

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	03/08/2020 15:05
Date Of Accident	02/08/2020 19:35
Exact Location Of Accident	PUNGGOL EAST TWDS PUNGGOL DRIVE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC7042Y
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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	TIAH JEE JAU
NRIC No	SXXXX507H
Date Of Birth	10/02/1960
Occupation	OUTDOOR
Date Of Driving Pass	12/09/1977
Driving Experience	42 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96611238
Fax Number	
Contact Number	
EMail Address	JJTIAH@GMAIL.COM

Address 636A 12-639 PUNGGOL DRIVE
 Postcode 821636
 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 4
 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
 POLICE STATION NAME [OTHER] PUNGGOL 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? NO
 Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY

Vehicle Registration Number SKV4129R
 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 & REAR
 No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY

Vehicle Registration Number SKJ4929L
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 OVERRRALL BODYWORK
No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 3:

Vehicle Registration Number UNKNOWN
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 NOT SURE
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1:

Name TIAH JEE JAU
Approximate Age 60
Injuries Sustain NECK
Injured person in which vehicle? SHC7042Y
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

DETAILS OF INJURED PERSON 2:

Name LADY
Approximate Age
Injuries Sustain NOT SURE
Injured person in which vehicle? SKJ4929L
Were seat belts worn?
Was this injured conveyed to hospital by ambulance? YES
Address
Postcode

DETAILS OF INJURED PERSON 3:

Name CHILD
Approximate Age
Injuries Sustain NOT SURE
Injured person in which vehicle? SKJ4929L

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

YES

Address

Postcode

Sketch Plan Pg. 1

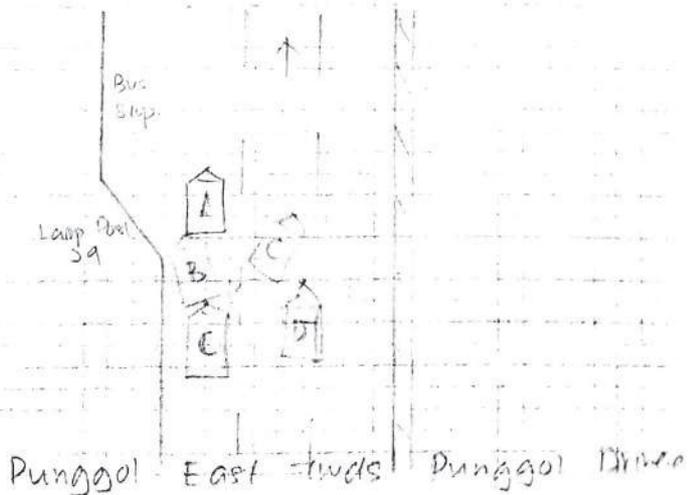
SKETCH PLAN

A: SHIC7042Y

B: 4264136-D

C: 2734A3AL

D: Unknown



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As per attached police report
T/20200802/2068.

I felt pain on neck, will consult doctor later on

DECLARATION

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

YACAB PTE LTD
LG NO. 199502839C

Policyholder's Signature
Date & Time:

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

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

3/8/2020



**SINGAPORE
POLICE FORCE**



T/20200802/2068

Police Station Of Origin:
Punggol N.P.C
21A Tebing Lane SINGAPORE 828837
Tel No: 1800-6049999

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Report No. T/20200802/2068

CONTINUATION OF REPORT

Driver			
Name	TIAH JEE JAU		ID No. S1456507H
Related Vehicle	SHC7042Y (Car)		Contact No. 96611238
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: NIL
Date Treatment	NIL		Date Discharge NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 02/08/2020 at about 1935hrs, I was travelling on the left most lane of the 3 lanes. There was a vehicle in front of me which had stopped to allow a bus to leave the bus stop and I had also stopped my vehicle. Suddenly, I felt an impact from the rear and discovered that a vehicle SKV4129R had hit onto the rear of my vehicle. I made a check and discovered that it was a chain collision and there were other vehicles involved. Traffic Police and Ambulance was activated and I believe the rear vehicle's passenger which is the wife and child was conveyed by Ambulance to hospital. My vehicle has an in-car camera installed and the memory card has been seized by Traffic Police. That is all.



SINGAPORE
POLICE FORCE



T/20200802/2068

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Report No. T/20200802/2068

Police Station Of Origin:
Punggol N.P.C.
21A Tebing Lane SINGAPORE 828837
Tel No: 1800-6049999

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 /
Sr Staff Sgt MOHAMAD RADZIF BIN
MOHAMAD SALEH

Signature Of Informant

Signature Of Interpreter:
Not applicable

Date/Time:
02/08/2020 21:50

Officer In Charge Of Case:
TP / GIT /
Sr Staff Sgt MOHAMMED FEROUZ BIN HUSSIEN
Contact No.: 65476206

Classification Of Case:

SN 005

Authentication Stamp
NP158

Signature
Singapore Police Force