



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	08/01/2021 14:25 (SGT)
Date of Accident	07/01/2021 16:00 (SGT)
Exact Location of Accident	Jurong East Central 1, Singapore
Additional Location Information	JURONG EAST CENTRAL 1
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC7537L
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INSURED POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	CITYCAB PTE LTD
Company Reg No	1XXXXXXX1R
Email Address	FLEETSAFETY@CDGETAXI.COM.SG
Mobile Phone No	(Phone) +65-65508768
Alternative Phone No	(Office) +65-65508768

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Prius
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	Axa
Type of Coverage	ThirdPartyFireTheft
Fleet Policy	Yes
Policy Number	VFX/P2419140
Cover Note Number	-

DRIVER

Name of Driver	GUAN WENZHANG
NRIC No	SXXXX180G
Date Of Birth	20/01/1965
Occupation	Outdoor

Date Of Driving Pass	08/04/2010
Driving experience	10 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-92713428
Alt. Phone Number	-
Email Address	GUANWENZHANG01@GMAIL.COM
Address	BLK 691D WOODLANDS DRIVE 73
Address complement	#14-71
Postcode	734691
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?	No
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	-
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Tampines North Neighbourhood Police Post
Police Station Phone No	(Phone) +65-18007818999
Alt. Police Station Phone No	(Fax) +65-67838603
Police Station Address	Blk 461 Tampines Street 44 #01-56 Singapore 520461
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER POLICE REPORT NO: T/20210108/2035

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	SLG8227G
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	CHIA CHENG POH
Contact Number	(Phone) +65-97908145
Address	-
Address complement	-
Postcode	-
Insurance Company Name	AIG
Nature Of Damage	SLIGHT
Details of property damaged in accident	RH FRONT
No. Of Passenger (Including Driver)	1

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	GUAN WENZHANG
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	NECK AND BACK
Injured person in which vehicle?	SHC7537L
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

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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.

CITYCAR PTE LTD
CO. REG. NO. T2J522393

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.:

B: 24 6 8 2 3 4

Turning East Central

As per attached police report

T	2026/10/8	2035
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08-01-2023

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

Loke Wei Yiang



**SINGAPORE
POLICE FORCE**



T/20210108/2035

1 of 4

Police Station Of Origin:
Tampines North NPP
461 Tampines Street 44 #01-56 SINGAPORE
520461
Tel No: 1800-7818999

Report No. T/20210108/2035

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 08/01/2021 12:36	Vide Report No.:	Station Diary No.: 9
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Informant's Particulars

Name of Informant: GUAN WENZHANG			Address: APT BLK 691D WOODLANDS DRIVE 73 #14-71 SINGAPORE 734691	
ID Type / ID No.: NRIC NO / S2652180G			Contact No.: Home/Office: Mobile: 92713428	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 55	Date of Birth: 20/01/1965	Type of Informant: Driver	
Race: Chinese			Language:	Institution / School Name:
Occupation: taxi driver			Driving Licence Information: Class: 3 Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 07/01/2021 16:00	Type of Location: Straight Road
Location: JURONG EAST CENTRAL 1				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control:		Traffic Volume: Light
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
SHC7537L	Car				Slightly Damaged	1
SLG8227G	Car					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/20210108/2035

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Report No. T/20210108/2035

CONTINUATION OF REPORT

Driver			
Name	GUAN WENZHANG	ID No.	S2652180G
Related Vehicle	SHC7537L (Car)	Contact No.	92713428
Hospital/Clinic	A LIFE CLINIC PTE LTD	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	08/01/2021	Date Discharge	08/01/2021
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	CHIA CHENG POH	ID No.	S1319649D
Related Vehicle	SLG8227G (Car)	Contact No.	97908145
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 07/01/2021 at about 1600hrs, I was driving my company vehicle (Citycab, Registration Number: SHC7537L) along Jurong East Central (3-lane road) towards Toh Guan Road. I was driving on lane 1 and had a female passenger who was seated at the rear passenger seat.

As I was travelling about 50km/h, a silver color vehicle (Registration number: SLG8227G) who was on the left lane suddenly swerved into my lane. That causes a collision and I immediately stopped my vehicle. I make a check on my passenger and she informed me that she was not injured.

I alighted from my car and make an check on my vehicle. It sustained dents and scratches on the left side of my vehicle (front passenger door and front left bumper area). My left side mirror was also misaligned and believed to be damaged.

I spoke to the other driver and I informed him that I will report to my company. We exchanged particulars and I took photos of the accident site. Subsequently, I moved off from the location. No police or ambulance was called in.

On 08/01/2021, I went to A Life Clinic Pte Ltd as I felt pain on my neck and back. I was given 3 days of MC.

I wish to state that my vehicle has an in car camera (facing front), and it was recording during the accident.



**SINGAPORE
POLICE FORCE**



T/20210108/2035

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461 Tampines Street 44 #01-56 SINGAPORE
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Tel No: 1800-7818999

Report No. T/20210108/2035

CONTINUATION OF REPORT



**SINGAPORE
POLICE FORCE**



T/20210108/2035

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Tampines North NPP
461 Tampines Street 44 #01-56 SINGAPORE
520461
Tel No: 1800-7818999

Report No. T/20210108/2035

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 SYARAFUDDIN BIN
SHARIFF

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /

Sgt 3 MUHAMMAD RIZWAN BIN KAMALUDIN
Contact No.: 65476185Authentication Stamp
NP168

Signature Of Informant:

Date/Time:

08/01/2021 12:36

Classification Of Case: