

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	19/08/2020 09:15
Date Of Accident	18/08/2020 16:00
Exact Location Of Accident	ALONG MANDAL AVENUE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC7245D
Insured/Policyholder	
Name Of Registered Owner	CITYCAB PTE LTD
Co Reg No	199502839G
Email Address	FLEETSAFETY@CDGETAXI.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-18088936MFSH
Cover Note Number	

Driver

Name of Driver	NG BOON WAH
NRIC No	S1629204D
Date Of Birth	25/09/1964
Occupation	OUTDOOR
Date Of Driving Pass	29/11/1982
Driving Experience	37 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97557386
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 172 YISHUN AVENUE 7 #09-801
Postcode	760172
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 - HEAD TO REAR
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: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	CHANGKAT NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 109 TAMPINES STREET 11 #01-261 , POSTCODE: 521109 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7819999 - FAX NO: 67832722
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER POLICE REPORT NO: T/20200818/2135

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	SKG8951K
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	UNKNOWN
NRIC/Passport Number	

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage FRONT

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name NG BOON WAH

Approximate Age

Injuries Sustain SHOULDER

Injured person in which vehicle? SHC7245D

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

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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.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

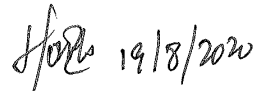
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the **"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)
 - (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, investigation, 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.

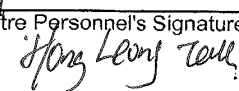
CITYCAB PTE LTD
CO. REG. NO. 199502839G

Policyholder's Signature
Date & Time:



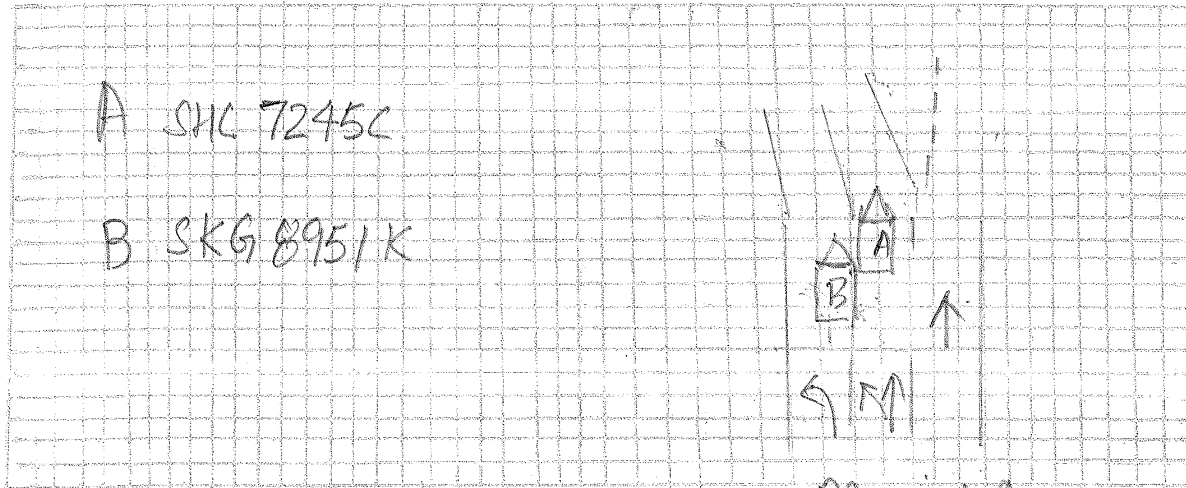
Driver's Signature
(if driver is not the policyholder)
Date & Time:

 19/8/2020

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

Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Mandal Avenue

Attached Police Report: T/20200818/2135

DECLARATION

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

CITYCAB PTE LTD
CO. REG. NO. 199502839G

Policystholder's Signature
Date & Time

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

Reporting Canoe Person's Signature
Name:
Date & Time

19/8/2020

Hong Leong Teoh



**SINGAPORE
POLICE FORCE**



T/20200818/2135

Police Station Of Origin:
Changkat NPP
109 Tampines Street 11 #01-261
SINGAPORE 521109
Tel No: 1800-7819999

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Report No. T/20200818/2135

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 18/08/2020 21:13		Vide Report No.:		Station Diary No.: 12	
Informant's Particulars					
Name of Informant: NG BOON WAH			Address: APT BLK 172 YISHUN AVENUE 7 #09-801 SINGAPORE 760172		
ID Type / ID No.: NRIC NO / S1629204D			Contact No.: Home/Office: Mobile: 97557386		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 55	Date of Birth: 25/09/1964	Type of Informant: Driver		
Race: Chinese			Language: Chinese		Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 18/08/2020 16:00	Type of Location: SLIP ROAD
Location: MANDAI AVENUE				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHC7245D	Car				Seriously Damaged	1
SKG8951K	Car					0

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



**SINGAPORE
POLICE FORCE**



T/20200818/2135

Police Station Of Origin:
Changkat NPP
109 Tampines Street 11 #01-261
SINGAPORE 521109
Tel No: 1800-7819999

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Report No. T/20200818/2135

CONTINUATION OF REPORT

Driver			
Name	NG BOON WAH	ID No.	S1629204D
Related Vehicle	SHC7245D (Car)	Contact No.	97557386
Hospital/Clinic	STREET 11 CLINIC	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	18/08/2020	Date Discharge	18/08/2020
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

On 18/08/2020 at about 1600hrs, I was travelling along Mandai Avenue entering the slip road into BKE. I was driving along to enter the slip road when I suddenly felt an impact coming from the left side of my taxi (SHC 7245D). I got out to make a check and discovered that another vehicle (SKG 8951K) had collided onto my taxi. I had one passenger (Goh Siew Choo, S1732199D, H/P: 96563923) on board during the accident, she felt unwell after that but there were no ambulance called in. No one else was injured. There were no police involved as well.

I tried to get the other driver's particulars however he refused to give me. As my taxi was still able to be driven, I took photos of the accident and left with my passenger afterwards. I went to see a doctor at Street 11 Clinic and was given 3days of MC dated from 18/08/2020 to 20/08/2020. My taxi has in-car CCTV.



**SINGAPORE
POLICE FORCE**



T/20200818/2135

Police Station Of Origin:
Changkat NPP
109 Tampines Street 11 #01-261
SINGAPORE 521109
Tel No: 1800-7819999

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Report No. T/20200818/2135

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 LIM TING RUI

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

18/08/2020 21:13

Officer In Charge Of Case:

TP / AEIT /

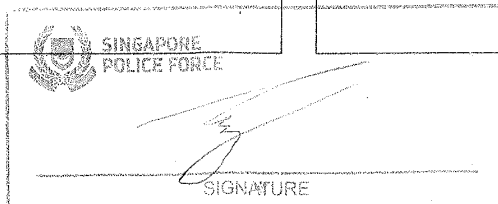
SSI 2 YEO GEAK ENG CECILIA

Contact No.: 65476404

Classification Of Case:

Authentication Stamp

NP168



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



SCENE



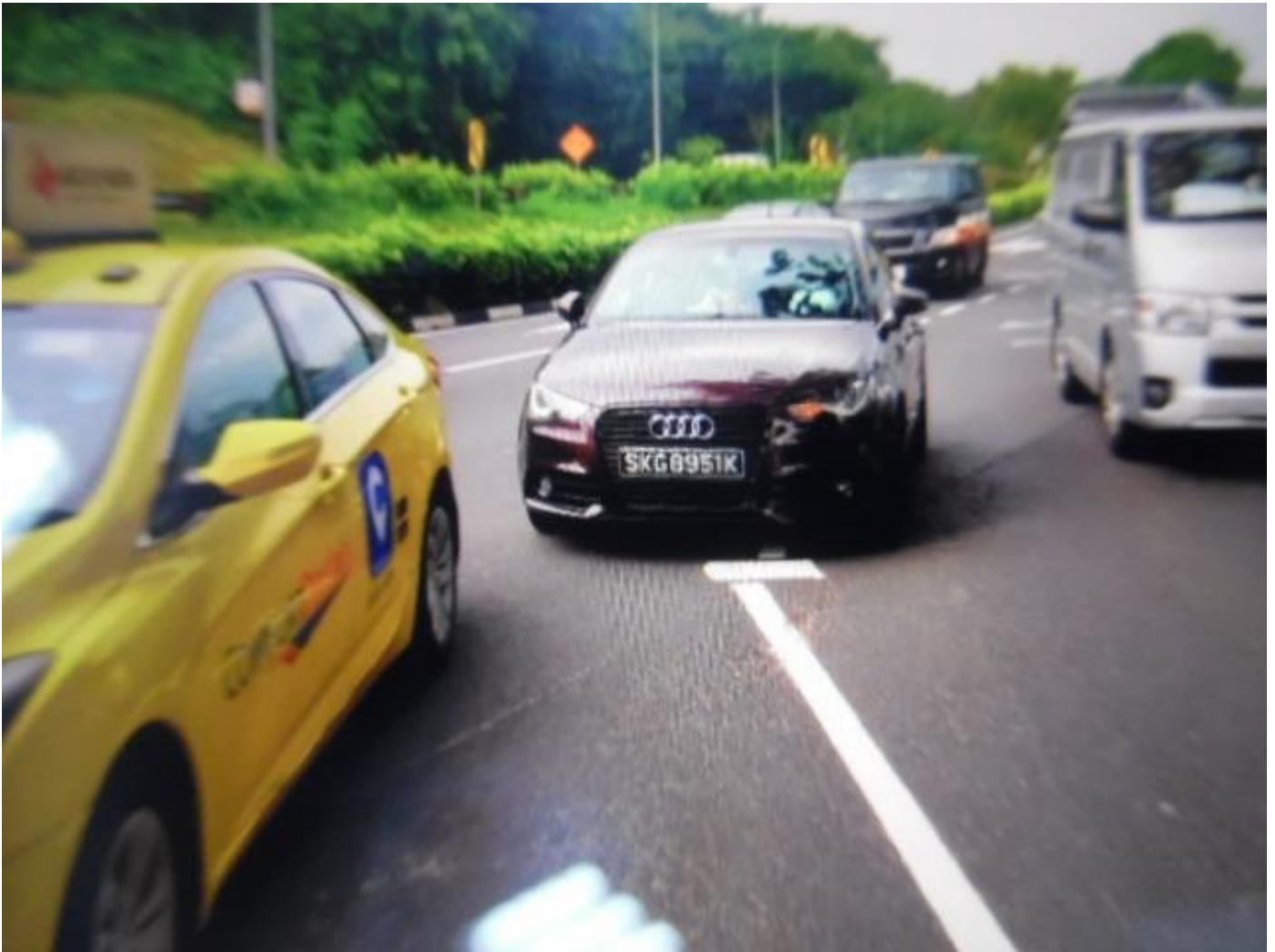
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