

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 Submission	14/12/2020 09:14 (SGT)
Date of Accident	11/12/2020 18:00 (SGT)
Exact Location of Accident	Near Jalan Pukul 2, Pelabuhan Johor Pasir Gudang, 81700 Pasir Gudang, Johor, Malaysia
Additional Location Information	FERNVALE RD TWDS SENGKANG WEST AVENUE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA9151M
-----------------------------------	----------

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	199502839G
Company Reg No	CITYCAB PTE LTD
Email Address	fleetsafety@cdgtaxi.com.sg
Mobile Phone No	(Phone) +65-65508768
Alternative Phone No	(Office) +65-65508768

VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	Ioniq
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private hire
Are you claiming under your own insurance policy for repair to your vehicle?	No - Reporting only
Vehicle Category	Taxi

INSURANCE COMPANY

Name of Insurance Company	First Capital
Type of Coverage	ThirdPartyFireTheft
Fleet Policy	Yes
Policy Number	D-18088937MFSH
Cover Note Number	-

DRIVER

Name of Driver	LIM TIAN SOO
NRIC No	S1583884A
Date Of Birth	18/02/1963

Occupation	Outdoor
Date Of Driving Pass	26/05/1995
Driving experience	25 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91448262
Alt. Phone Number	-
Email Address	LINTIANSHUN@YAHOO.COM.SG
Address	BLK 517 BEDOK NORTH AVENUE 2
Address complement	#02-137
Postcode	460517
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Other
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Side Swipe
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	Yes
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Bedok North Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18002449999
Alt. Police Station Phone No	(Fax) +65-62447258
Police Station Address	30 Bedok North Road Singapore 469676
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLS REFER TO ATTACHED

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 1

Vehicle Registration Number	FBP296E
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
Name of Driver	YEW KEAN HOOI

Contact Number	(Phone) +65-87539170
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	SLIGHT
Details of property damaged in accident	FRT
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	YEW KEAN HOOI
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	LEG PAIN
Injured person in which vehicle?	FBP296E
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes

IMPORTANT NOTICE

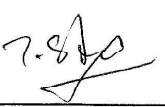
1. Please report **correctly** the details of the accident to speed up the claims process.
2. This Form must be **completed by the Policyholder and/or the Authorised Driver**.
3. Information provided must be as **truthful and accurate as possible**. Any wilful misrepresentation or withholding of material 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. 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. 199502839G

Policyholder's Signature
Date & Time:



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



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

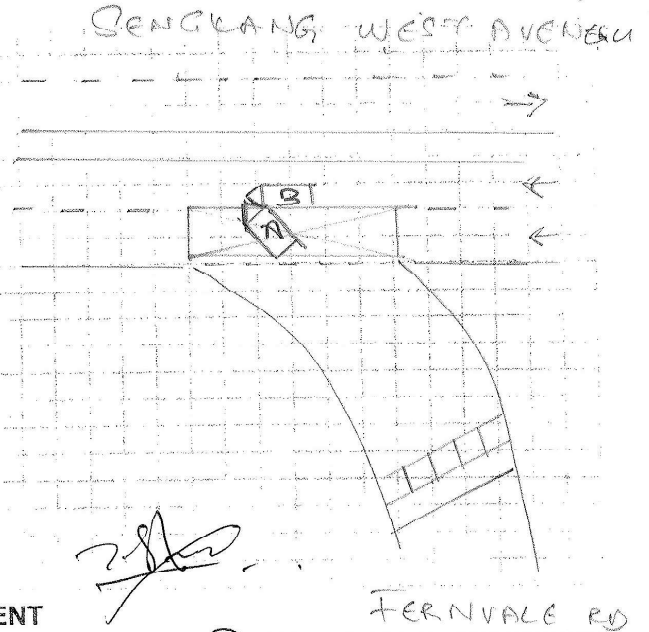
12 DEC 2020

1

SKETCH PLAN

A = 34915M

B = FBP 296E
(MOTORCYCLE)



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Statement as per Police Report

① 71 0000 1212 10034

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:

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

12 DEC 2020



**SINGAPORE
POLICE FORCE**



T/20201212/2034

Police Station Of Origin:
Bedok North N.P.C
30 Bedok North Road SINGAPORE 469676
Tel No: 1800-2449999

1 of 3

Report No. 1/20201212/2034

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 12/12/2020 11:46	Vide Report No.: F/20201211/0129	Station Diary No.: 34
--	-------------------------------------	--------------------------

Informant's Particulars

Name of Informant: LIM TIAN SOO			Address: APT BLK 517 BEDOK NORTH AVENUE 2 #02-137 SINGAPORE 460517		
ID Type / ID No.: NRIC NO / S1583884A			Contact No.: Home/Office: Mobile: 91448262		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 57	Date of Birth: 18/02/1963	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 Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 11/12/2020 18:00	Type of Location: FILTER LANE
Location: SENGKANG WEST AVENUE				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control:	Traffic Volume: Heavy	
Type of Collision: Moving Vehicle Against - Others			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBP296E	Motorcycle	YAMAHA	YZF-R155			0
SHA9151M	Car	HYUNDAI	AE IONIQ HEV 1.6 DCT	Yellow		0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20201212/2034

Police Station Of Origin:
Bedok North N.P.C
30 Bedok North Road SINGAPORE 469676
Tel No: 1800-2449999

2 of 3

Report No. T/20201212/2034

CONTINUATION OF REPORT

Driver			
Name	LIM TIAN SOO		ID No. S1583884A
Related Vehicle	SHA9151M (Car)		Contact No. 91448262
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
Rider			
Name	YEW KEAN HOOI		ID No. S8686773G
Related Vehicle	NIL		Contact No. 87539170
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

Brief Details.

I am lodging this report in my own words:

On 11 December 2020 at about 1800hrs, I was driving my taxi along Fernvale Road towards Sengkang West Avenue. I then proceeded into the filter lane and went into the yellow box as the traffic was heavy and stopped in the yellow box. All of a sudden, as I was moving off, a motorcycle collided into the front right of my vehicle. I then exited from my vehicle and approach the motorcycle rider. He informed that his leg was pain. Hence, I call for ambulance assistance. I also called for police assistance. That's all.



**SINGAPORE
POLICE FORCE**



T/20201212/2034

Police Station Of Origin:
Bedok North N.P.C
30 Bedok North Road SINGAPORE 469676
Tel No: 1800-2449999

3 of 3

Report No. T/20201212/2034

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 TRAVINDER JIT SINGH

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

12/12/2020 11:46

Officer In Charge Of Case:

TP / GIT /
Staff Sgt SYED MUHAMMAD ISA BIN OMAR
ALHABSHEE

Contact No.: 65476214

Authentication Stamp
NP168

Classification Of Case:

















