

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 07/01/2021 11:00 (SGT)
Date of Accident 06/01/2021 22:10 (SGT)
Exact Location of Accident 9 Woodlands Ave 9, Singapore 738964
Additional Location Information Woodlands Avenue 9
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHA353G

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) +65-97542979
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 -
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 Axa
Type of Coverage ThirdPartyFireTheft
Fleet Policy Yes
Policy Number VFX/p2419140
Cover Note Number -

DRIVER

Name of Driver Lie Lek Lek
NRIC No S2153954F
Date Of Birth 20/08/1954
Occupation Outdoor

Date Of Driving Pass	09/09/1983
Driving experience	37 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97542979
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	Block 130 Rivervale Street
Address complement	#11-882
Postcode	540130
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
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	Collided into Motorcyclist
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	Sengkang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18003438999
Alt. Police Station Phone No	(Fax) +65-63438939
Police Station Address	2 Sengkang Square #01-02
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

Refer to Police Report T/20210107/2011

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	FBK3258Y
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
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 -
 Address -
 Address Complement -
 Post Code -
 Approximate Age Years Old -
 Injuries Sustained -
 Injured person in which vehicle? FBK3258Y
 Were seat belts worn? Yes
 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: 06/01/21 2340hrs

Reporting Centre Personnel's Signature
Name: ANDY OAI
NRIC/FIN No.:

A hand-drawn diagram on grid paper illustrating a river cross-section. The river is bounded by two solid lines representing the banks. The water is represented by horizontal dashed lines. Arrows of varying lengths point from right to left, indicating the direction and speed of the water flow. A boat, represented by a rectangle with an 'X' inside, is positioned in the lower right portion of the river. The label 'B' is written near the boat. In the top right corner, the following text is written:

A: SHA353G
B: FBK3258Y

A: SHA353G
B: FBK3250Y

Refer to police report

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

Driver's Signature _____
(If driver is not the policyholder)
Date & Time: 06/01/21 2340hrs

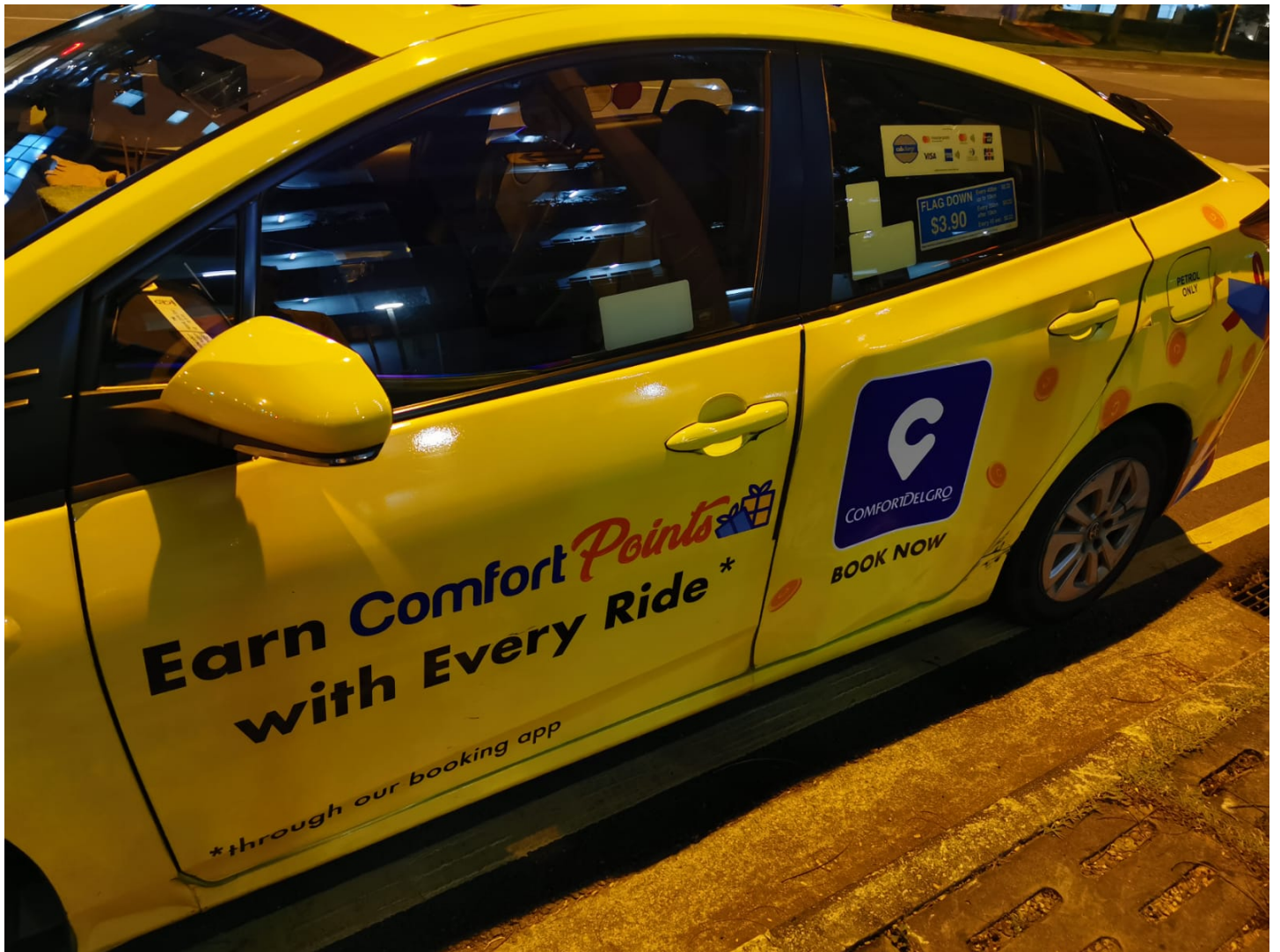
Reporting Centre Personnel's Signature
Name: CANDY ON
NRIC/FIN No.:
















**SINGAPORE
POLICE FORCE**


T/20210107/2011

1 of 3

Report No. T/20210107/2011

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8998

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 07/01/2021 01:43	Vide Report No.: L/20210106/0147	Station Diary No.: 26
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Informant's Particulars

Name of Informant: LIE LEK LEK			Address: APT BLK 130 RIVERVALE STREET #11-882 SINGAPORE 540130		
ID Type / ID No.: NRIC NO / S2153954F			Contact No.: Home/Office: Mobile: 97542979		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 66	Date of Birth: 20/08/1954	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: 06/01/2021 22:10	Type of Location: Straight Road
Location: WOODLANDS AVENUE 9				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: Yes

Vehicles Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBK3258Y	Motorcycle					0
SHA353G	Car				Slightly Damaged	0

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



**SINGAPORE
POLICE FORCE**



T/20210107/2011

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

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Report No: T/20210107/2011

CONTINUATION OF REPORT



Rider			
Name	ONE MALE MALAY SUBJECT	ID No.	NIL
Related Vehicle	FBK3258Y (Motorcycle)	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	LIE LEK LEK	ID No.	S2153954F
Related Vehicle	SHA353G (Car)	Contact No.	97542979
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 06/01/2021 at about 2210hrs, I was driving my vehicle (bearing registration plate number: SHA353G) along lane 1 of Woodlands Avenue 9. As I need to make a left turn towards Woodlands Avenue 6, I filter through the left lane. While I was filtering from lane 3 to lane 4, I made a check and did not see any vehicle on lane 4. After which I heard an impact on the left rear door of my vehicle. I alighted and saw one motorcyclist laying on the floor, conscious. He got up and pushed his motorcycle (bearing registration plate number: FBK3258Y) to the side of the road.

A passerby called for ambulance and police's assistance. Subsequently ambulance arrived and made an assessment on the motorcyclist and he was conveyed to hospital due to swelling on his right kneecap. Traffic police (reference to police incident: L/20210106/0147) arrived shortly and my vehicle micro SD card was given to them and I was issued an acknowledgement form.


The incident resulted in a dent on the left rear side door of my vehicle.

 SINGAPORE POLICE FORCE Police Station Of Origin: Sengkang N.P.C 2 Sengkang Square #01-02 SINGAPORE 645025 Tel No: 1800-343 8999	 T/20210107/2011	3 of 3 Report No. T/20210107/2011
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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 LEE LI TING, JOLYNE	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 07/01/2021 01:43
Officer In Charge Of Case: TP / GIT / Staff Sgt TAN JUN YAN Contact No.: 65476311	Classification Of Case:

