65470000		1 of 3 Report No: T/20241210/7136				
REPORT OF A TRAFFIC ACCIDENT						
Date/Time Report Made: 10/12/2024 20:07		Vide Report No.: J/20241210/0104				
Station Diary No.:						
<b>Informant's Particulars</b>						
Name of Informant: FOO CHEE FATT		Address: 133 SIMEI STREET 1 #10-154 SINGAPORE 520133				
ID Type / ID No.: NRIC NO / S0155582J		Contact No.: Home/Office: Mobile: 97612294				
Nationality: SINGAPORE CITIZEN		Email: RAYMONDFOOCF@GMAIL.COM				
Sex: Male	Age: 70	Date of Birth: 20/04/1954	Type of Informant: Driver			
Race: Chinese		Language: English				
Occupation: Taxi driver		Driving Licence Information: Class: 3 Date of Expiry:				
<b>General Information of the Accident</b>						
Type of Accident: Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 10/12/2024 17:00	Type of Location: Straight Road			
Location:  PETIR ROAD						
Weather: Clear		Road Surface: Dry				
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Light			
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: No			
<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBU9218X	Motorcycle			Red		0
SHA8238D	Motor car	BYD	E6	Yellow	Slightly Damaged	2
<b>Details of Person Involved</b>						
Any Pedestrian Involved: No						
No. of Pedestrians Injured: NIL				Use of Pedestrian Crossing: NA		


**SINGAPORE  
POLICE FORCE**


T/20241210/7136

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Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408665  
Tel No: 65470000

Report No. T/20241210/7136

## CONTINUATION OF REPORT

Driver			
Name	FOO CHEE FATT		ID No. S0155582J
Related Vehicle	SHA8238D (Motor car)		Contact No. 97612294
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: NIL
Date Treatment	NIL		Date Discharge NIL
No. of Days granted Medical Leave (MC)	NIL		Degree of Injury NIL
Passenger			
Name	Unknown Passenger		ID No. NIL
Related Vehicle	SHA8238D (Motor car)		Contact No. NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge NIL
No. of Days granted Medical Leave (MC)	NIL		Degree of Injury NIL
Rider			
Name	MOHAMMED NUR ILHAM BIN MOHAMMED NAZRI		ID No. S9936940Z
Related Vehicle	NIL		Contact No. NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge NIL
No. of Days granted Medical Leave (MC)	NIL		Degree of Injury NIL

**Brief Details.**

On 10/12/2024 at about 1700hrs, I was driving along Petir Road towards Chestnut Avenue when a motorcycle hit the front right side of my vehicle.

I was driving on the left lane of the 2-lane road and was filtering to the right lane after a construction site when I got into an accident with a motorcycle.

As a result of the collision, the police and ambulance was called in. The motorcycle rider also complained that his left arm was sore. The ambulance eventually conveyed the rider to hospital and the Traffic Police officer took my SD card and advised me to lodge a Traffic Accident Report.

My vehicle suffered dents and cracks at the front right tyre area due to the accident.

I wish to state that at the point of lodging this report, I do not feel any pain.



**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

T/20241210/7136

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Report No. T/20241210/7136

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TP1B /  
MUHAMMAD GHAZALI BIN ABDUL RAZAK  
Contact No.: 65476367

Signature Of Informant:  
The identity of the person making this report has been  
authenticated by Singpass. No signature is required.

Date/Time:  
10/12/2024 20:07

Classification Of Case:

This report is lodged at Changi NPC Kiosk 1  
NP168

