

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 05/10/2020 10:32
Date Of Accident 03/10/2020 11:30
Exact Location Of Accident YISHUN ST 21 BEFORE YISHUN AVE 9
Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE:

Vehicle Registration Number SHA8205Z
Insured/Policyholder
Name Of Registered Owner CITYCAB PTE LTD
Co Reg No 1XXXXX839G
Email Address FLEETSAFETY@CDGETAXI.COM.SG
Mobile Phone No
Alternative Phone No OFFICE-65508768

Vehicle Particulars

Manufacturer TOYOTA
Model PRIUS
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 LOH KOON KUM
NRIC No SXXXX841C
Date Of Birth 29/03/1967
Occupation OUTDOOR
Date Of Driving Pass 02/01/1992
Driving Experience 28 YEARS AND 9 MONTHS
Gender MALE
Mobile Number (LOCAL) +65-97463017
Fax Number
Contact Number
Email Address SLKK08@YAHOO.COM

less
code
Is driver an employee of the Insured's Company NO
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

BLK 36 CIRCUIT ROAD
#14-424
370036

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 MACPHERSON NEIGHBOURHOOD POLICE POST
Police Station Address ROAD: BLK 54 PIPIT ROAD #01-82/84 , POSTCODE: 370054 , COUNTRY: SINGAPORE
Police Station Contact TEL NO: 1800-7449999 - FAX NO: 65476366
Was notice of intended Prosecution given? NO
If Yes, against whom?

Circumstances of Accident

REFER POLICE REPORT NO: T/20201003/2059

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 GBG4371S
Vehicle Make/Model/Colour TOYOTA VAN
Details Of Properties
Vehicle Category COMMERCIAL VEHICLE
Name of Driver UNKNOWN
NRIC/Passport Number

Fact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

FRONT

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

LOH KOON KUM

Approximate Age

Injuries Sustain

NECK, BOTH SHOULDERS, LOWER BACK PAIN

Injured person in which vehicle?

SHA8205Z

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

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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)
 - (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. 189502029G

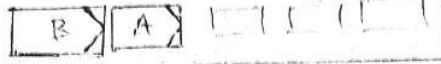
Policyholder's Signature
Date & Time:


Driver's Signature
(if driver is not the policyholder)
Date & Time: 05.10.2020


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

SKETCH PLAN

A-SHA 82052
B-GBG 43715



YISHUN ST 21

YISHUN AVE 9

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

+ Police report T/20201003/2059 +

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: 05.10.2020

1000h



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



**SINGAPORE
POLICE FORCE**



T/20201003/2059

1 of 3

Report No. T/20201003/2059

Police Station Of Origin:
MacPherson NPP
54 Pipit Road #01-82/84 SINGAPORE
370054
Tel No: 1800-7449999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 03/10/2020 14:51	Vide Report No.:	Station Diary No.: 29
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Informant's Particulars

Name of Informant: LOH KOON KUM			Address: APT BLK 36 CIRCUIT ROAD #14-424 SINGAPORE 370036	
ID Type / ID No.: NRIC NO / S1816841C			Contact No.:	Mobile: 97463017
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 53	Date of Birth: 29/03/1967	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: 3	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 03/10/2020 11:30	Type of Location: X-Junction
Location: YISHUN STREET 21				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBG4371S	Van					0
SHA8205Z	TAXI				Seriously Damaged	1

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
MacPherson NPP
54 Phipps Road #01-82/84 SINGAPORE
370054
Tel No: 1800-7449999



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Report No. T/20201003/2059

CONTINUATION OF REPORT

Driver			
Name	KALIAPERUMAL BAKKIYARAJ	ID No.	G7544789U
Related Vehicle	GBG4371S (Van)	Contact No.	91209808
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
Driver			
Name	LOH KOON KUM	ID No.	S1816841C
Related Vehicle	SHA8205Z (TAXI)	Contact No.	97463017
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	03/10/2020	Date Discharge	NIL
No. of Days granted Medical Leave	05	Degree of Injury	NIL

Brief Details.

On the above mentioned date, time and place, I was involved in a traffic road accident. I was waiting at the traffic junction as the traffic light was red. Suddenly, my vehicle jerked to the front. I made a check and discovered that a van had hit onto the rear of my vehicle. No ambulance or Police came. My passenger was not injured. I went to seek medical treatment and was given 5 days MC. I suffered strain on my neck, shoulder and lower back. My vehicle had cracked rear bumper and rear right taillight.



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
MacPherson NPP
54 Phipps Road #01-82/84 SINGAPORE
370054
Tel No: 1800-7449999



T/20201003/2059

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Report No. T/20201003/2059

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 /
Sr Staff Sgt MUHAMMAD FARHAN BIN MOHD
NOOR

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:

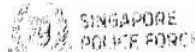
TP / AEIT /
Sr Staff Sgt ONG YONG HOCK
Contact No.: 65476436

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
03/10/2020 14:51

Classification Of Case:



SIGNATURE