

# 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 .....	17/12/2020 14:56 (SGT)
Date of Accident .....	17/12/2020 08:35 (SGT)
Exact Location of Accident .....	Pasir Ris Drive 10, Singapore
Additional Location Information .....	-
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SHA8656E
-----------------------------------	----------

### INSURED/POLICYHOLDER

Is company? .....	Yes
Name Of Registered Owner .....	CITYCAB PTE LTD
Company Reg No .....	199502839G
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 .....	Private hire
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 .....	NARAYANA S/O PUNCHURANAN
NRIC No .....	S0533095E
Date Of Birth .....	09/08/1947
Occupation .....	Outdoor

Date Of Driving Pass .....	27/02/1979
Driving experience .....	41 YEARS AND 10 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-96327927
Alt. Phone Number .....	-
Email Address .....	NACHURA_TRANSPORT@YAHOO.COM.SG
Address .....	BLK 737 PASIR RIS DRIVE 10
Address complement .....	#05-33
Postcode .....	510737
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 .....	Pasir Ris Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18005852999
Alt. Police Station Phone No .....	(Fax) +65-65855261
Police Station Address .....	1 Pasir Ris Drive 4 #01-01 Singapore 519457
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLS REFER TO ATTACHED  
POLICE REPORT : T/20201217/2035

#### 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 .....	FBL1320H
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Motorcycle
Name of Driver .....	-

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

## INJURED PERSONS DETAILS

### INJURED 1

Name of injured person .....	UNKNOWN -RIDER
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	BACK PAIN
Injured person in which vehicle? .....	FBL1320H
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 setout 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: *Hong Leong Tan*  
NRIC/Fin No.:

B FBL 13204

Page 511 R/S Done 1

Pasir Ris Drive 10

**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

Attached Police Report # 7/20261217/2033

## DECLARATION

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

CITYCAB PTE LTD  
CO. REG. NO. 199502839C.

Policyholder's Signature  
Date & Time:



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

Hand 17/12/2020

Reporting Centre Personnel's Signature  
Name: Hong Leong Teck  
NRIC/Fin No.: \_\_\_\_\_





**SINGAPORE  
POLICE FORCE**



T/20201217/2035

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/20201217/2035

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 17/12/2020 11:53	Vide Report No.: G/20201217/0071	Station Diary No.: 41
--	-------------------------------------	--------------------------

**Informant's Particulars**

Name of Informant: NARAYANA S/O PUNCHURANAN			Address: APT BLK 737 PASIR RIS DRIVE 10 #05-33 SINGAPORE 510737		
ID Type / ID No.: NRIC NO / S0533095E			Contact No.: Home/Office: 65814013                      Mobile: 96327927		
Nationality: SINGAPORE CITIZEN			Email: Nachura_Transport@yahoo.com.sg		
Sex: Male	Age: 73	Date of Birth: 09/08/1947	Type of Informant: Driver		
Race: Indian			Language:		Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class:                      Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 17/12/2020 08:35	Type of Location: X-Junction
Location:  PASIR RIS DRIVE 10				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control: Traffic Light - Working		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
FBL1320H	Motorcycle				Slightly Damaged	0
SHA8656E	Car	HYUNDAI	I40 1.7 CRDI F/L AT ABS AIRBAG 4DR	Yellow	Slightly Damaged	0



**SINGAPORE  
POLICE FORCE**



T/20201217/2035

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

2 of 3  
Report No. T/20201217/2035

**CONTINUATION OF REPORT**

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	NARAYANA S/O PUNCHURANAN	ID No.	S0533095E
Related Vehicle	SHA8656E (Car)	Contact No.	65814013
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On 17/12/2020 at about 0835hrs, I was involved in a Traffic accident that happened at the traffic junction of Pasir Ris Dr 10 and Pasir Ris Dr 1, involving my vehicle SHA8656E (Taxi) and a motorcycle with plate reg number FBL1320H. At that point of time, I just left my house from Pasir ris Dr 10 and thus, there was no passenger onboard with me in my vehicle.

As I was driving along Pasir Ris Dr 10, I came across a traffic light junction and following which, I intended to turn left into Pasir Ris Dr 1. At that point of time, the traffic light was in green however, there was a cyclist who was using the pedestrian crossing to cross the road. Thus, I slowed down my vehicle and waited for the cyclist to cross the junction. As I was waiting for the said cyclist to complete crossing the road, the said motorcycle (FBL1320H) suddenly side swipe the right side of my vehicle. I do not know where the motorcycle came from but after it collided onto my vehicle on the right, the rider then fell onto the road. Thus, I immediately stopped my vehicle and assisted the rider.

Following which, I called for the police/ambulance for assistance and they subsequently came down to the scene. I was issued by with a case number G/20201217/0071 and the police also seized the SD card of my in-car camera.



**SINGAPORE  
POLICE FORCE**



T/20201217/2035

3 of 3

Report No. T/20201217/2035

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

**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 MUHAMMAD FIRDAUS BIN ABDULLAH  
SHAFI-IE

Signature Of Informant:

*thome*

Signature Of Interpreter:

Not applicable

Date/Time:

17/12/2020 11:53

Officer In Charge Of Case:

TP / GIT /  
Staff Sgt TAN JUN YAN  
Contact No.: 65476311

Classification Of Case:

Authentication Stamp

NP168

































