

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	12/12/2024 09:47 (SGT)
Reported by	Actual Driver
Date of Accident	10/12/2024 16:30 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	TUAS LAMPOST 531
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA9091C
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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) +65-94311966
Alternative Phone No	(Office) +65-65508768

VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	Ae ioniq
Variant	HEV FL 1.6 DCT
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
Vehicle Fuel	Petrol-Electric
First Registration Date	-
Chassis no	KMHC851CVLU184044
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	POON KAH KIONG
NRIC No	S1415190G
Date Of Birth	25/02/1960
Occupation	Outdoor
Driving Pass Date	19/08/1978
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	46 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-94311966
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLK 121 BEDOK NORTH ROAD #04-157
Address complement	-
Postcode	460121
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 - Head to Rear
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)	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?	Yes
Police Station Name	Bedok North Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18002449999
Alt. Police Station Phone No	(Fax) +65-62447258
Police Station Address	30 Bedok North Road Singapore 469676
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT
T/20241210/2061

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	FBT1051S
Vehicle Manufacturer	Yamaha
Vehicle Model	YZF155
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	FRONT PORTION
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	RIDER
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	RIGHT LEG AND TOE
Injured person in which vehicle?	FBT1051S
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes

SKETCH PLAN

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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.

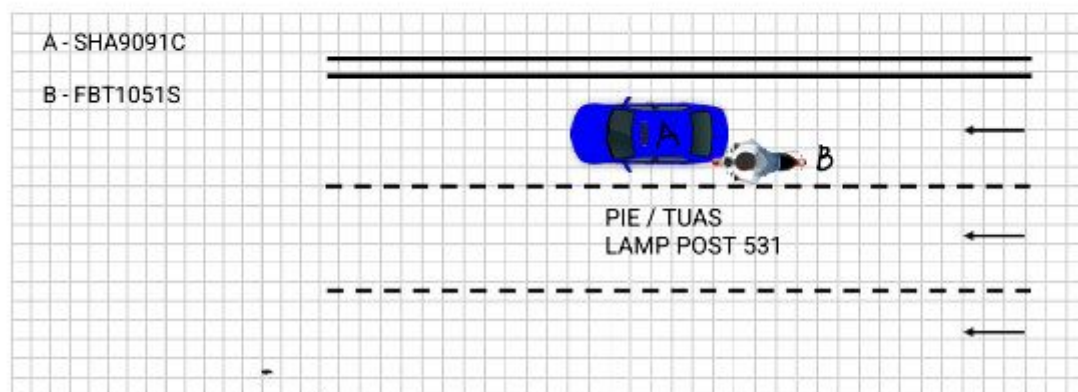
Policyholder's Signature / Date & Time

Sketch Plan

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

11.12.2024. 1630HRS

Witnessed by Reporting Centre Personnel



Describe Circumstances of the Accident

REFER TO POLICE REPORT
T/20241210/2061

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. 1630HRS

Witnessed by Reporting Centre
Personnel
























**SINGAPORE
POLICE FORCE**


T/20241210/2061

Police Station Of Origin:
Bedok N.P.C
30 Bedok North Road SINGAPORE 469676
Tel No: 1800-2449999

1 of 3

Report No. T/20241210/2061
[SENSITIVE]

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 10/12/2024 21:12	Vide Report No.: G/20241210/0108	Station Diary No.: 72
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Informant's Particulars

Name of Informant: POON KAH KIONG			Address: Redacted		
ID Type / ID No.: Redacted			Contact No.: Home/Office: Redacted Mobile: Redacted		
Nationality: Redacted			Email: Redacted		
Sex: Male	Age: 64	Date of Birth: Redacted	Type of Informant: Redacted		
Race: Redacted			Language: Redacted		
Occupation: Redacted			Driving Licence Information: Class: Redacted Date of Expiry: Redacted		

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 10/12/2024 16:30	Type of Location: EXPRESSWAY
Location: PAN-ISLAND EXPRESSWAY				
Lamp Post Number: 531				
Weather: Clear		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of Passenger
FBT1051S	Motorcycle			Blue		0
SHA9091C	Taxi	HYUNDAI	AE IONIQ HEV FL 1.6 DCT	Yellow	Slightly Damaged	1

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20241210/2061

2 of 3

Police Station Of Origin:
Bedok N.P.C
30 Bedok North Road SINGAPORE 469676
Tel No: 1800-2449999

Report No. T/20241210/2061
[SENSITIVE]

CONTINUATION OF REPORT

Driver			
Name	POON KAH KIONG	ID No.	S1415190G
Related Vehicle	NIL	Contact No.	94211966 <i>9431 1966</i>
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

Brief Details.

On 10/12/2024 at about 1630hrs, I was driving my yellow in color taxi (SHA9091C) along PIE towards Tuas on Lane 1. A vehicle in front of mine had slowed down. Thus, I stepped on the brakes and slowed down as well. However, I felt an impact coming from the rear left portion of my taxi and saw a motorcyclist flew forward in front of my taxi, not knowing whether he had hit the vehicle in front or not. Both the driver of the vehicle in front and myself alighted from our vehicle and went to assist the motorcyclist whose toe was stuck under his motorcycle's footrest. I tried to assist him but could not get the toe out.

I then called for ambulance and the driver of the vehicle in front left the scene. I then waited with the motorcyclist, supporting him throughout. I managed to get another motorcyclist to help but he couldn't do much. A police officer in uniform came first, and the other motorcyclist left. Shortly after, an ambulance and SCDF officers came to cut the bar of the footrest, letting his toe free. TP officers who were already at scene interviewed me and took my In-Vehicle Camera SD card. I was then advised to lodge an accident report. The motorcyclist was conveyed to Tan Tock Seng Hospital.



**SINGAPORE
POLICE FORCE**



T/20241210/2061

Police Station Of Origin:
Bedok N.P.C
30 Bedok North Road SINGAPORE 469676
Tel No: 1800-2449999

3 of 3

Report No. T/20241210/2061
[SENSITIVE]

CONTINUATION OF REPORT

Signature of Officer Recording The
G /
SGT 3 SYED OTHMAN BIN
SYED AGIL BIN YAHYA

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
10/12/2024 21:12

Officer In Charge Of Case:
TP / GIT /
SR STAFF SGT MUHAMMAD GHAZALI BIN
ABDUL RAZAK
Contact No.: 65476367

Classification Of Case:

NP168