

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 07/12/2020 15:11 (SGT)
Date of Accident 03/12/2020 23:15 (SGT)
Exact Location of Accident Tampines Ave 2, Singapore
Additional Location Information JUNCTION TAMPINES AVE 2 & TAMPINES ST 23
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHC621Y

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 Ioniq
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 LIM KIM LENG
NRIC No S0767466Z
Date Of Birth 23/10/1948
Occupation Outdoor

Date Of Driving Pass	03/02/1974
Driving experience	46 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96713289
Alt. Phone Number	-
Email Address	FLEETSAFETY@CDGTAXI.COM.SG
Address	APT BLK 465 JURONG WEST STREET 41 #12-550
Address complement	-
Postcode	640465
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 - Cross Junction
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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	UNKNOWN
Gender	Female

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 POLICE REPORT (T/20201207/2034) .

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBH8542J
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Goods vehicle
Name of Driver	-
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	LIM KIM LENG
Address	APT BLK 465 JURONG WEST STREET 41 #12-550
Address Complement	-
Post Code	640465
Approximate Age Years Old	72
Injuries Sustained	SLIGHT
Injured person in which vehicle?	SHC621Y
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	Yes

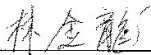
SKETCH PLAN**IMPORTANT NOTICE**

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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.:



**SINGAPORE
POLICE FORCE**



T/20201207/2034

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

1 of 3

Report No. T/20201207/2034

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 07/12/2020 12:22		Vide Report No.:		Station Diary No.: 101	
Informant's Particulars					
Name of Informant: LIM KIM LENG			Address: APT BLK 465 JURONG WEST STREET 41 #12-550 SINGAPORE 640465		
ID Type / ID No.: NRIC NO / S0767466Z			Contact No.: Home/Office: Mobile: 96713289		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 72	Date of Birth: 23/10/1948	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: 03/12/2020 11:20	Type of Location: X-Junction
Location: TAMPINES AVENUE 2				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head On				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No. of Passenger
SHC621Y	Car	HYUNDAI	AE IONIQ HEV 1.6 DCT		Seriously Damaged	1

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



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2 of 3
Report No. T/20201207/2034

CONTINUATION OF REPORT

Driver			
Name	LIM KIM LENG	ID No.	S0767466Z
Related Vehicle	SHC621Y (Car)	Contact No.	96713289
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	04/12/2020	Date Discharge	05/12/2020
No. of Days granted Medical Leave	07	Degree of Injury	Serious

Brief Details.

I wish to state that I am a Taxi Driver who is driving vehicle, SHC621Y.

On 03/12/2020 at about 2315hrs, I had stopped my vehicle to pick up a passenger who had flagged me along Tampines Ave 7 and the destination is Tampines St 21.

At about 2320hrs, I was driving along Tampines Ave 2 and was approaching X-Junction of Tampines Ave 2 and Tampines St 23. I kept right as I wish to made a right turn towards Tampines St 23.

The traffic light was green however there was still oncoming traffic from opposite direction. I then noticed the Traffic Light indicator, lighted the Green-right arrow, I then made a right turn. As I was making a turn, A van from opposite direction and beat the read light and collided head on with my vehicle. Due to the impact, I was blur and unable to move. I can only remember that paramedic came and conveyed me and my passenger back to the hospital.

I was told diagnose with Sternal Fracture 2' and was given 7 days of medical certificate from 04/12/2020 till 10/12/2020. TP IO Sufian had contacted via phone call and had advised me to lodge a Traffic Accident Report.



SINGAPORE
POLICE FORCE



T/20201207/2034

3 of 3

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



Report No. T/20201207/2034

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: J / Sgt 1 IBRAHIM BIN ROSLI	Signature Of Informant: 
Signature Of Interpreter: Lim Yong Tze / S7832362J	Date/Time: 07/12/2020 12:22
Officer In Charge Of Case: TP / GIT / Sgt 3 ABDUL MUHAIMIN BIN HUSSAIN Contact No.: 65476090	Classification Of Case: 
Authentication Stamp NP168 