

## 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	26/12/2019 07:36
Date Of Accident	23/12/2019 05:50
Exact Location Of Accident	EU TONG SEN STREET
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA9104A
<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	TOYOTA
Model	PRIUS
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	CHUA TECK CHAI
NRIC No	S1422769E
Date Of Birth	25/01/1960
Occupation	OUTDOOR
Date Of Driving Pass	03/12/1982
Driving Experience	37 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	+65-96212347
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	985A #18-06 BUANGKOK CRESCENT
Postcode	531985
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 - CROSS JUNCTION
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?	YES
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)	1

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
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

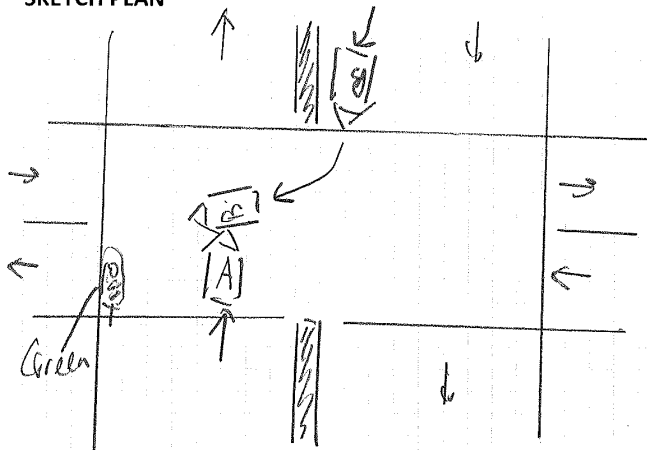
Vehicle Registration Number	SHB6387P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	83324941
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	LEFT SIDE
No. Of Passenger (Including Driver)	

#### DETAILS OF INJURED PERSON 1

Name	CHUA TECK CHAI
Approximate Age	59
Injuries Sustain	NECK,BACK
Injured person in which vehicle?	SHA9104A
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

## Sketch Plan Pg. 1

### SKETCH PLAN



A-SHA 9091A

B-SHB 6387P (CT)

Along Eu Tong Sen Street.

**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

[illegible]

## DECLARATION

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

CITYCAB PTE LTD  
CO. REG. NO. 199502839G

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Policyholder's Signature

Date &amp; Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time: 24.12.2019@12:20hrs

Lisa

Reporting Centre Personnel's Signature

Name:-

NRIC/FIN No.: \_

## Sketch Plan Pg. 2



**SINGAPORE  
POLICE FORCE**



T/20191224/2023

1 of 3

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

Report No. T/20191224/2023

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 24/12/2019 10:05	Vide Report No.:	Station Diary No.: 24
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Informant's Particulars			
Name of Informant: CHUA TECK CHAI		Address: APT BLK 985A BUANGKOK CRESCENT #18-06 SINGAPORE 531985	
ID Type / ID No.: NRIC NO / S1422769E		Contact No.: Home/Office: Mobile: 96212347	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 59	Date of Birth: 25/01/1960	Type of Informant: Driver
Race: Chinese		Language: Chinese	Institution / School Name:
Occupation: Taxi driver		Driving Licence Information: Class: 2B,3,4 Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 23/12/2019 05:50	Type of Location: X-Junction
Location: Along Road 1 EU TONG SEN STREET				
function of Eu Tong Sen Street and Merchant Road near to Clark Quay Central towards Victoria Street				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control: Traffic Light - Working	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHA9104A	Car	TOYOTA	PRIUS HYBRID 1.8 CVT	Yellow	Seriously Damaged	0
SHB6387P	Car	MERCEDES BENZ	E 220 CDI BLUEEFFICI ENCY	White		0



**SINGAPORE  
POLICE FORCE**



T/20191224/2023

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

2 of 3

Report No. T/20191224/2023

**CONTINUATION OF REPORT**

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	CHUA TECK CHAI	ID No.	S1422769E
Related Vehicle	SHA9104A (Car)	Contact No.	96212347
Hospital/Clinic	SINGAPORE GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,3,4 Date of Expiry: NIL
Date Treatment	23/12/2019	Date Discharge	NIL
No. of Days granted Medical Leave	07	Degree of Injury	Slight

**Brief Details.**

On 23/12/2019 at about 5.50am, I (SHA9104A) was travelling on function of Eu Tong Sen Street and Merchant Road near to Clark Quay Central towards Victoria Street with no passenger on board. I was driving on the 3rd lane from the right on Eu Tong Street. The traffic light was green on my side and I continue to travel straight, suddenly 1 vehicle (SHB6387P) from my right side drove out and I was unable to stop in time. I hit the vehicle on its front left door. I stopped immediately and I came out of the vehicle to check if the other party need medical assistance. The other driver informed that his passenger need medical assistance and I called the ambulance. The other driver told that he did not bring his licence thus; I did not record down his particulars.

While waiting for ambulance, I took some photos of the scene and the vehicles. Before ambulance came, the other driver let his passenger go. Ambulance came and checked on me as I felt pain on shoulder, neck and back. Traffic police came, interviewed us and took down our particulars. Subsequently I was conveyed by ambulance and I was issued with 7 days MC by Singapore General Hospital. The IO Adeline informed me that my vehicle was towed to the TP pound.

My vehicle suffered damaged on my front bumper, which the whole bumper dropped off. My front bonnet was dent. My whole of my front portion was damage. I wish to state that I have in car camera pointing in front however, I do not have the access but my company comfort have the access to the footage. I was unsure if there is any CCTV around the vicinity.



**SINGAPORE  
POLICE FORCE**



T/20191224/2023

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

3 of 3

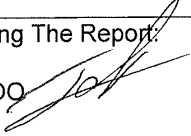
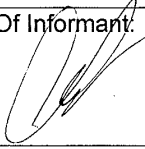
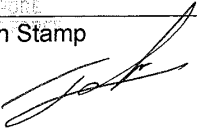
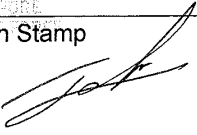
Report No. T/20191224/2023

**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 JOHNNY TAN KOK JOO 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 24/12/2019 10:05
Officer In Charge Of Case: TP / GIT / Sr Staff Sgt LIM ENG KUAN, CLARENCE Contact No.: 65476195	Classification Of Case:
Authentication Stamp NP168  	

**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 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: 24.12.2019@12:20hrs

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

Accident Photo



Accident Photo



Accident Photo



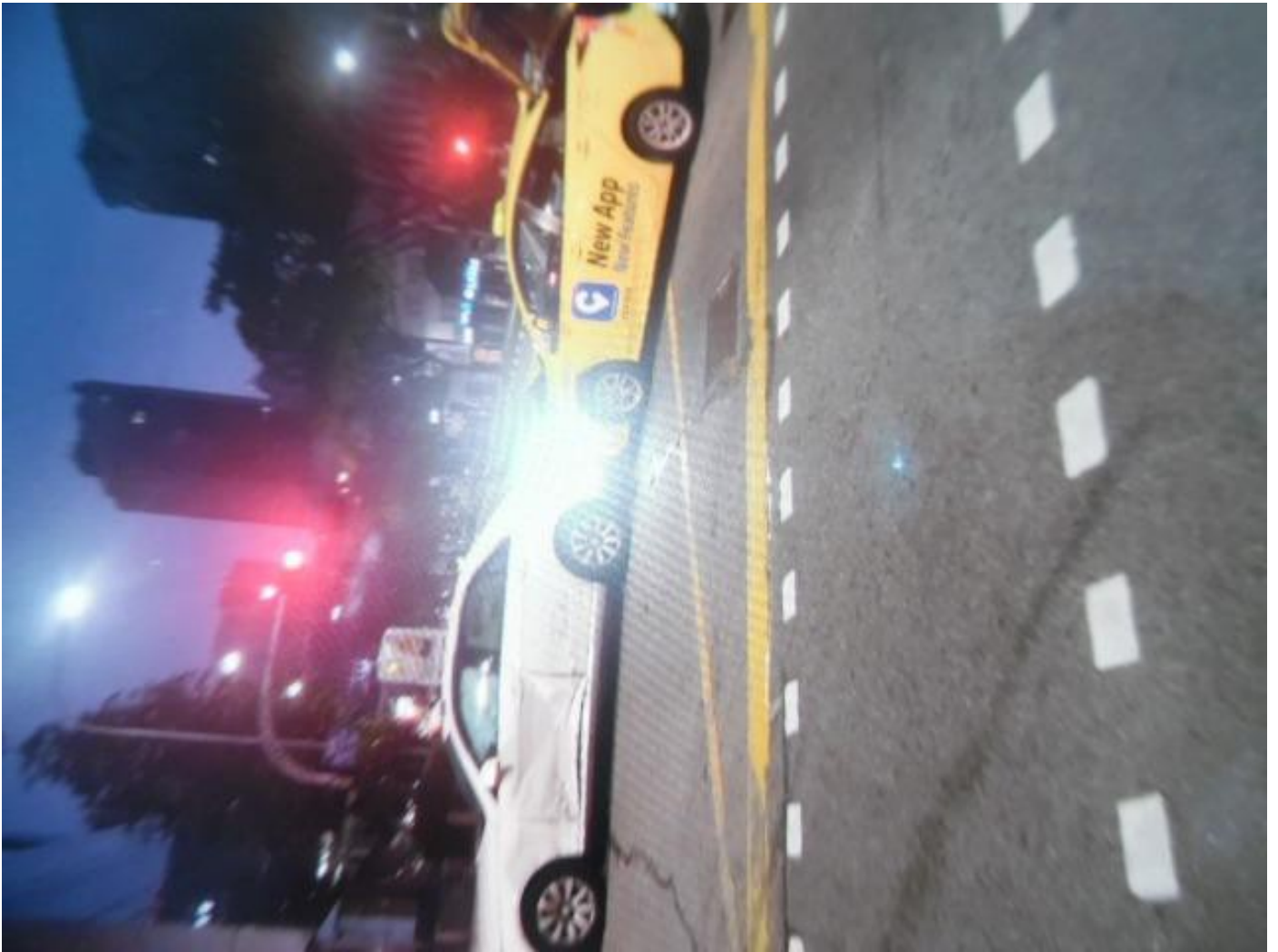
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Accident Photo



Accident Photo



Accident Photo



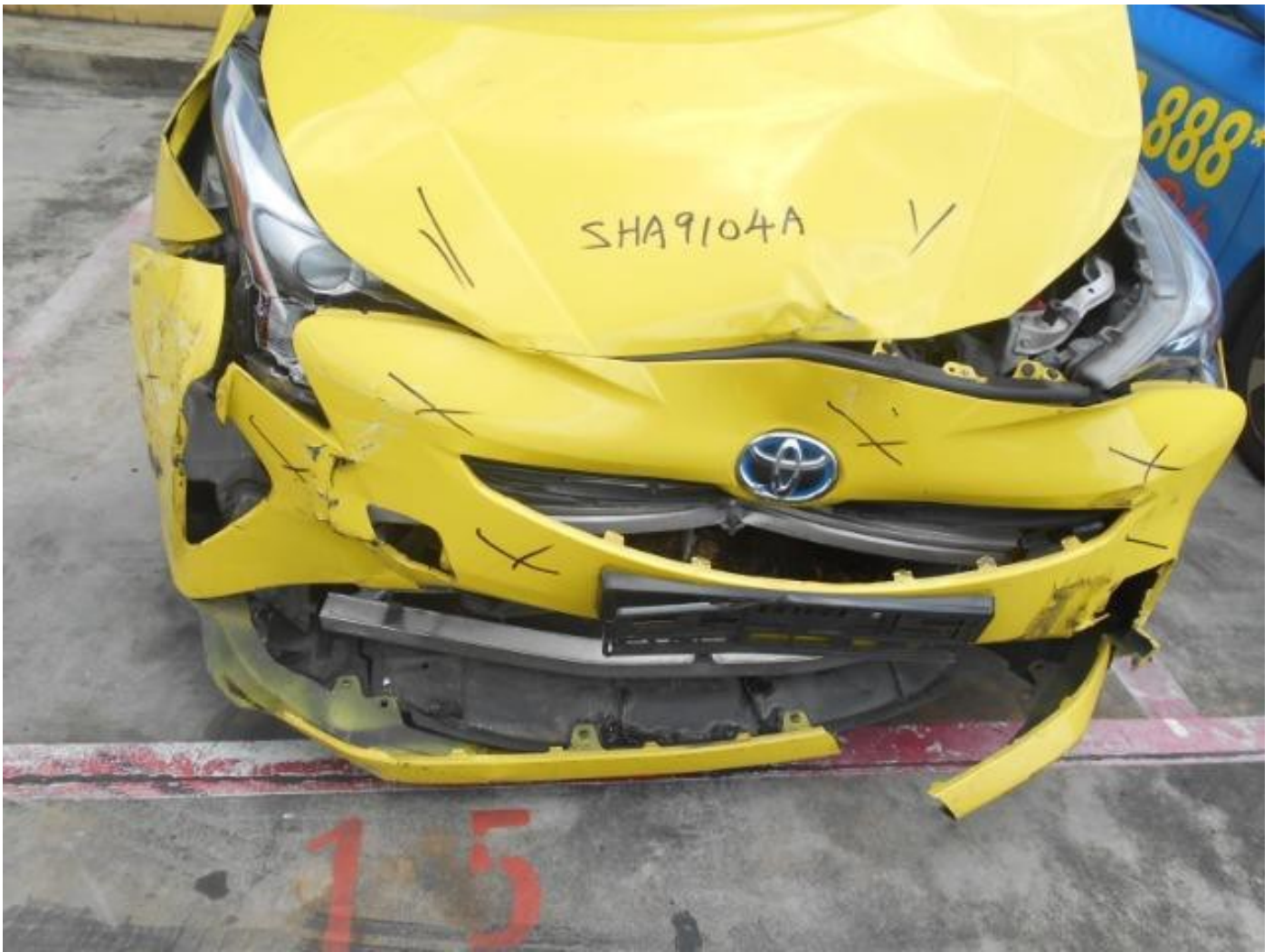
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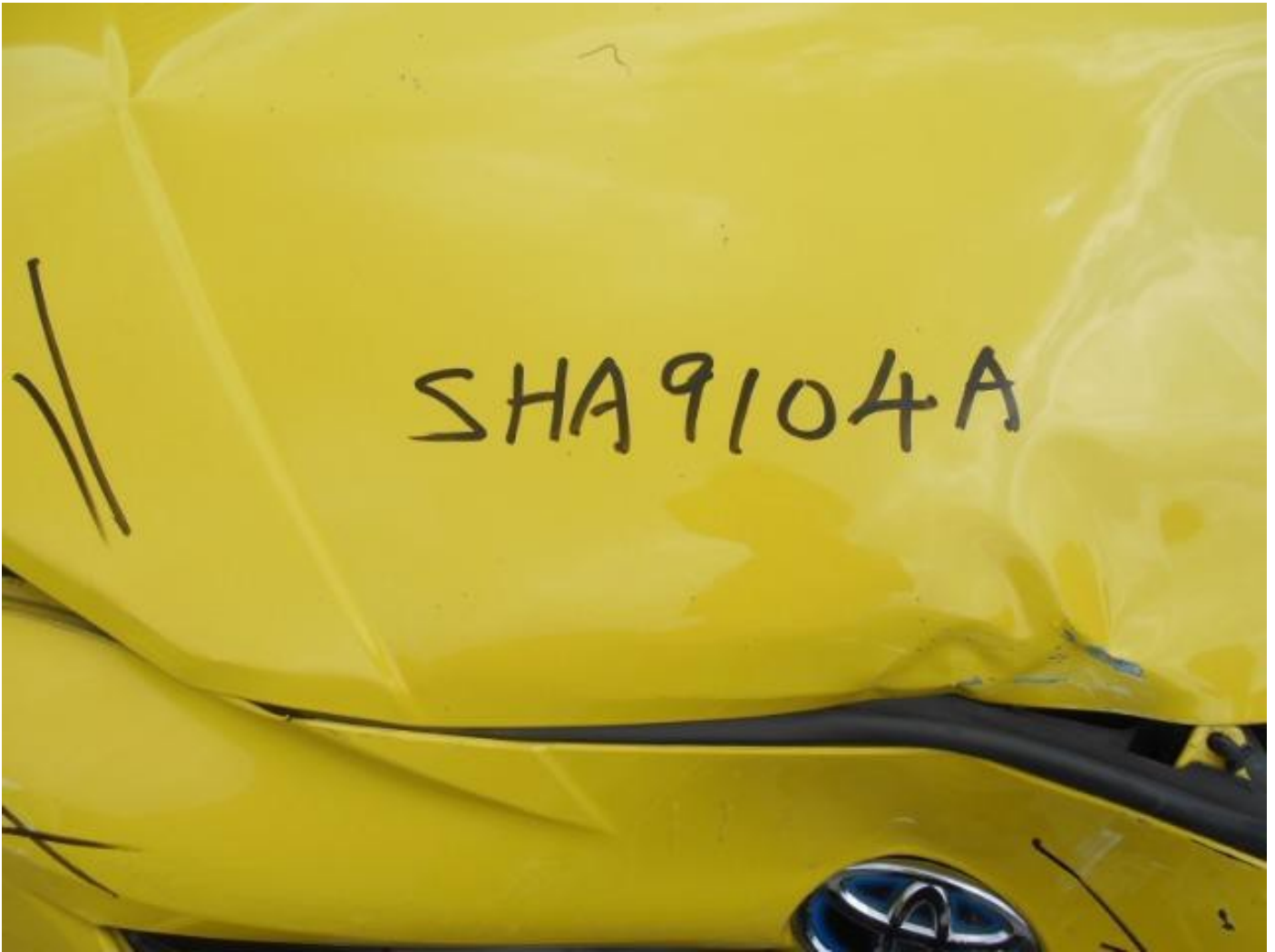
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Accident Photo



Accident Photo



Accident Photo



Addendum Sheet Pg. 1



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE  
6 Raffles Quay #18-00 Singapore 048580  
Tel (65) 6224 0010 Fax (65) 6224 0030  
Operating Hours : Monday to Friday, 09:00 – 17:00  
UEN: S66550020G / GST Reg. No.: M400017735

**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

**ADDENDUM**

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No : MCD Vehicle Registration No: SHA 9104A  
Name (as shown in NRIC) : Chua Teck Chai NRIC/FIN/Passport No : S xxxx769E  
(\* Vehicle Drive / Vehicle Owner) (\*) Please delete as appropriate  
Address : Blk 985A Buangkok Crescent # 18-06 Singapore (531985 )  
Contact (Tel) : \_\_\_\_\_ Mobile No. : 9621 2347  
Email Address : \_\_\_\_\_  
Date of Accident : 23.12.2019 Time of Accident : 05:50hrs  
Place of Accident : Eu Tong Seng Street  
Insurance Company : Ms First Capital Insurance Ltd

**(B) ADDITIONAL INFORMATION / AMENDMENTS:**

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Upload damage photo and Upload Scene video

Rescan sketch plan

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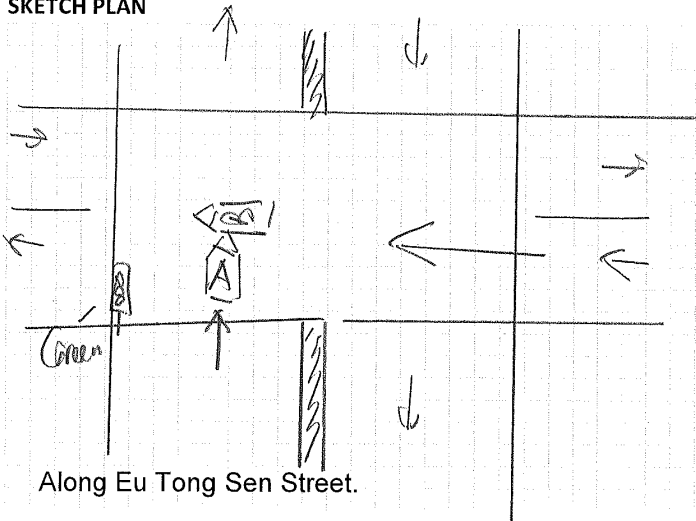
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Policyholder / Driver's Signature  
Date: 26.12.2019

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

### SKETCH PLAN

Amended On 26.12.2019



A-SHA 9104A

B-SHB 6387P (CT)

**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

[illegible]

## 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: 24.12.2019@12:20hrs

Lisa

Reporting Centre Personnel's Signature

Name: -

NRIC/FIN No.:\_