

## 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 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 Report	14/02/2019 15:34
Date Of Accident	13/02/2019 17:20
Exact Location Of Accident	MARINE PARADE RD X MARINA PARADE CENTRAL
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD8829H
<b>Insured/Policyholder</b>	
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	ROGER TAN KIAN LIM
NRIC No	S1738824Z
Date Of Birth	09/10/1966
Occupation	OUTDOOR
Date Of Driving Pass	17/10/1986
Driving Experience	32 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90288383
Fax Number	
Contact Number	
EEmail Address	ROGERTSL@HOTMAIL.COM

Address	BLK 129 PASIR RIS STREET 11 #04-315
Postcode	510129
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	CHAIN COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	3
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)	3
Passenger 1	NAME: : - GENDER: : MALE
Passenger 2	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 [OTHER]	PASIR RIS N.P.C
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

### Circumstances of Accident

PLS REFER TO POLICE REPORT : T/20190214/2068

### 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	SGS6938Y
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	CHRIS ROBINSON
NRIC/Passport Number	S2759236H
Contact Number	

Address  
Postcode  
Insurance Company Name LIBERTY INSURANCE PTE LTD  
Nature Of Damage REAR AND FRT  
No. Of Passenger (Including Driver)

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SDS78D  
Vehicle Make/Model/Colour  
Details Of Properties  
Vehicle Category PRIVATE CAR  
Name of Driver ANDREW EE  
NRIC/Passport Number S1612280G  
Contact Number  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage FRT  
No. Of Passenger (Including Driver)

#### DETAILS OF INJURED PERSON 1

Name ROGER TAN KIAN LIM  
Approximate Age 52  
Injuries Sustain PAIN ON NECK AND SHOULDER. ON 7 DAYS MC.  
Injured person in which vehicle? SHD8829H  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? NO  
Address  
Postcode

Sketch Plan Pg. 1

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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:

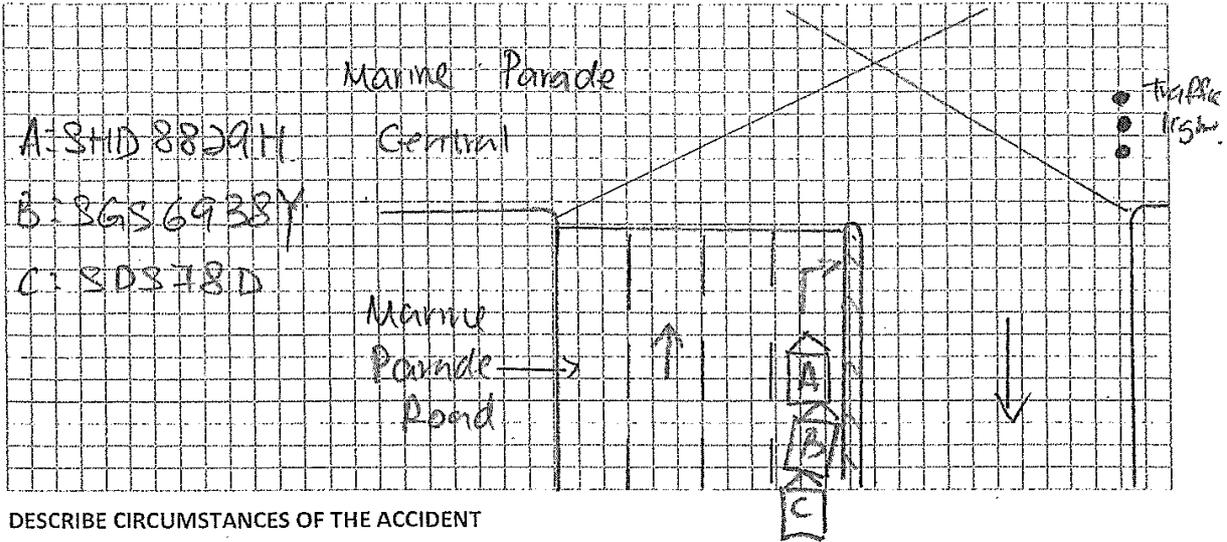
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

Loke Wei Yiong

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.: 1412119

Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As per attached police report.

T/20190214/2068.

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:

Loke Wei Yiang

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

14/2/19



**SINGAPORE  
POLICE FORCE**



T/20190214/2068

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Report No. T/20190214/2068

Police Station Of Origin:  
Pasir Ris N.P.C  
1 Pasir Ris Drive 4 #01-01 SINGAPORE  
519457  
Tel No: 1800-5852999

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 14/02/2019 13:14	Vide Report No.:	Station Diary No.: 64
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Informant's Particulars			
Name of Informant: ROGER TAN KIAN LIM		Address: APT BLK 129 PASIR RIS STREET 11 #04-315 SINGAPORE 510129	
ID Type / ID No.: NRIC NO / S1738824Z		Contact No.: Home/Office: Mobile: 90288383	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 52	Date of Birth: 09/10/1966	Type of Informant: Driver
Race: Chinese		Language:	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: 13/02/2019 17:20	Type of Location: Straight Road
Location: Along Road 1 MARINE PARADE  MARINE PARADE ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SDS78D	Car	MERCEDES BENZ		Silver	Slightly Damaged	1
SGS6938Y	Car	TOYOTA	VIOS	Grey	Seriously Damaged	1
SHD8829H	Car	MERCEDES BENZ		Silver	Seriously Damaged	2



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T/20190214/2068

Report No. T/20190214/2068

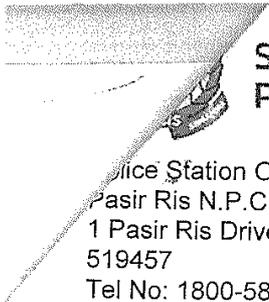
## CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	ANDREW EE	ID No.	S1612280G
Related Vehicle	SDS78D (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	NIL	Degree of Injury	NIL
Driver			
Name	ROGER TAN KIAN LIM	ID No.	S1738824Z
Related Vehicle	SHD8829H (Car)	Contact No.	90288383
Hospital/Clinic	A LIFE CLINIC PTE LTD	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	13/02/2019	Date Discharge	13/02/2019
No. of Days granted Medical Leave	07	Degree of Injury	Slight
Driver			
Name	CHRIS ROBINSON	ID No.	S2759236H
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	NIL	Degree of Injury	NIL

**Brief Details.**

On the 13/2/2019 at about 5.20pm, I had made a turn from Still South Road on to Marine Parade Road. As there was a traffic light junction along the said road. As the traffic light was red, I brake my vehicle and make a complete stop. There were cars in front of me. Suddenly I heard a loud bang from the rear and noticed that there was a vehicle had collided on to my rear. I then got out and discovered that there was actually another vehicle who had collided on to the rear of the second vehicle.

There were no TP and ambulance at scene. The driver of the last vehicle admitted at it was his fault that he had collided on to the rear of the second vehicle which caused the second vehicle to collided on to the



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T/20190214/2068

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Report No. T/20190214/2068

**CONTINUATION OF REPORT**

rear of my vehicle.

No visible injuries at scene. The drivers got down to exchange of particulars with one another. Photos of the scene were taken. However, after the accident, I proceed to Novena Medical Centre for check-up and received 7 days of MC due to the collision. I was advised by my taxi company to lodge a traffic accident report.

I am the driver for SHD8829H.



SINGAPORE  
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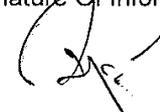
Report No. T/20190214,

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 / Sgt 2 MUHAMMAD FAIZ BIN MUHAMMAD FAIZAL	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 14/02/2019 13:14
Officer In Charge Of Case: TP / AEIT / SSI 2 JUREMAH BINTE A... Contact No.: 65472076	Classification Of Case: <div style="border: 1px solid black; width: 100px; height: 40px; margin-top: 10px;"></div>
Authentication Stamp NP168	<div style="border: 1px solid black; padding: 5px; text-align: center;">            SIGNATURE       </div>

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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