

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 Authorised 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 ability.
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 Report	26/03/2018 16:44
Date Of Accident	26/03/2018 09:00
Exact Location Of Accident	MARINA BOULEVARD TWDS BAYFRONT AVE.
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC897T
Insured/Policyholder	
Name Of Registered Owner	CITYCAB PTE LTD
Co Reg No	199502839G
Email Address	FLEETSAFETY@CDGTAXI.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-65508768

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	E220
Exact Purpose for which vehicle was being used at time of accident	
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	TAXI

Insurance Company

Name of Insurance Company	MS FIRST CAPITAL INSURANCE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	D-18088937MFSH
Cover Note Number	

Driver

Name of Driver	CHIA SIANG LYE
NRIC No	S7715504Z
Date Of Birth	08/06/1977
Occupation	OUTDOOR
Date Of Driving Pass	07/12/2010
Driving Experience	7 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
EMail Address	ALEXCHIA1977@YAHOO.COM.SG

Address	BLK 629 HOUGANG AVENUE 8 #02-92
Postcode	530629
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - TAXI DRIVER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

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 this accident?	NO
Number of vehicles involved in the accident	2
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	4
Passenger 1	NAME: : - GENDER: : MALE
Passenger 2	NAME: : - GENDER: : MALE
Passenger 3	NAME: : - GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	CHANGI N.P.C
Police Station Address	ROAD: 9 SIMEI STREET 2 , POSTCODE: 529914 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER POLICE REPORT NO: T/20180326/2054 * TYPE OF ACCIDENT :- HEaD TO SIDE

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	-
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	PC4308G
Vehicle Make/Model/Colour	

Details Of Properties

Vehicle Category	BUS
Name of Driver	HU JUN
NRIC/Passport Number	G3402633K
Contact Number	83354588
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRONT
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	CHIA SIANG LYE
Approximate Age	
Injuries Sustain	BACK
Injured person in which vehicle?	SHC897T
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

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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 centre 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

CITYCAB PTE LTD
CO. REG. NO. 199502839G

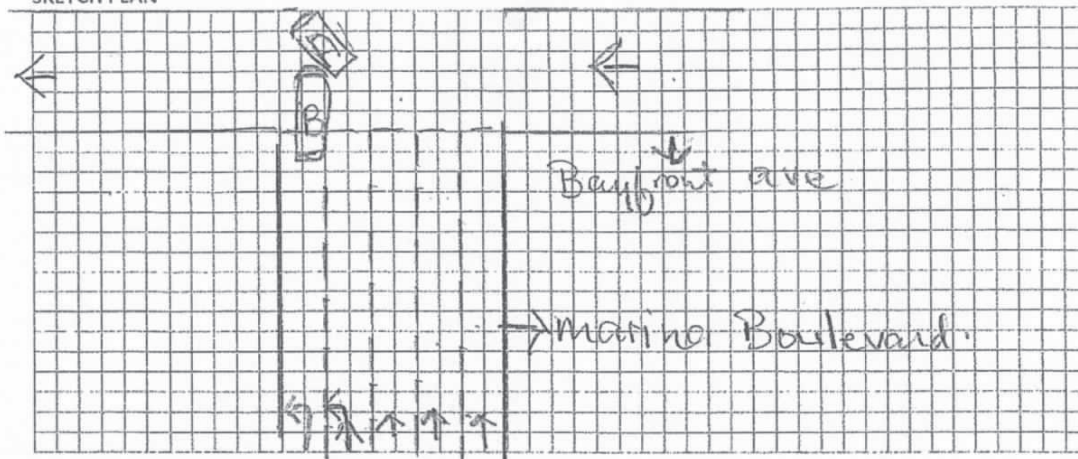
Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

26/3/18
Jackson Hong
CSO

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Ref: Police Report attach T/20180326/2054

DECLARATION

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

CITYCAB PTE LTD

CO. REG. NO. 199502839G

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

26/3/18

Jackson Hong

CSO

Jackson



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Changi N.P.C
9 Simei Street 2 SINGAPORE 529914
Tel No: 1800-5872999



T/20180326/2054

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Report No. T/20180326/2054

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 26/03/2018 12:37	Vide Report No.:	Station Diary No.: 31
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Informant's Particulars			
Name of Informant: CHIA SIANG LYE		Address: APT BLK 629 HOUGANG AVENUE 8 #02-92 SINGAPORE 530629	
ID Type / ID No.: NRIC NO / S7715504Z		Contact No.: Home/Office: Mobile: 83331239	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 40	Date of Birth: 08/06/1977	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: Taxi driver		Driving Licence Information: Class: 3 Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 26/03/2018 09:00	Type of Location: X-Junction
Location: Junction of Road 1 and Road 2 MARINA BOULEVARD BAYFRONT AVENUE AT THE JUNCTION HEADING TOWARDS MCE/KPE				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No. of Passenger
PC4308G	Bus/Coach/Minibus	GOLDEN DRAGON	XML6103J98 AUTO	Multi-Colored	Slightly Damaged	0
SHC897T	TAXI	MERCEDES BENZ	E 220 CDI BLUEEFFICIENCY	White	Slightly Damaged	3

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



**SINGAPORE
POLICE FORCE**



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Police Station Of Origin:
Changi N.P.C
9 Simei Street 2 SINGAPORE 529914
Tel No: 1800-5872999

Report No. T/20180326/2054

CONTINUATION OF REPORT

Driver			
Name	CHIA SIANG LYE	ID No.	S7715504Z
Related Vehicle	SHC897T (TAXI)	Contact No.	83331239
Hospital/Clinic	STREET 11 CLINIC	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	26/03/2018	Date Discharge	26/03/2018
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

ON 26/03/2018 AT ABOUT 0900HRS, AT THE JUNCTION OF MARINA BLVD AND BAY FRONT AVE. WHILST I WAS DRIVING MY TAXI SHC897T IN LANE 4 TURNING INTO TOWARDS MBS, SUDDENLY A COACH PC4308G IN LANE 5 COLLIDED INTO MY TAXI LEFT CENTRE PANEL. THE COLLISION IS IN THE YELLOW BOX. MY LANE 4 PERMITS TO GO STRAIGHT AND TURN LEFT ARROWS. HOWEVER, LANE 5 ONLY TURNING LANE. AT THAT MOMENT, I HAVE 3 PASSENGERS WITH ME. DUE TO THE COLLISION, MY TAXI SUSTAINED DENTS AT THE FRONT LEFT PASSENGER DOOR AND REAR LEFT PASSENGER DOOR. BOTH DOORS UNABLE TO OPEN FULL AND THE LEFT PASSENGER FRONT WINDOW CANNOT BE WIND DOWN. DUE TO THE IMPACT ALSO, I SUFFERED PAIN AT MY WHOLE BACK. I HAD SEEK MEDICAL TREATMENT FROM STREET 11 CLINIC AND WAS GIVEN 3 DAYS MEDICAL LEAVE FROM 26/03/2018. I HAD ADVISED MY PASSENGERS IF ANY PROBLEM FOR THEM TO CALL MY TAXI COMPANY COMFORT. THEY ACKNOWLEDGED. THE SAID DRIVER OF THE COACH WAS NOT INJURED AND THERE'S NO PASSENGER ON HIS COACH.



**SINGAPORE
POLICE FORCE**



T/20180326/2054

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Changi N.P.C
9 Simei Street 2 SINGAPORE 529914
Tel No: 1800-5872999

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Report No. T/20180326/2054

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report:
G /
SI MOHAMAD NASRUL BIN ABDUL RASID

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
26/03/2018 12:37

Officer In Charge Of Case:
TP / AEIT /
Sgt 2 YEO KIA HUAT
Contact No.: 65476325

Classification Of Case:



SINGAPORE
POLICE FORCE
NP188

SIGNATURE