

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 30/12/2020 13:01 (SGT)
Date of Accident 29/12/2020 19:05 (SGT)
Exact Location of Accident Mandai Rd, Singapore
Additional Location Information MANDAI ROAD AND MANDAI LAKE ROAD
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHC7615U

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner CITYCAB PTE LTD
Company Reg No D-18088937MFSH
Email Address FLEETSAFETY@CDGETAXI.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 199303821R
Cover Note Number -

DRIVER

Name of Driver LAM KONG CHEONG
NRIC No S0636812C
Date Of Birth 21/12/1949
Occupation Outdoor

Date Of Driving Pass	20/06/1977
Driving experience	43 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-82225566
Alt. Phone Number	-
Email Address	TONYLAM211249@GMAIL.COM
Address	10 JALAN KECHUBONG
Address complement	-
Postcode	799368
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 - Head to Rear
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)	4
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	-
Gender	Male

PASSENGER 2

Name	-
Gender	Male

PASSENGER 3

Name	-
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Serangoon Neighbourhood Police Centre
Police Station Address	50 Serangoon Avenue 2 #01-02
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER POLICE REPORT NO: T/20201229/2155

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	SLR6784U
Vehicle Manufacturer	Toyota
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	LOY ZHI YANG
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	MODERATE
Details of property damaged in accident	REAR
No. Of Passenger (Including Driver)	1

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	UNKNOWN (PAX)
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	FEELING UNWELL
Injured person in which vehicle?	-
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	Yes

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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)
 - (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.

CITYCAR PTE LTD
CO. REG. NO. 192502009G

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.:

30.12.2020



**SINGAPORE
POLICE FORCE**



T/20201229/2155

1 of 3

Police Station Of Origin:
Serangoon N.P.C
50 Serangoon Avenue 2 #01-02 SINGAPORE
556129
Tel No: 1800-4880999

Report No. T/20201229/2155

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 29/12/2020 22:03	Vide Report No.:	Station Diary No.: 71
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Informant's Particulars

Name of Informant: LAM KONG CHEONG			Address: 10 JALAN KECHUBONG SINGAPORE 799368		
ID Type / ID No.: NRIC NO / S0636812C			Contact No.: Home/Office: Mobile: 82225566		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 71	Date of Birth: 21/12/1949	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: 2B,2A,2,3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 29/12/2020 19:05	Type of Location: T-Junction
Location: MANDAI ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Dual Carriage Way		Traffic Control:	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHC7615U	Car	HYUNDAI	AE IONIQ HEV FL 1.6 DCT		Slightly Damaged	3
SLR6784U	Car	TOYOTA	SIENTA 1.5G CVT ABS D/AIRBAG		Slightly Damaged	3



**SINGAPORE
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T/20201229/2155

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50 Serangoon Avenue 2 #01-02 SINGAPORE
556129
Tel No: 1800-4880999

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Report No. T/20201229/2155

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	LAM KONG CHEONG	ID No.	S0636812C
Related Vehicle	SHC7615U (Car)	Contact No.	82225566
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 29/12/2020 at about 1900hrs I was fetching 3 passengers to Singapore Zoo, while travelling along Mandai Road and when I was about to make a right turn towards Mandai Lake Road my vehicle bearing plate number SHC7615U rear ended the car in front of mine bearing plate number SLR6784U.

I remember that before I made the right turn, the discretionary right arrow was green and therefore I proceeded but when I was about to turn, the green arrow then disappeared and I didn't have enough reaction time to break and therefore my vehicle came into contact with the vehicle in front.

I then came down of my vehicle and exchanged particulars with the other party namely; Mr Loy Zhi-Yang bearing NRIC: S7835291D and was informed by him that he was with his family of 4.

The other party called for police and shortly after, the ambulance and police was there as well, ambulance conveyed Mr Loy's daughter to the hospital but I did not ask which hospital it was.

My vehicle had some minor scratches on the front bumper area and the vehicle in front had a dented rear trunk as the vehicle was a Toyota Sienta which had no rear bumper.

I wish to state that my passengers on board are okay and the only injured person was Mr Loy's daughter.

Ref Report No: L/20201229/0125



**SINGAPORE
POLICE FORCE**



T/20201229/2155

Police Station Of Origin:
Serangoon N.P.C
50 Serangoon Avenue 2 #01-02 SINGAPORE
556129
Tel No: 1800-4880999

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Report No. T/20201229/2155

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:

F /

Sgt 2 TONG KAI YONG, GODWIN

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

29/12/2020 22:03

Officer In Charge Of Case:

TP / GIT /

Staff Sgt QHAIRIL BIN ZULKEFLEE

Contact No.: 65476187

Classification Of Case:

Authentication Stamp
NP168





























