

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 21/12/2020 13:23 (SGT)
Date of Accident 21/12/2020 07:05 (SGT)
Exact Location of Accident Near 359 Corporation Dr, Singapore 610359
Additional Location Information ALONG CORPORATION DRIVE
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHD8591S

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner CITYCAB PTE LTD
Company Reg No 1XXXXX839G
Email Address FLEETSAFETY@CDGTAXI.COM.SG
Mobile Phone No (Phone) +65-65508768
Alternative Phone No (Office) +65-65508768

VEHICLE PARTICULARS

Manufacturer Hyundai
Model I40
Variant -
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 - Claiming third party
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 ANG CHUAK TSE
NRIC No SXXXX540D
Date Of Birth 09/07/1963
Occupation Outdoor

Date Of Driving Pass	21/10/1985
Driving experience	35 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-92344523
Alt. Phone Number	-
Email Address	FLEETSAFETY@CDGTAXI.COM.SG
Address	APT BLK 989B JURONG WEST STREET 93 #15-705
Address complement	-
Postcode	642989
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	Collision - Change/cross lane
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?	No
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	Jurong West Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18002689999
Alt. Police Station Phone No	(Fax) +65-62672438
Police Station Address	700 Corporation Road Singapore 649818
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO ATTACHMENT .

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHD3454M
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	MD SAMSURI BIN MD SALLEH
NRIC No	SXXXXX471I

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

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	ANG CHUAK TSE
Address	APT BLK 989B JURONG WEST STREET 93 #15-705
Address Complement	-
Post Code	642989
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	SHD8591S
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN**IMPORTANT NOTICE**

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7. By the lodgment 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, investigating, 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.

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.:

SKETCH PLAN

Corporation Drive

A: SHD085915

B: SHD3454 M

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report (7/20201221/2030).

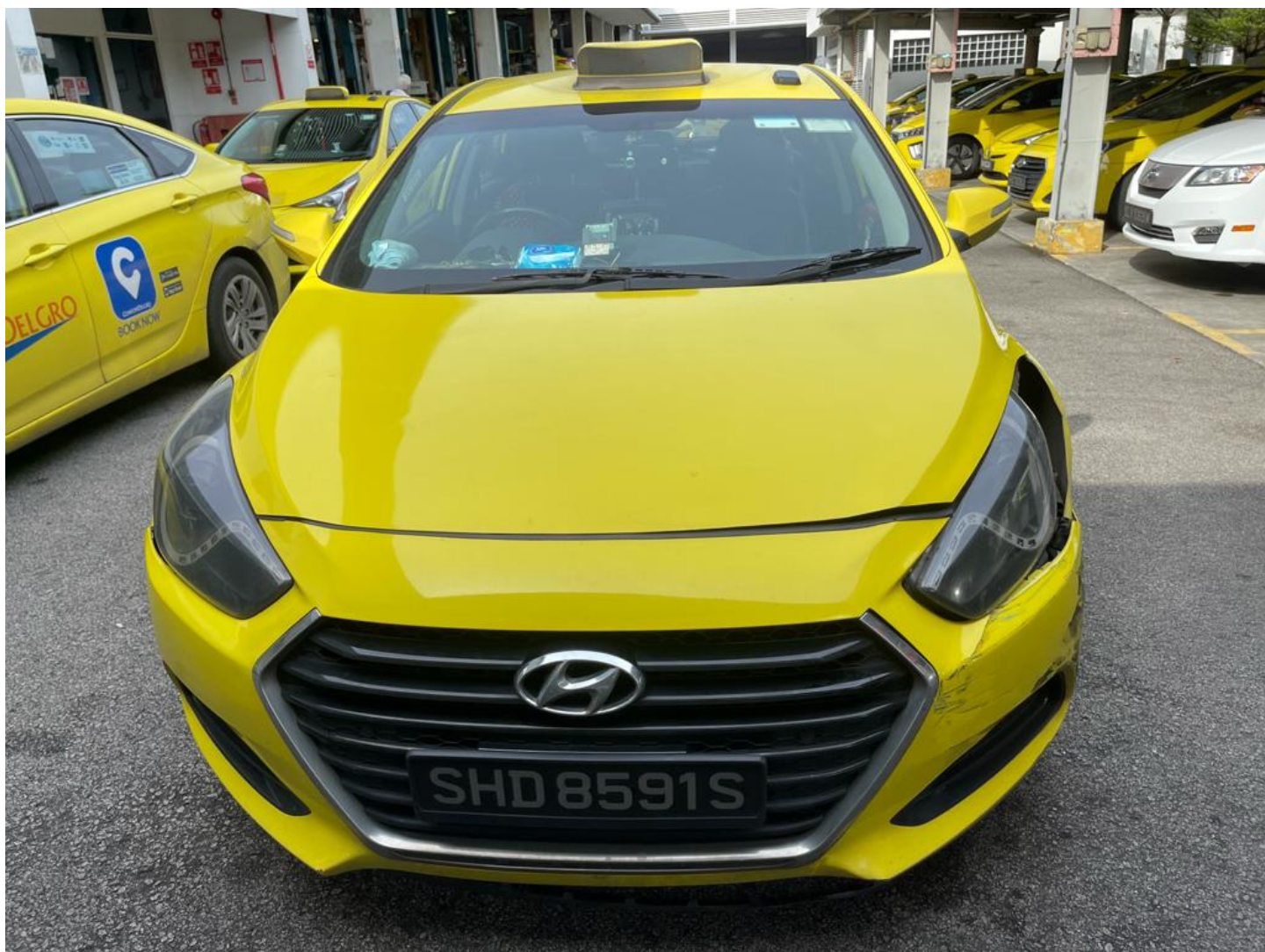
DECLARATION

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

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.:







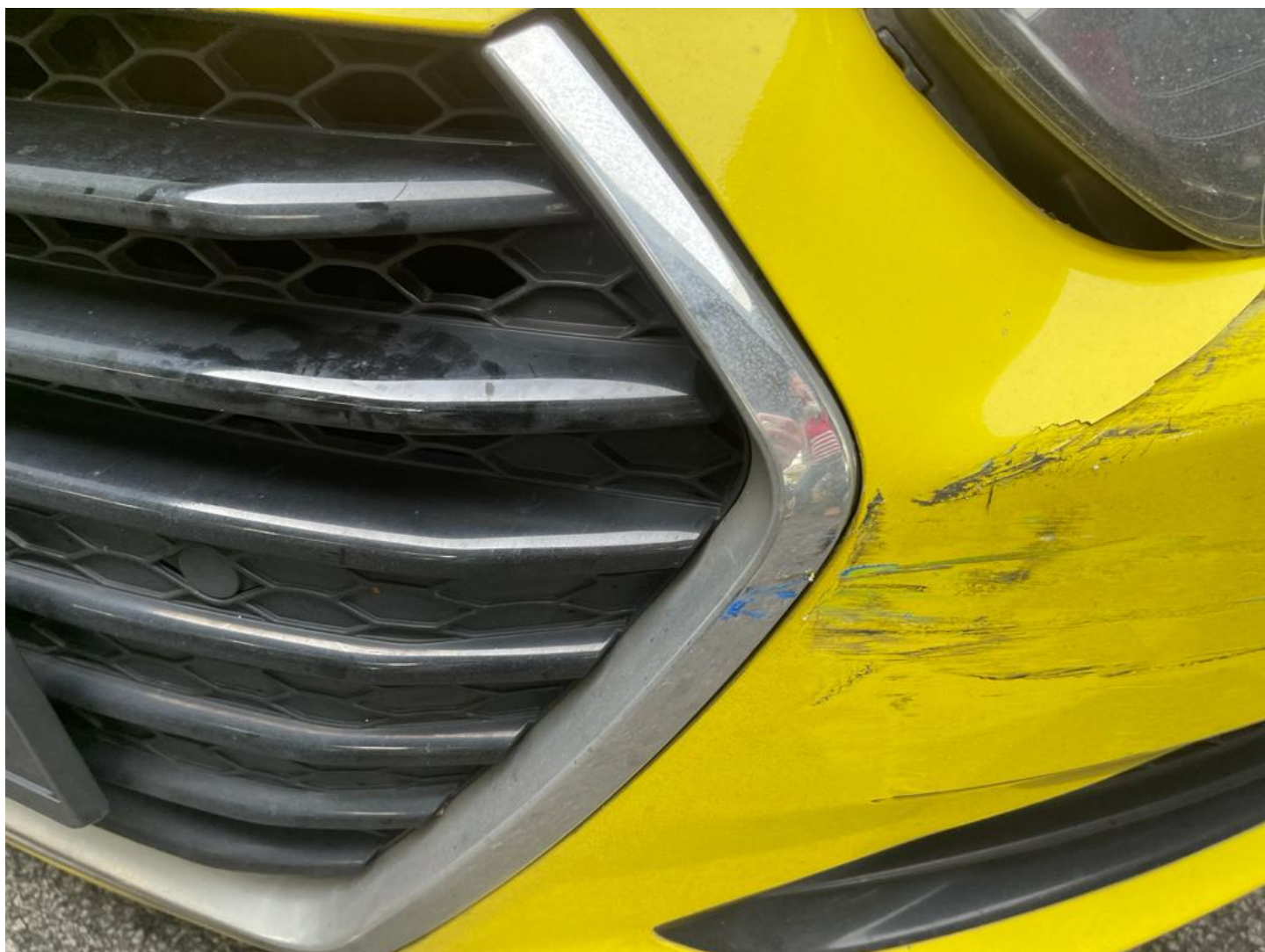


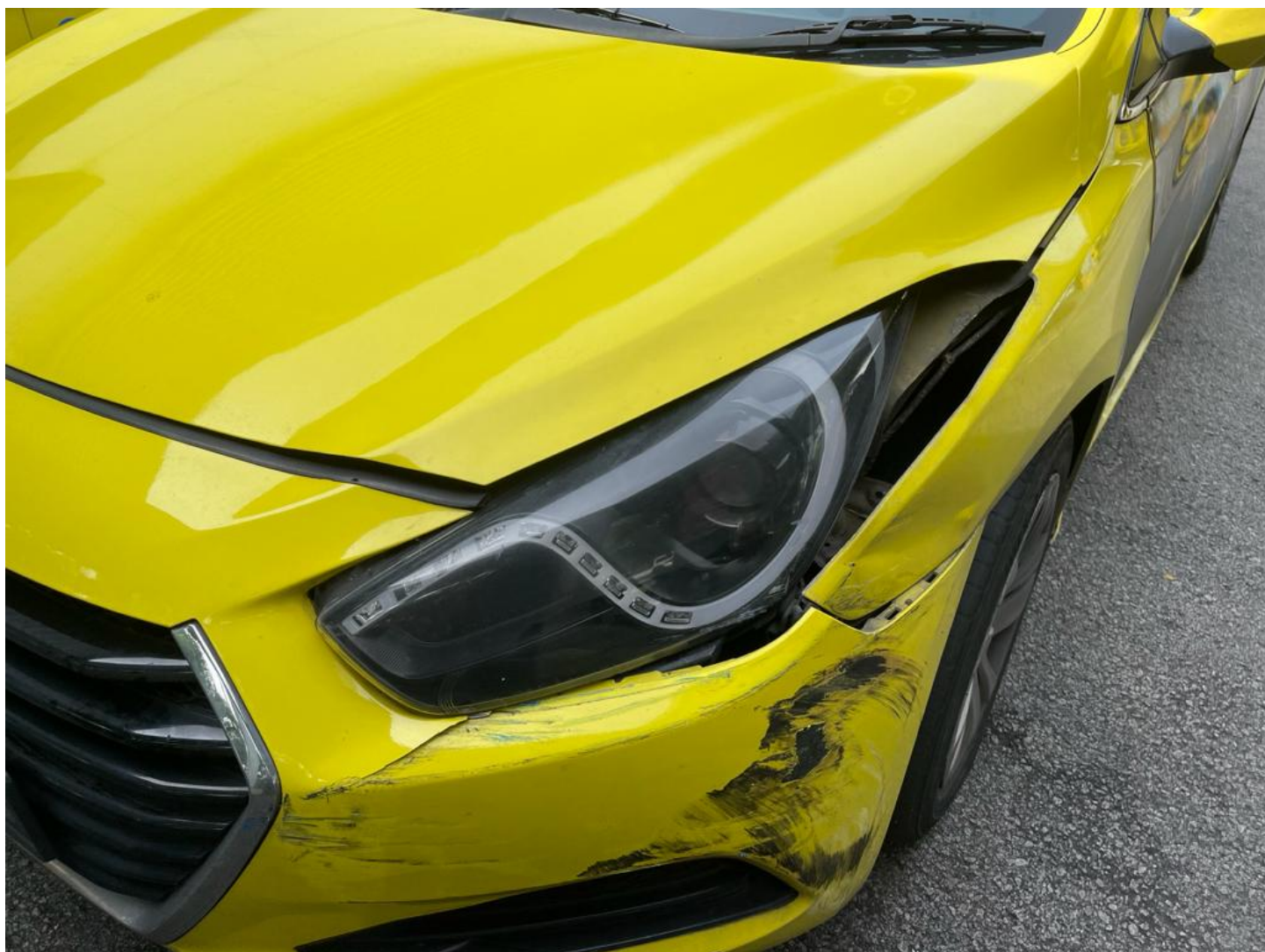




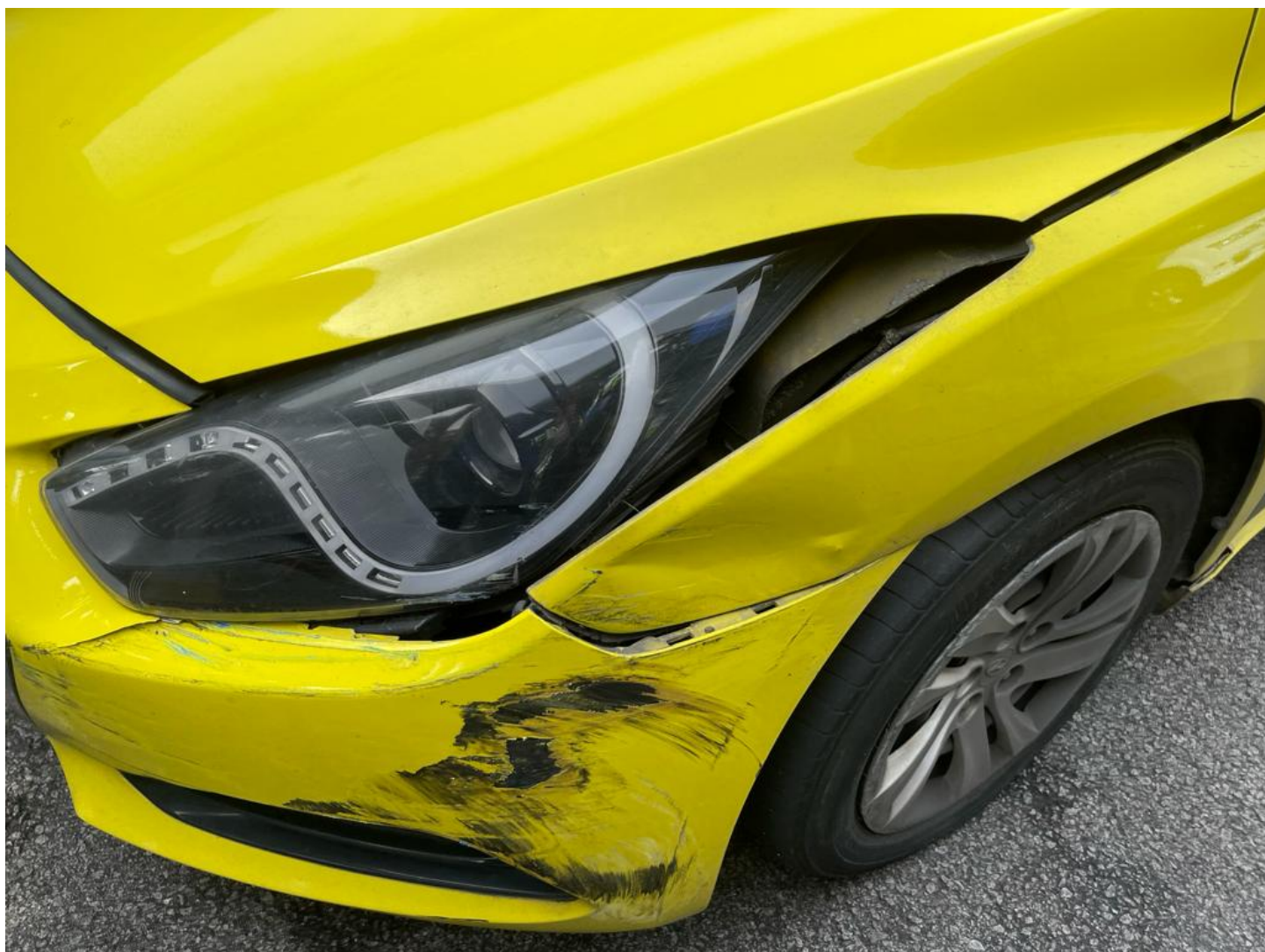


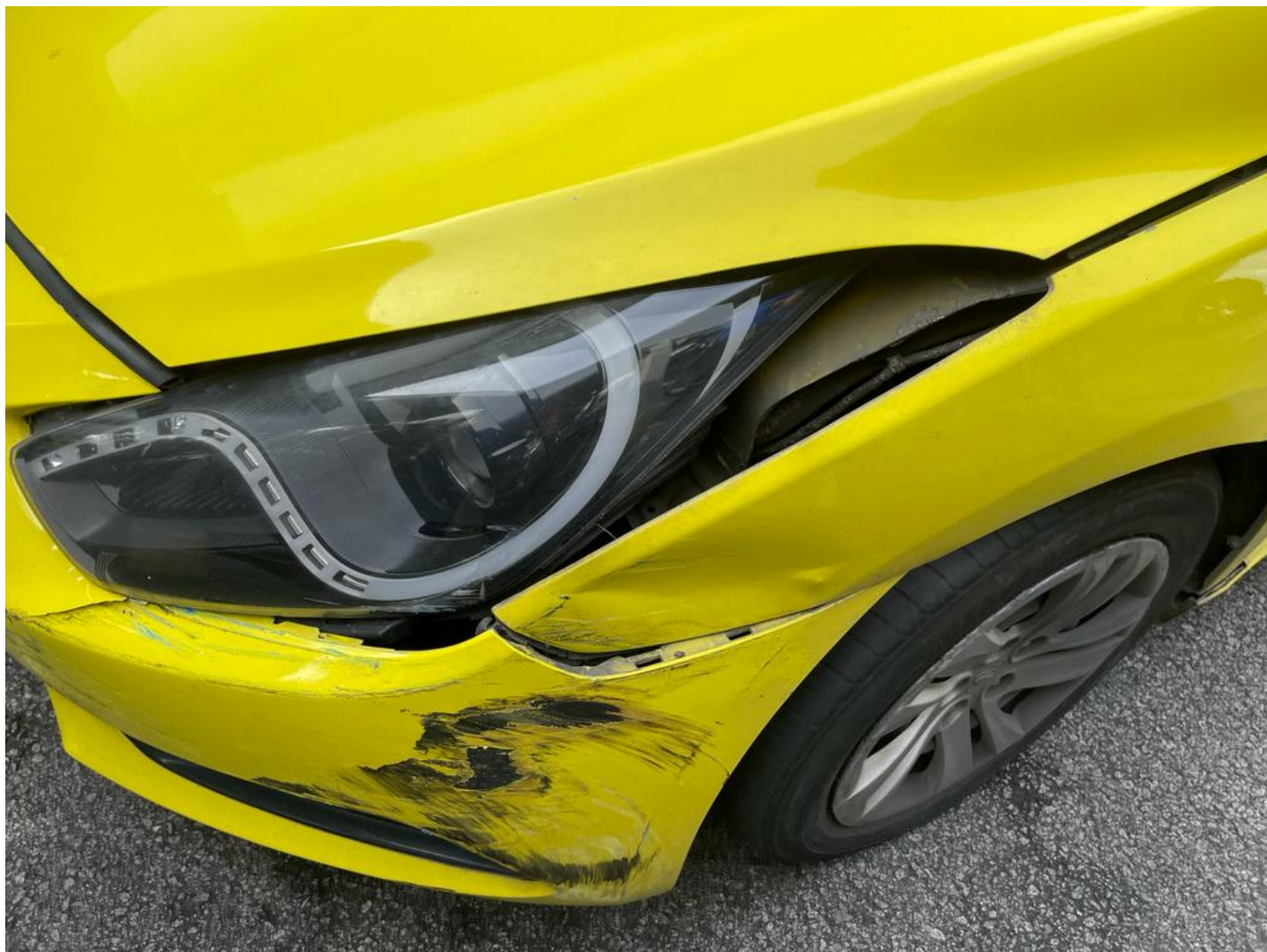




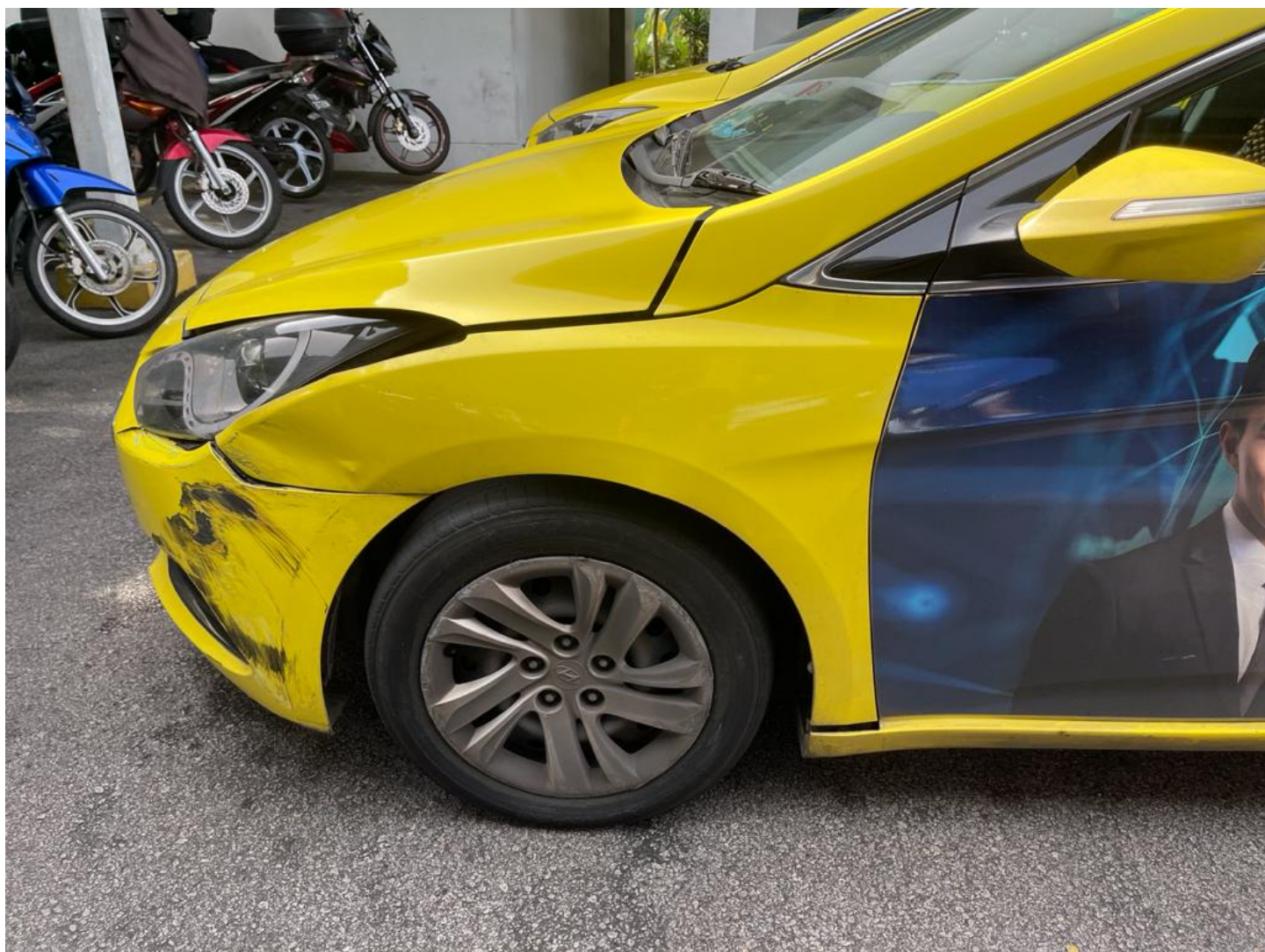




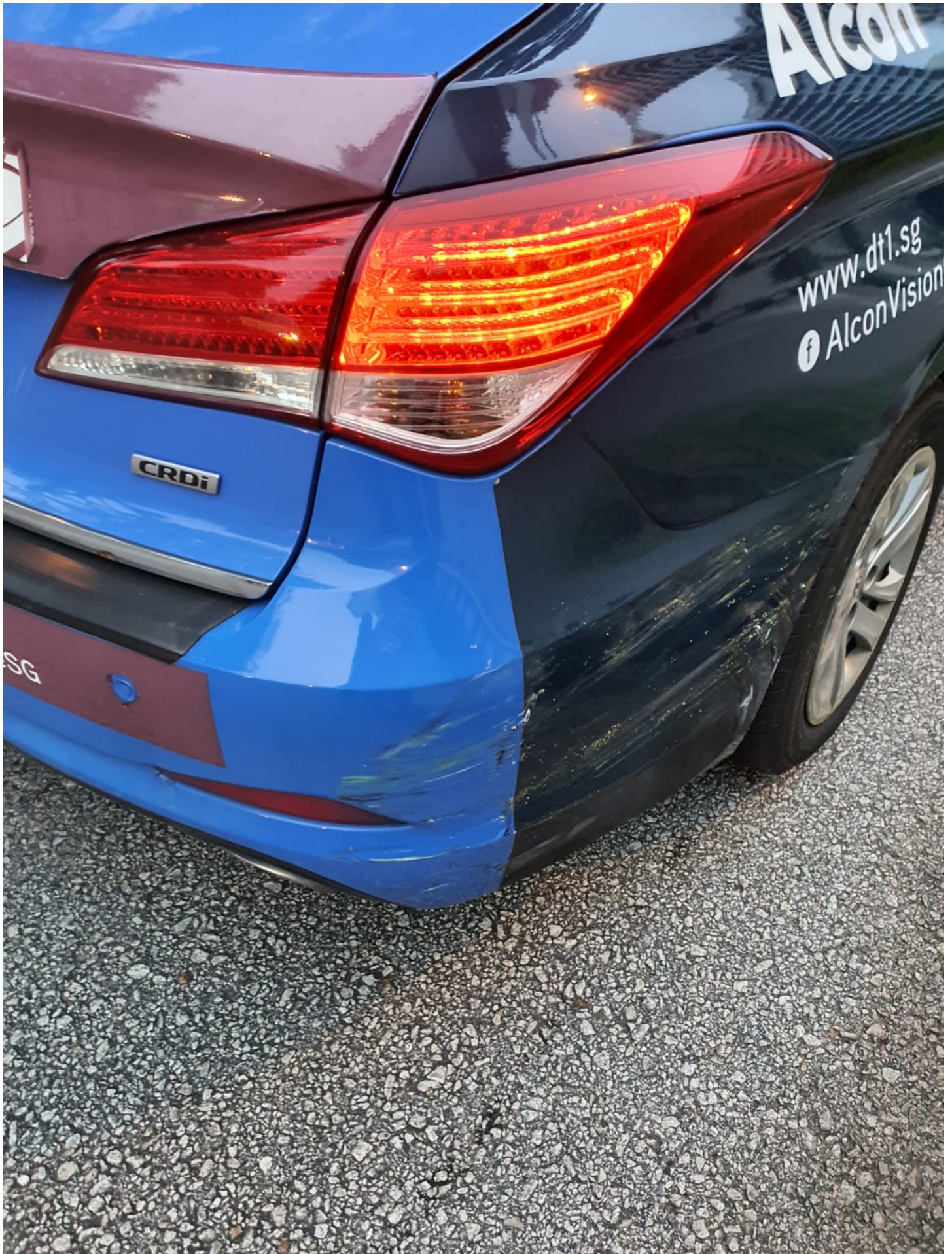




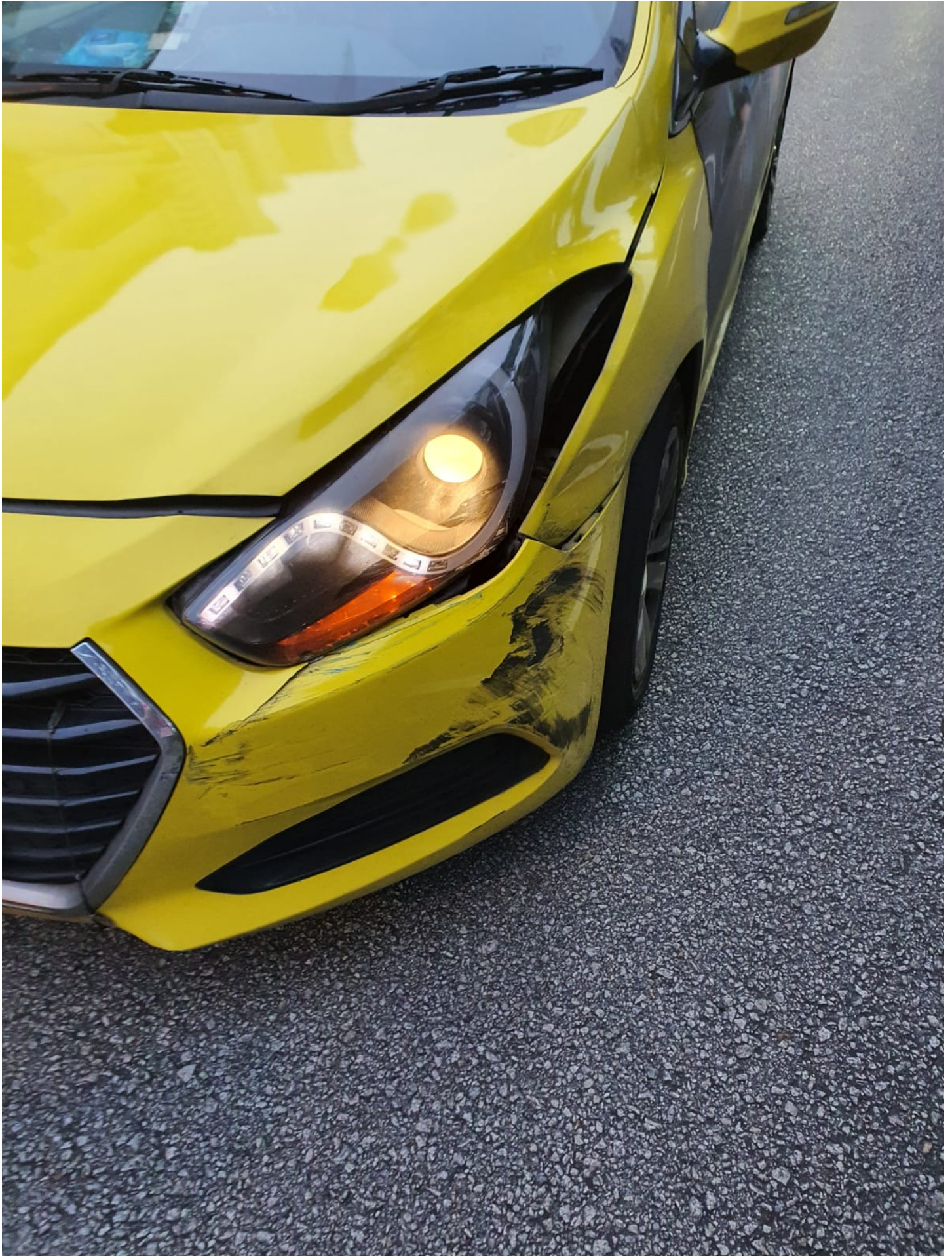


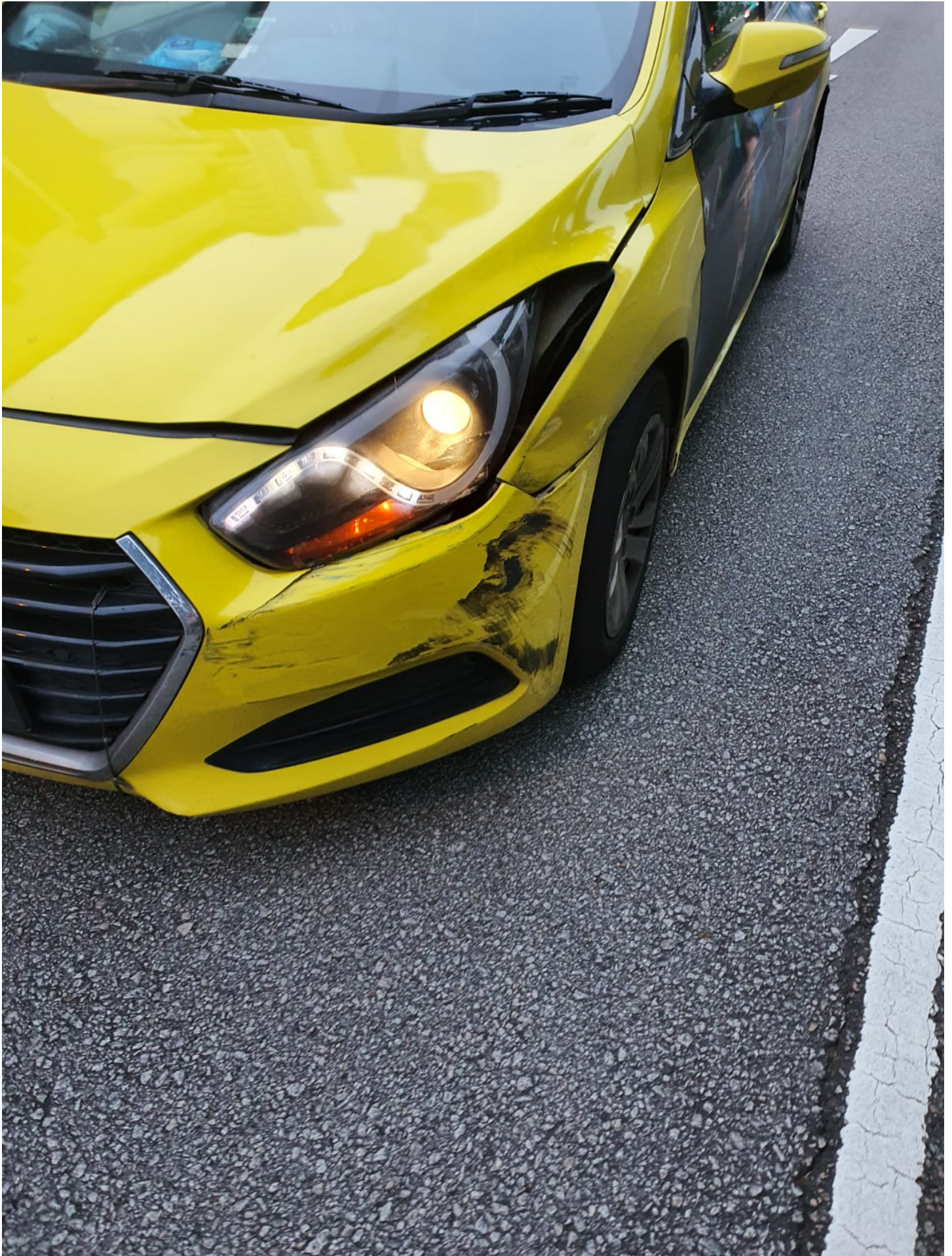




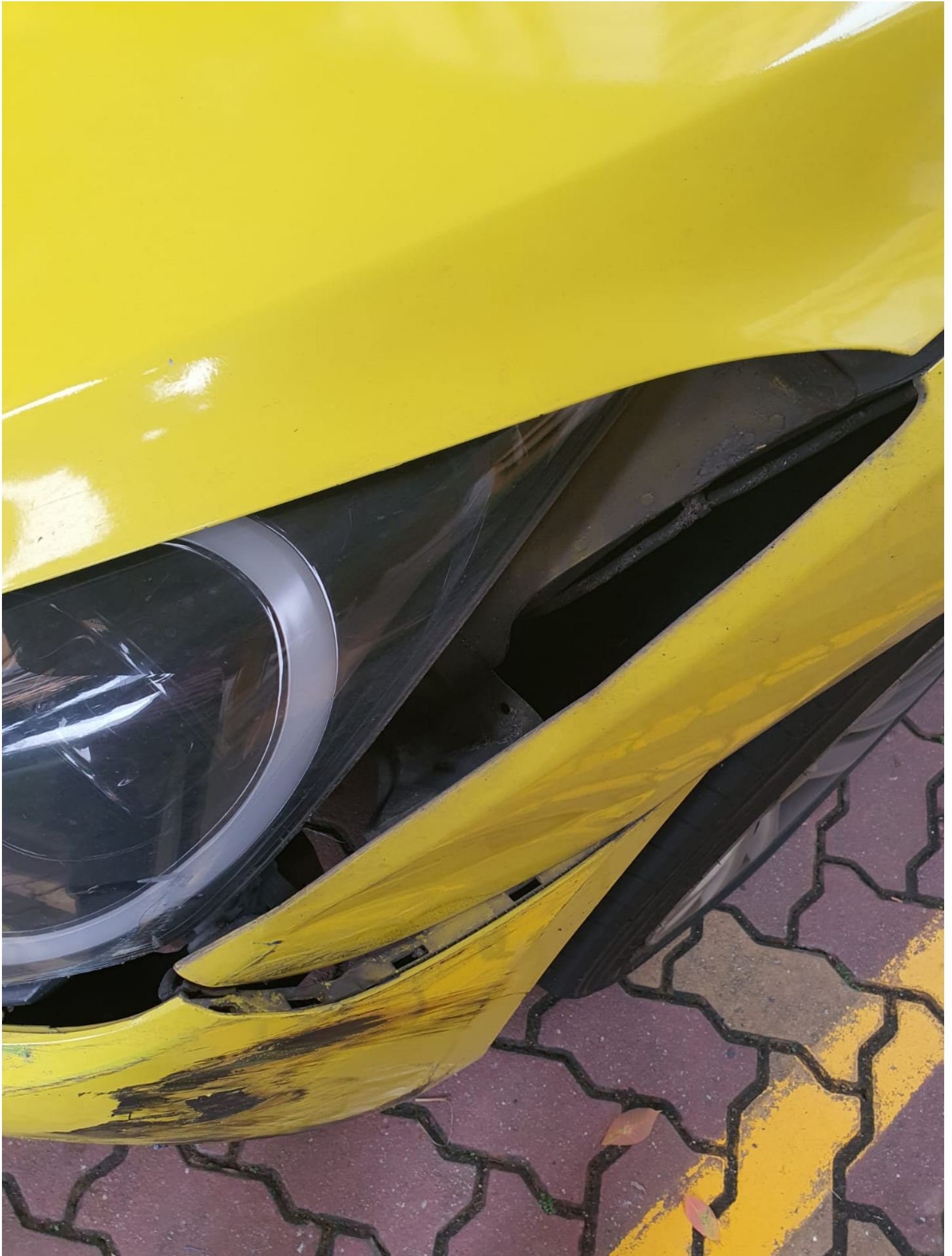


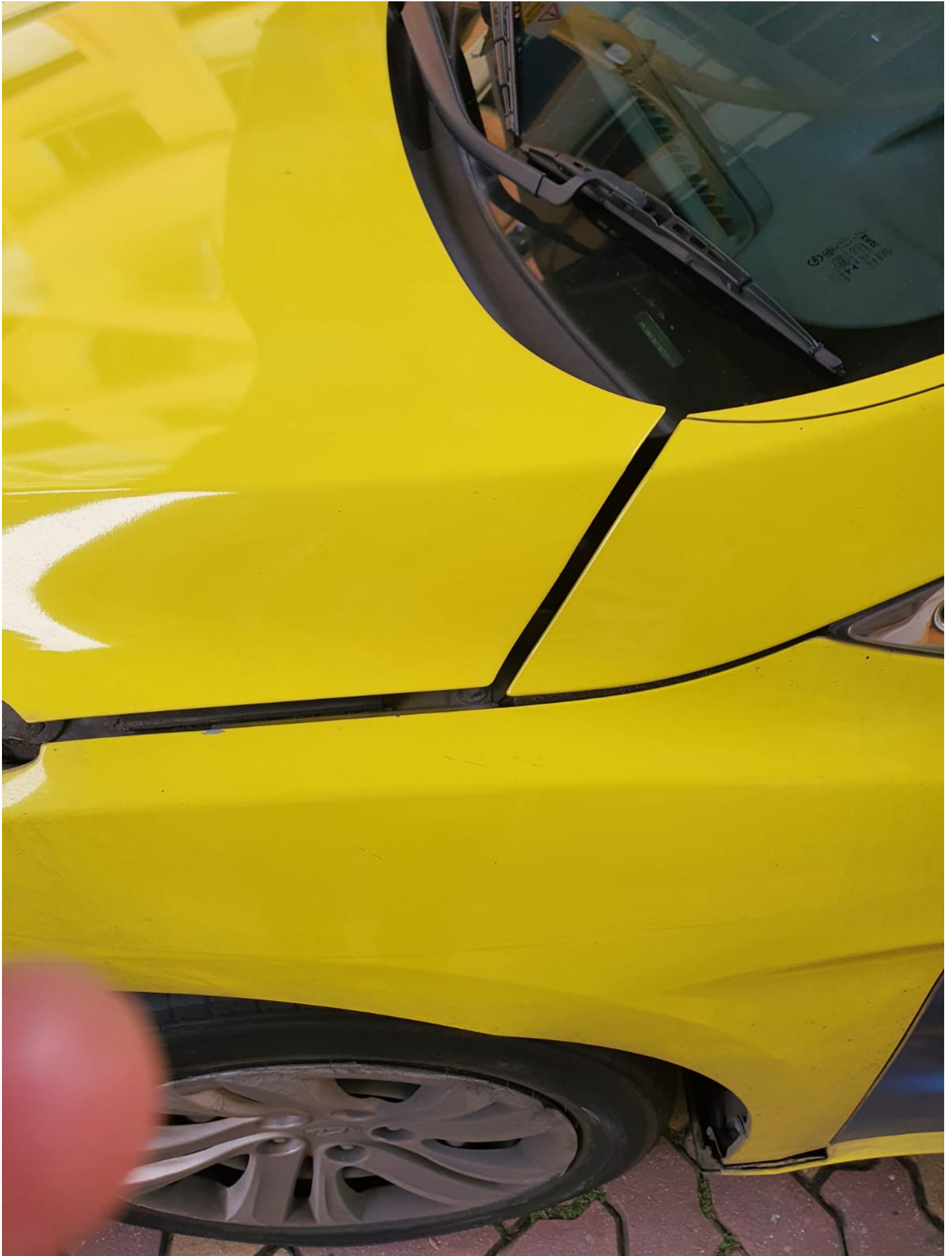


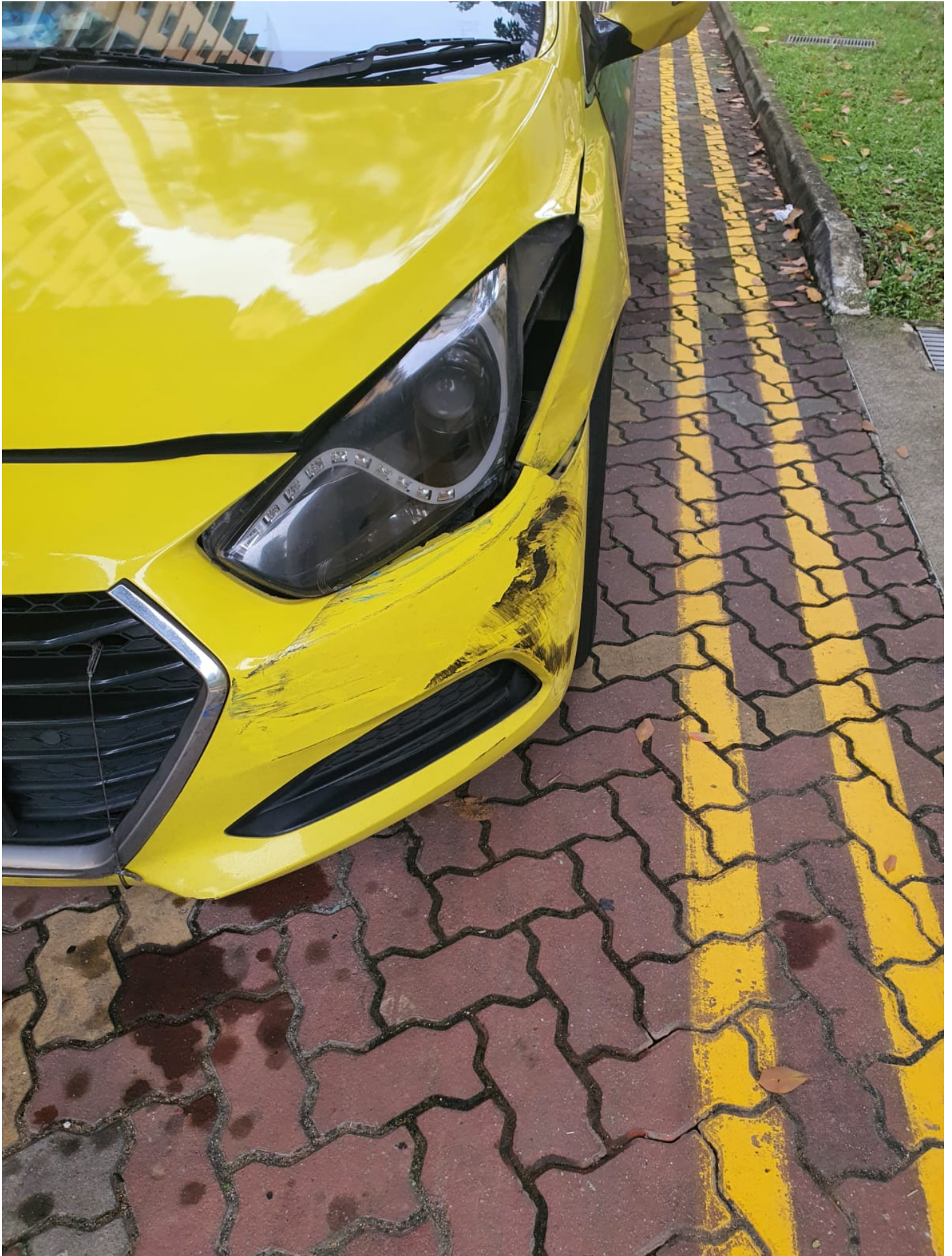














**SINGAPORE
POLICE FORCE**



T/20201221/2030

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

1 of 3

Report No. T/20201221/2030

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 21/12/2020 12:16		Vide Report No.:		Station Diary No.: 61	
Informant's Particulars					
Name of Informant: ANG CHUAK TSE			Address: APT BLK 989B JURONG WEST STREET 93 #15-705 SINGAPORE 642989		
ID Type / ID No.: NRIC NO / S1606540D			Contact No.: Home/Office: Mobile: 92344523		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 57	Date of Birth: 09/07/1963	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: TAXI DRIVER			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident				
Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 21/12/2020 07:05	Type of Location: Straight Road
Location: CORPORATION DRIVE				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control:	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHD3454M	Taxi				Slightly Damaged	0
SHD8591S	Taxi				Seriously Damaged	0

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



**SINGAPORE
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T/20201221/2030

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

2 of 3

Report No. T/20201221/2030

CONTINUATION OF REPORT

Driver			
Name	MD SAMSURI BIN MD SALLEH		ID No. S0269471I
Related Vehicle	SHD3454M (Taxi)		Contact No. NIL
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	ANG CHUAK TSE		ID No. S1606540D
Related Vehicle	SHD8591S (Taxi)		Contact No. 92344523
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.

On 21/12/2020 at about 0705hrs, I was driving my Taxi (SHD8591S) along Cooperation Drive on the right lane when suddenly another a Yellow Taxi (SHD3454M) did an abrupt change into my lane and collided with the front left side of my Taxi. My Taxi suffered a major dents and a broken bumper on the front left side. Nobody was injured and no passenger was in the Taxi. After that we exchanged particulars and continued to drive off.

After the incident, I went to get myself checked at MY FAMILY CLINIC(PIONEER) located at Blk 638 Jurong West Street 61 #02-09 Pioneer Mall as I was feeling some soreness on my back and was given 3 days Medical Certificate from 21/12/2020 to 23/12/2020.

I have an in-car camera in my car that captured the whole scene. My company was already informed and the have advised me to lodged a police report.



**SINGAPORE
POLICE FORCE**



T/20201221/2030

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

3 of 3

Report No. T/20201221/2030

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

J /

Sgt 2 MUHAMMAD NUR HAQIM BIN ABU
MANSOR

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

21/12/2020 12:16

Officer In Charge Of Case:

TP / GIA /

Staff Sgt WONG SIEU-LUI

Contact No.: 65476151


SN 126

Authentication Stamp
NP168

Signature :

Singapore Police Force

MY FAMILY CLINIC (PIONEER)
Blk 638 Jurong West Street 61 #02-09 Pioneer Mall Singapore 640638
Phone: 6861-1182
RegNo : 200410201K



MEDICAL CERTIFICATE

NAME: ANG CHUAK TSE

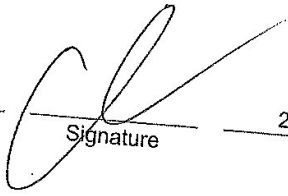
MC No: OD-PN0000077440

NRIC: S1606540D

This is to certify that the abovenamed patient is Unfit for Work / School for a period of 3 day/s from 21-12-2020 to 23-12-2020.

Note: This certificate is not valid for absence from court or other judicial proceedings unless specifically stated.

Dr Yeo Thoont Kiat
Issued by


Signature

21/12/2020
Date