

## 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             | 07/09/2020 11:21            |
| Date Of Accident           | 05/09/2020 14:55            |
| Exact Location Of Accident | KEPPEL ROAD LAMP POST 126S8 |
| Country/State of Loss      | SINGAPORE                   |

### DETAILS OF OWN VEHICLE

|                             |                            |
|-----------------------------|----------------------------|
| Vehicle Registration Number | SHC7086X                   |
| <b>Insured/Policyholder</b> |                            |
| Name Of Registered Owner    | CITYCAB PTE LTD            |
| Co Reg No                   | 199502839G                 |
| 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                                       | REPORTING ONLY |
| 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       | TAN CHENG KIAT        |
| NRIC No              | S1237729J             |
| Date Of Birth        | 05/11/1957            |
| Occupation           | OUTDOOR               |
| Date Of Driving Pass | 21/05/1977            |
| Driving Experience   | 43 YEARS AND 3 MONTHS |
| Gender               | MALE                  |
| Mobile Number        | (LOCAL) +65-96662821  |
| Fax Number           |                       |
| Contact Number       |                       |
| EEmail Address       | NOEMAIL               |

|   |                                   |
|---|-----------------------------------|
| Address   | BLK 450 HOUGANG AVENUE 10 #03-547 |
| Postcode  | 530450                            |
| 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 | RAINING                  |
| Road Surface       | WET                      |

#### 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?   | NO                            |
| 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: : -<br>GENDER: : FEMALE |

#### Details of Police Action

|   |  |
|---|--|
| Was the accident reported to the police?  | YES  |
| If Yes, Please state which Police Station |  |
| Police Station Name                       | PASIR RIS NEIGHBOURHOOD POLICE CENTRE  |
| Police Station Address                    | <b>ROAD:</b> 1 PASIR RIS DRIVE 4 , <b>POSTCODE:</b> 519457 , <b>COUNTRY:</b> SINGAPORE |
| Police Station Contact                    | <b>TEL NO:</b> 1800-5852999 - <b>FAX NO:</b> 65855261                                  |
| Was notice of intended Prosecution given? | NO   |
| If Yes, against whom?                     |  |

#### Circumstances of Accident

PLS REFER TO ATTACHED / POLICE REPORT : T/20200905/2085

#### 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 | SKT8765M    |
| Vehicle Make/Model/Colour   |             |
| Details Of Properties       |             |
| Vehicle Category            | PRIVATE CAR |
| Name of Driver              | LI BAOSHUN  |
| NRIC/Passport Number        |             |
| Contact Number              | 97659758    |

Address

Postcode

Insurance Company Name

Nature Of Damage REAR

No. Of Passenger (Including Driver)

## 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 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) 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, 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:

07.09.2020  
1035m

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

Larry Ng

1

### SKETCH PLAN

A - SH C 7086X

B - SKT8765M

← B | ← A

Keppel Rd.

**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

\* Police report 7/20200905/2085 \*

## 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: 07.09.2022

1035

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Reporting Centre Personnel's Signature

Name:

NRIC/Fin No.:

Larry Ng



**SINGAPORE  
POLICE FORCE**



T/20200905/2085

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/20200905/2085

**REPORT OF A TRAFFIC ACCIDENT**

|  |                  |                           |
|--|------------------|---------------------------|
| Date/Time Report Made:<br>05/09/2020 19:23 | Vide Report No.: | Station Diary No.:<br>103 |
|--|------------------|---------------------------|

**Informant's Particulars**

|  |            |                              |   |  |                            |
|--|------------|------------------------------|---|--|----------------------------|
| Name of Informant:<br>TAN CHENG KIAT     |            |                              | Address:<br>APT BLK 450 HOUGANG AVENUE 10 #03-547 SINGAPORE<br>530450 |  |                            |
| ID Type / ID No.:<br>NRIC NO / S1237729J |            |                              | Contact No.:<br>Home/Office: Mobile: 96662821                         |  |                            |
| Nationality:<br>SINGAPORE CITIZEN        |            |                              | Email:  |  |                            |
| Sex:<br>Male                             | Age:<br>62 | Date of Birth:<br>05/11/1957 | Type of Informant:<br>Driver  |  |                            |
| Race:<br>Chinese                         |            |                              | Language:<br>English  |  | Institution / School Name: |
| Occupation:<br>Taxi driver               |            |                              | Driving Licence Information:<br>Class: 3 Date of Expiry:              |  |                            |

**General Information of the Accident**

|  |            |                                    |  |                                    |
|--|------------|------------------------------------|--|------------------------------------|
| General Information of the Accident                          |            |                                    |  |                                    |
| Type of Accident:  | Non-Injury | Drink Drive:<br>No                 | Date/Time of Accident:<br>05/09/2020 14:55 | Type of Location:<br>Straight Road |
| Location:<br><br>KEPPEL ROAD                                 |            |                                    |  |                                    |
| Lamp Post Number: 126S8                                      |            |                                    |  |                                    |
| Weather:<br>Raining  |            | Road Surface:<br>Wet               | Road Speed Limit:                          |                                    |
| Traffic Flow:<br>One Way                                     |            | Traffic Control:<br>Not Controlled | Traffic Volume:<br>Moderate                |                                    |
| Type of Collision:<br>Between Moving Vehicles - Head To Rear |            |                                    | Anyone conveyed by ambulance:<br>No        |                                    |

**Details of Vehicle Involved**

| Vehicle No. | Type | Make    | Model | Color  | Condition        | No of Passenger |
|-------------|------|---------|-------|--------|------------------|-----------------|
| SHC7086X    | TAXI | HYUNDAI |       | Yellow | Slightly Damaged | 1               |
| SKT8765M    | Car  | AUDI    |       | White  | Slightly Damaged | 1               |

**Details of Person Involved**

|                                 |                                |
|---------------------------------|--------------------------------|
| Any Pedestrian Involved: No     |                                |
| No. of Pedestrians Injured: NIL | Use of Pedestrian Crossing: NA |



**SINGAPORE  
POLICE FORCE**



T/20200905/2085

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

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Report No. T/20200905/2085

**CONTINUATION OF REPORT**

|                                   |                 |  |                                   |
|-----------------------------------|-----------------|--|-----------------------------------|
| <b>Driver</b>                     |                 |  |                                   |
| Name                              | TAN CHENG KIAT  | ID No.                                 | S1237729J                         |
| Related Vehicle                   | SHC7086X (TAXI) | Contact No.                            | 96662821                          |
| Hospital/Clinic                   | NIL             | Class of Driving Licence & Expiry Date | Class: 3<br>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                              | LI BAOSHUN      | ID No.                                 | S2690189H                         |
| Related Vehicle                   | SKT8765M (Car)  | Contact No.                            | 97659758                          |
| Hospital/Clinic                   | NIL             | Class of Driving Licence & Expiry Date | Class: NIL<br>Date of Expiry: NIL |
| Date Treatment                    | NIL             | Date Discharge                         | NIL                               |
| No. of Days granted Medical Leave | NIL             | Degree of Injury                       | NIL                               |

**Brief Details.**

On 05/09/2020 at about 2.55pm, I was driving CitiCab (SHC7086X) along AYE about to exit onto Keppel Road. The vehicle in front of me suddenly came to a stop. As it was raining and the road was a downward slope, I could not stop in time and ended up hitting the rear of the vehicle in front of me (SKT8765M). We alighted from our vehicles and exchanged particulars.

At that point in time no Traffic Police and no ambulance attended to us. There was no one injured as well. There is a in-car camera inside my vehicle.



**SINGAPORE  
POLICE FORCE**



T/20200905/2085

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

Report No. T/20200905/2085

**CONTINUATION OF REPORT**

**Sketch Plan**

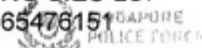
Informant is not able to provide sketch plan

**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 /  
Staff Sgt PATRICIA LOH YING YU

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / GIA /  
Staff Sgt WONG SIEU LUI  
Contact No.: 65476151



Authentication Stamp  
NP168

Signature Of Informant:

Date/Time:  
05/09/2020 19:23

Classification Of Case:

SIGNATURE



Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo

