

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	06/07/2020 13:28
Date Of Accident	03/07/2020 22:35
Exact Location Of Accident	STILL RD X EAST COAST RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC7042Y
Insured/Policyholder	
Name Of Registered Owner	CITYCAB PTE LTD
Co Reg No	1XXXXX839G
Email Address	FLEETSAFETY@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	YEO CHENG CHUAN
NRIC No	SXXXX205E
Date Of Birth	17/04/1952
Occupation	OUTDOOR
Date Of Driving Pass	19/12/1974
Driving Experience	45 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87931856
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	149 13-923 SERANGOON NORTH AVENUE 1
Postcode	550149
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)	2
Passenger 1	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]	HOUGANG 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	SHA1517U
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE HIRE
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 PAX
Approximate Age
Injuries Sustain NOT SURE
Injured person in which vehicle? SHC7042Y
Were seat belts worn?
Was this injured conveyed to hospital by ambulance? YES
Address
Postcode

DETAILS OF INJURED PERSON 2

Name YEO CHENG CHUAN
Approximate Age 68
Injuries Sustain ELBOW, NECK, BACK
Injured person in which vehicle? SHC7042Y
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? YES
Address
Postcode

SKETCH PLAN

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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.
CORPORATION PTE LTD
CO. REG. NO. 199502839
CO. REG. NO. 199502839

Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time: 06.07.2020
@ 12:15 hrs

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

A - SHC 7042Y
B - SHA1517U

Along Still Road X East Coast Road

[illegible]

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

2



Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

1 of 3

Report No. T/20200704/2029

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 04/07/2020 11:48	Vide Report No.:	Station Diary No.: 30
Informant's Particulars		
Name of Informant: YEO CHENG CHUAN	Address: APT BLK 149 SERANGOON NORTH AVENUE 1 #13-923 SINGAPORE 550149	
ID Type / ID No.: NRIC NO / S0951205E	Contact No.: Home/Office:	Mobile: 87931856
Nationality: SINGAPORE CITIZEN	Email:	
Sex: Male	Age: 68	Date of Birth: 17/04/1952
Type of Informant: Driver		
Race: Chinese	Language:	Institution / School Name:
Occupation: Taxi driver	Driving Licence Information: Class:	Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 03/07/2020 22:35	Type of Location: X-Junction
Location: Along Road 1 Traveling Toward Road 2 STILL ROAD EAST COAST ROAD				
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 On				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHA1517U	TAXI				Seriously Damaged	0
SHC7042Y	TAXI				Seriously Damaged	1

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



Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

Report No. T/20200704/2029

CONTINUATION OF REPORT

Driver			
Name	YEO CHENG CHUAN	ID No.	S0951205E
Related Vehicle	SHC7042Y (TAXI)	Contact No.	87931856
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	03/07/2020	Date Discharge	04/07/2020
No. of Days granted Medical Leave	02	Degree of Injury	Slight

Brief Details.

On 03/07/2020 at about 2237hrs, I was driving my 'Citycab' taxi with a female passenger onboard along Still Road. Upon approaching the traffic junction between Still Road and East Coast Road, it was green light and I continued driving. Out of a sudden, another 'ComfortDegro' taxi came from the opposite side of Still Road while turning right towards the East Coast Rd and collided into my taxi. My airbag was activated due to the collision.

Ambulance were activated and my female passenger and I was conveyed to Changi General Hospital.

There were traffic police at scene, and they towed my taxi away. I do not have the other party contact details as I was conveyed.

I was given 2 days of outpatient MC.

My taxi suffered damages to the front right bonnet with dented and cracks. The other taxi suffered damages to the front bonnet. Both vehicles were quite seriously damaged.

I have CCTV in my front vehicle.



Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

Report No. T/20200704/2029

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 ALICIA NG YU SHAN

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

Sr Staff Sgt MOHAMMED FEROUZ BIN HUSSEIN

Contact No.: 65476206

Signature Of Informant:

Date/Time:

04/07/2020 11:48

Classification Of Case:

Authentication Stamp

NP168