

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 12/12/2020 16:44 (SGT)
Date of Accident 12/12/2020 13:05 (SGT)
Exact Location of Accident Near 8 Jln Lempeng, Singapore 128796
Additional Location Information AYE TOWARDS JURONG
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHB4822M

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 (Home) +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 PEH PENG SIN
NRIC No S1218707F
Date Of Birth 26/06/1956
Occupation Outdoor

Date Of Driving Pass	27/12/1973
Driving experience	47 YEARS
Gender	Male
Mobile Number	(Phone) +65-96570641
Alt. Phone Number	-
Email Address	FLEETSAFETY@CDGTAXI.COM.SG
Address	APT BLK 676A JURONG WEST ST 64 #14-249
Address complement	-
Postcode	641676
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	Collided into Motorcyclist
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	Yes
Number of vehicles involved in the accident	1
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

FOREIGN VEHICLE 1

Vehicle Registration Number	JTY6553
Vehicle Category	Motorcycle

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 THE POLICE REPORT T/20201212/2076

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	JTY6553
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
Name of Driver	VEERAN MURUGAN
Passport No/FIN	G8100638K
Contact Number	(Phone) +65-94833732
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	VEERAPPAN MURUGAN
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SERIOUS
Injured person in which vehicle?	JTY6553
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:



Reporting Centre Personnel's Signature
Name: Ed Hashim
NRIC/FIN No.:



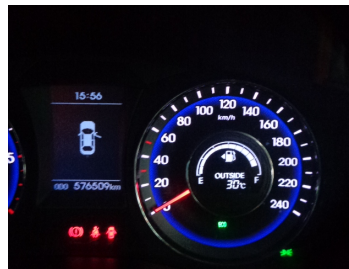














**SINGAPORE
POLICE FORCE**



T/20201212/2076

1 of 4

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

Report No. T/20201212/2076

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 12/12/2020 15:36		Vide Report No.:		Station Diary No.: 94
Informant's Particulars				
Name of Informant: PEH PENG SIN		Address: APT BLK 676A JURONG WEST STREET 64 #14-249 SINGAPORE 641676		
ID Type / ID No.: NRIC NO / S1218707F		Contact No.: Home/Office: Mobile: 96570641		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 64	Date of Birth: 26/06/1956	Type of Informant: Driver	
Race: Chinese		Language:	Institution / School Name:	
Occupation: Taxi driver		Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident				
Type of Accident:	Fatal Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 12/12/2020 13:05	Type of Location: Straight Road
Location: AYER RAJAH EXPRESSWAY				
Lamp Post Number: 485				
Weather: Cloudy		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
JTY6553	Motorcycle				Slightly Damaged	0
SHB4822M	Car	HYUNDAI	I40 1.7 CRDI F/L AT ABS AIRBAG 4DR	Yellow	Slightly Damaged	1



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Report No. T/20201212/2076

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	Veerappan Murugan	ID No.	G8100638K
Related Vehicle	JTY6553 (Motorcycle)	Contact No.	94833732.
Hospital/Clinic	NATIONAL UNIVERSITY HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	12/12/2020	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	Serious
Driver			
Name	PEH PENG SIN	ID No.	S1218707F
Related Vehicle	SHB4822M (Car)	Contact No.	96570641
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3,4,5 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

At around 1303hrs, I was driving my taxi, V1) SHB4822M, along the leftmost lane of the AYE. I was fetching a passenger, Mdm Gillian (HP: 97243046) from Lower Delta to Jalan Bahar. It is a 3 lane road. At AYE (Tuas) 9.5km, Lamp Post no.: 485, after passing by the exit towards Clementi, I decided to change to the middle lane, as my current lane was filled with many trailers, thus heavy traffic. I checked both my rear and right side mirrors and make sure that there was no oncoming vehicle on the middle lane before proceeding with changing to the lane. Then, I saw this motorcycle, V2) JTY6553 driving very fast and towards my vehicle on the said lane. Even when my vehicle has entered the middle lane, I still did not see V2. I only saw him just before the collision, when he was very closed to my vehicle. Then, my front right door side swipe onto the left handle of V2. Then, after hearing the collision, he fell down from the motorbike, towards his right. I wish to state that while changing lane, I also need to concentrate on what was ahead of me on the road, thus less attention will be placed on my right side mirror and my right blind spot.

I then stopped my vehicle in the middle lane and got down off the vehicle. My passenger, Mdm Gillian helped to call for the ambulance and traffic police. After around 10 minutes, ambulance and traffic police arrived at scene. The said motorcyclist was then conveyed to the NUH by the ambulance, in a conscious manner.

The motorcyclist is a Malaysian. The motorcyclist has sustained some abrasions on the top part of his right foot. He also informed that he has dislocated his left shoulder and left arm. Both my passenger and I



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Report No. T/20201212/2076

CONTINUATION OF REPORT

were not injured. My vehicle has sustained some scratches on the right front exterior, the part near to the back of the front right tyre. V2's registration plate has fallen off from itself and its left foot pedal has broken. V2 was then being towed away.

The Traffic Police attended to the scene then gave me a case card vide D/20201212/0092 and asked me to lodge a Traffic Accident Report regarding this said accident. The Investigation officer stated on the case card is Jerry with the telephone number of 65476213. My in-car camera which is facing forward was operating during the accident, thus 01 Samsung Evo 64GB memory card was being taken out from my in-car camera and seized by the Traffic Police officer. No government property was damaged. No pedestrian, cyclist nor PMD rider was involved.



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T/20201212/2076

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Report No. T/20201212/2076

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/
SC2 CHENG DEREN

Signature Of Interpreter:
Not applicable

Signature Of Informant:

Date/Time:
12/12/2020 15:36

Officer In Charge Of Case:
TP / FAIT /
Sr Staff Sgt RAZIZ BIN TAHAR
Contact No.: 65476195

Classification Of Case:

SN 126

Authentication Stamp
NP168



Signature :

Singapore Police Force



SINGAPORE POLICE FORCE ACKNOWLEDGEMENT SLIP

Ref: Report No: #D/20201212/0092

I, TI30095
(Recipient's Name, Contact No. / NRIC or Passport No. / Rank and No.)

of TP
(Address / Police Station / NPC / NPP)

hereby acknowledge receipt of the below mentioned items of:

- 1 One Samsung B20 64GB memory card
- 2 _____
- 3 _____
- 4 _____
- 5 _____
- 6 _____
- 7 _____
- 8 _____
- 9 _____
- 10 _____

from S1218707F Peh Peng Sin
(Name, NRIC or Passport No. / Rank and No.)

of 676A J/WLF St 64 #14-249, 641676
(Address / Police Station / NPC / NPP)

on 12/12/20 at 1330
(Date) (Time)

Witnessed by / * Handed over by:
(* Delete if applicable)

Received by:

87
(Signature)
1218707/F
(Name, NRIC or Passport No. / Rank and No.)

h
Signature
TI30095
(Name, Contact No. / NRIC or Passport No. / Rank and No.)

Other Remarks: _____

