

## 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	15/01/2020 14:36
Date Of Accident	14/01/2020 22:00
Exact Location Of Accident	PIE TOWARDS CHANGI AIRPORT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC7798A
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CITYCAB PTE LTD
Co Reg No	199502839G
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-65508768

### Vehicle Particulars

Manufacturer	HYUNDAI
Model	AE IONIQ HEV-1.6 (A)
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	FOO SIANG CHEE
NRIC No	S0102669J
Date Of Birth	25/10/1946
Occupation	OUTDOOR
Date Of Driving Pass	06/08/1976
Driving Experience	43 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96699995
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	APT BLK 288D JURONG EAST STREET 21 #04-424 SINGAPORE
Postcode	604288
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - RELIEF
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)	1

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	ANG MO KIO NORTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	<b>ROAD:</b> 51 ANG MO KIO AVE 9 , <b>POSTCODE:</b> 569784 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-4849999 - <b>FAX NO:</b> 62181399
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER POLICE REPORT -T/20200115/2005

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	FILE NOT SUITABLE
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHC272X
Vehicle Make/Model/Colour	HYUNDAI IONIC CITY CAB
Details Of Properties	FRONT AND REAR
Vehicle Category	TAXI
Name of Driver	TAN YEW SENG
NRIC/Passport Number	S1130343I
Contact Number	96721470
Address	
Postcode	

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SHD3033U
Vehicle Make/Model/Colour	HYUNDAI I40 COMFORT BLUE
Details Of Properties	FRONT
Vehicle Category	TAXI
Name of Driver	YEO BOON TOCK
NRIC/Passport Number	S0143761E
Contact Number	96281539

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### DETAILS OF INJURED PERSON 1

Name	FOO SIANG CHEE
Approximate Age	73
Injuries Sustain	3 DAYS MC
Injured person in which vehicle?	SHC7798A
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	APT BLK 288D JURONG EAST ST 21 #04-424 SINGAPORE
Postcode	604288

## Accident Sketch Plan Pg. 1

### SKETCH PLAN

#### IMPORTANT NOTICE

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6. The 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 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.

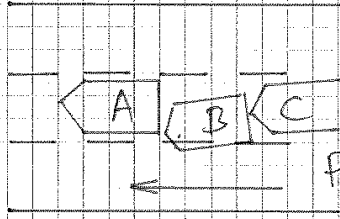
\_\_\_\_\_  
Policyholder's Signature  
Date & Time:

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

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

SKETCH PLAN

A - SHC 7798A  
 B - SHC 272X  
 C - SHD 20334



PIE TOWARDS CHANGI AIRPORT

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer police report : (T/20200115/2005)

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:

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

Intemedical 24 Hr Clinic  
525 Ang Mo Kio Avenue 10, #01-2407  
Singapore 560525 Tel : 69192998

### Medical Certificate

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Date : 14 Jan 2020  
MC No. : 0000035707

This is to certify that :

Name : FOO SIANG CHEE  
NRIC : S0102669J

is Unfit for Duty for 3 days  
from 14/01/2020 to 16/01/2020 inclusive.

**Intemedical 24-Hr Clinic**  
Blk 525 Ang Mo Kio Ave 10  
#01-2407  
Singapore 560525  
Tel: 69192998

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ONG SWEE SENG RAYMOND  
MBBS (SINGAPORE)

*\*This certificate is not valid for absence from court or other judicial proceedings unless specifically stated.*



**SINGAPORE  
POLICE FORCE**



T/20200115/2005

Police Station Of Origin:  
Ang Mo Kio North N.P.C  
51 Ang Mo Kio Avenue 9 SINGAPORE  
569784  
Tel No: 1800-4849999

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Report No. T/20200115/2005

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 15/01/2020 00:26		Vide Report No.:		Station Diary No.: 11	
<b>Informant's Particulars</b>					
Name of Informant: FOO SIANG CHEE			Address: APT BLK 288D JURONG EAST STREET 21 #04-424 SINGAPORE 604288		
ID Type / ID No.: NRIC NO / S0102669J			Contact No.: Home/Office: Mobile: 96699995		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 73	Date of Birth: 25/10/1946	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: 2B,2A,2,3 Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 14/01/2020 10:00	Type of Location: Expressway
Location: Along Road 1 PAN-ISLAND EXPRESSWAY PIE towards Changi Airport				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Chain collision				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHC272X	Taxi				Seriously Damaged	0
SHC7798A	Taxi				Seriously Damaged	0
SHD3033U	Taxi				Seriously Damaged	0



**SINGAPORE  
POLICE FORCE**



T/20200115/2005

Police Station Of Origin:  
Ang Mo Kio North N.P.C  
51 Ang Mo Kio Avenue 9 SINGAPORE  
569784  
Tel No: 1800-4849999

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Report No. T/20200115/2005

**CONTINUATION OF REPORT**

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Driver</b>			
Name	YEO BOON TOCK	ID No.	S0143761E
Related Vehicle	NIL	Contact No.	96281539
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
<b>Driver</b>			
Name	FOO SIANG CHEE	ID No.	S0102669J
Related Vehicle	NIL	Contact No.	96699995
Hospital/Clinic	INTEMEDICAL 24 HR CLINIC	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	14/01/2020	Date Discharge	14/01/2020
No. of Days granted Medical Leave	03	Degree of Injury	NIL
<b>Driver</b>			
Name	TAN YEW SENG	ID No.	S1130343I
Related Vehicle	NIL	Contact No.	96721470
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 14/01/2020 at 2202hrs, I was driving along PIE towards Changi Airport on my vehicle SHC7798A). I was on the middle lane. On board, there was no passenger in my taxi. I saw the front vehicle slow down, as such I applied brake on my vehicle.

After about 1- 2 seconds later after I applied the brake, I felt Collision coming from the back. I stopped the vehicle straight away. we exchanged particular and took photos of scene. we then left the scene. I was the first vehicle who got hit. The middle vehicle is SHC272X. The last vehicle involved is SHD3033U.





**SINGAPORE  
POLICE FORCE**



T/20200115/2005

Police Station Of Origin:  
Ang Mo Kio North N.P.C  
51 Ang Mo Kio Avenue 9 SINGAPORE  
569784  
Tel No: 1800-4849999

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Report No. T/20200115/2005

**CONTINUATION OF REPORT**

After about 10 min, I felt uncomfortable and went to Intemedical 24 Hrs Clinic to seek for medical assistance. I was given 3 days of MC. I am lodging this report for traffic Police to investigate into this matter.



**SINGAPORE  
POLICE FORCE**



T/20200115/2005

Police Station Of Origin:  
Ang Mo Kio North N.P.C  
51 Ang Mo Kio Avenue 9 SINGAPORE  
569784  
Tel No: 1800-4849999

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Report No. T/20200115/2005

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:

F /

Sgt 3 LIM KANG QUAN

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /

SI ANG YI TING, STEPHANIE

Contact No.: 65476414

Signature Of Informant:

*[Signature]*

*[Signature]*

Date/Time:

15/01/2020 00:26

Classification Of Case:

Authentication Stamp

NP168

Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo





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**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: S6650020G / 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 : MSK120006805 Vehicle Registration No: SHZ7798A  
Name (as shown in NRIC) : FUO SIANG CHEE NRIC/FIN/Passport No : S0102669J  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address : APT BLK 288D JURONG EAST STREET Singapore 604288P  
51 X04-424  
Contact (Tel) : — Mobile No. : 96699995  
Email Address : —  
Date of Accident : 14/1/2020 Time of Accident : 22:02  
Place of Accident : Along PIE Tumbost Changi Airport.  
Insurance Company : MS FINEST CAPITAL.

#### (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:

AMEND ACCIDENT DATE TIME.

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Policyholder / Driver's Signature  
Date:

Reporting Centre Personnel's Signature  
Name: VBN  
NRIC/FIN No.:  
Date: 15/1/2020