

## 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	03/09/2019 14:05
Date Of Accident	03/09/2019 10:50
Exact Location Of Accident	ALONG PUNGGOL RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB3550D
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CITYCAB PTE LTD (COMPANY)
Co Reg No	199502839G
Email Address	FLEETSAFTY@CDGTAXI.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-65508768

### Vehicle Particulars

Manufacturer	HYUNDAI
Model	I40
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	LEE YEW KAI
NRIC No	S1620884A
Date Of Birth	22/05/1963
Occupation	OUTDOOR
Date Of Driving Pass	25/10/1994
Driving Experience	24 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90066916
Fax Number	
Contact Number	
EEmail Address	SANDRASHAM@SINGNET.COM

Address	1F 31-63 CANTONMENT ROAD
Postcode	085601
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	SIDE SWIPE
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	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)	2
Passenger 1	NAME: : - GENDER: : MALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
POLICE STATION NAME [OTHER]	TAMPINES NPC
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

SEE POLICE REPORT.

#### 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	SLJ2959B
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

FRT LEFT

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1**

Name

LEE YEW KAI

Approximate Age

56

Injuries Sustain

GIDDINESS AND NUMBNESS RIGHT HAND

Injured person in which vehicle?

SHB3550D

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

Sketch Plan Pg. 1

SKETCH PLAN

AS per attached

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As per Police Report attached

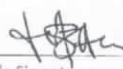
DECLARATION

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

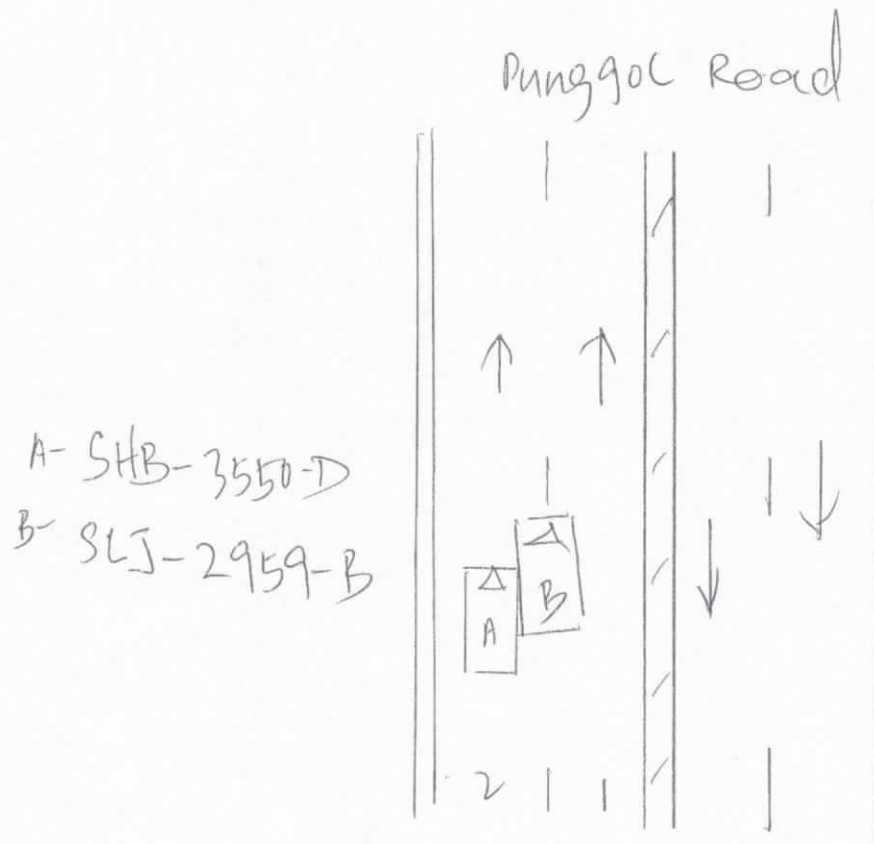
CITYCAB PTE LTD  
CO. REG. NO. 199502839G

Policyholder's Signature  
Date & Time:

GINMAC SketchPlanForm\_v3

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

Olivia Wendy   
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.: 03 SEP 2019







**SINGAPORE  
POLICE FORCE**



T/20190903/2034

1 of 3

Police Station Of Origin:  
Tampines N.P.C  
6 Tampines Avenue 4 SINGAPORE 529682  
Tel No: 1800-5871999

Report No. T/20190903/2034

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 03/09/2019 11:53	Vide Report No.:	Station Diary No.: 39
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**Informant's Particulars**

Name of Informant: LEE YEW KAI			Address: APT BLK 1F CANTONMENT ROAD #31-63 SINGAPORE 085601	
ID Type / ID No.: NRIC NO / S1620884A			Contact No.:	Mobile: 90066916
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 56	Date of Birth: 22/05/1963	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: 3,4	Date of Expiry:

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 03/09/2019 10:50	Type of Location: Straight Road
Location: Along Road 1 PUNGGOL ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHB3550D	TAXI				Slightly Damaged	1
SLJ2959B	Car				Slightly Damaged	1

**Details of Person Involved**

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



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Tel No: 1800-5871999

2 of 3

Report No. T/20190903/2034

**CONTINUATION OF REPORT**

Driver			
Name	LEE YEW KAI	ID No.	S1620884A
Related Vehicle	SHB3550D (TAXI)	Contact No.	90066916
Hospital/Clinic	ANSAR CLINIC	Class of Driving Licence & Expiry Date	Class: 3,4 Date of Expiry: NIL
Date Treatment	03/09/2019	Date Discharge	03/09/2019
No. of Days granted Medical Leave	03	Degree of Injury	Slight

**Brief Details.**

On the 03/09/2019 at about 1050hrs, I was driving my yellow Citycab taxi bearing SHB3550D along the left lane of Punggol Road with one male passenger, heading to TPE. All of a sudden, there was a car bearing SLJ2959B from the right lane beside my tried to overtake and cut into my lane but his left side ended up colliding into my taxi's front right portion.

We stopped and made a check but we both did not exchange particulars and continued on our way.

On the same day at about 1130hrs, I went to Ansar Clinic for giddiness and numbness in my right hand and was given 3 days MC from 3/9/2019 till 5/9/2019.



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Tel No: 1800-5871999

3 of 3

Report No. T/20190903/2034

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 3 MUHAMMAD DANIAL BIN  
BAHARUDDIN

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

03/09/2019 11:53

Officer In Charge Of Case:

TP / AEIT /

SSI 2 JUREMAH BINTE AHMAD

Contact No.: 65476219

Classification Of Case:



Authentication Stamp

NP168

SIGNATURE



