

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 12/01/2021 14:52 (SGT)
Date of Accident 12/01/2021 08:40 (SGT)
Exact Location of Accident Near 105 Yishun Ring Rd, Singapore 760105
Additional Location Information ALONG YISHUN RING ROAD
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHB3995D

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 Ae 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 Axa
Type of Coverage ThirdPartyFireTheft
Fleet Policy Yes
Policy Number VFX/P2419140
Cover Note Number -

DRIVER

Name of Driver MOHD YUNOS BIN ABD RAHMAN
NRIC No S1738439B
Date Of Birth 01/07/1966
Occupation Outdoor

Date Of Driving Pass	31/07/1987
Driving experience	33 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-92367337
Alt. Phone Number	-
Email Address	YUNOS.2647@GMAIL.COM
Address	APT BLK 332 TAH CHING ROAD #05-165
Address complement	-
Postcode	610332
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	Collision - Major/Minor Rd
Weather Conditions	Raining
Road Surface	Wet

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?	No
Was any injured conveyed to hospital by ambulance?	-
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	Nanyang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18007929999
Alt. Police Station Phone No	(Fax) +65-67912972
Police Station Address	No. 2 Jurong West Avenue 5 Singapore 649482
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT T/20210112/2036

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	FBM1430T
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Motorcycle
Name of Driver	MR LEE
Contact Number	(Phone) +65-84991388
Address	-
Address complement	-
Postcode	-
Insurance Company Name	NTUC
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN**IMPORTANT NOTICE**

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7. By the lodgment 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:

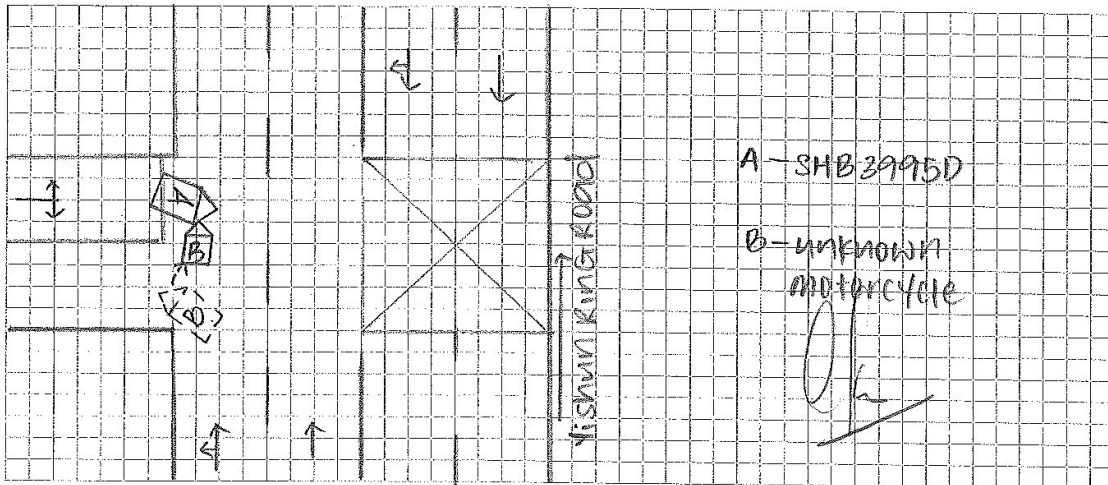
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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) 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.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police Report T/20210112/2036.

DECLARATION

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

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/20210112/2036

Police Station Of Origin:
Nanyang N.P.C
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No: 1800-7929999

1 of 3

Report No. T/20210112/2036

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 12/01/2021 12:22	Vide Report No.: L/20210112/0069	Station Diary No.: 54
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Informant's Particulars

Name of Informant: MOHD YUNOS BIN ABD RAHMAN			Address: APT BLK 332 TAH CHING ROAD #05-165 SINGAPORE 610332	
ID Type / ID No.: NRIC NO / S1738439B			Contact No.: Home/Office: Mobile: 92367337	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 54	Date of Birth: 01/07/1966	Type of Informant: Driver	
Race: Malay			Language:	Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 12/01/2021 08:40	Type of Location: Car Park
Location: YISHUN RING ROAD				
Weather: Heavy rain		Road Surface: Wet		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head On				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHB3995D	Car	HYUNDAI	AE IONIQ HEV FL 1.6 DCT	Yellow		0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20210112/2036

Police Station Of Origin:
Nanyang N.P.C
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No: 1800-7929999

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Report No. T/20210112/2036

CONTINUATION OF REPORT

Driver			
Name	MOHD YUNOS BIN ABD RAHMAN	ID No.	S1738439B
Related Vehicle	SHB3995D (Car)	Contact No.	92367337
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 12/01/2021 at about 0840HRS, I was driving my vehicle SHB3995D, exiting carpark at Blk 107 Yishun Ring Road. I was waiting to turn right onto Yishun Ring Road from the carpark's exit. That was when a motorcycle skidded and hit the front bumper of my vehicle.

I want to state that the motorcycle was originally wanting to turn into the carpark that I was exiting from but he chose to go straight suddenly. When he saw my vehicle, he wanted to brake and he skidded. This resulted in him hitting the front bumper of my vehicle. Traffic police attended to my incident and I was issued a NP323 after they took the SDcard from my vehicle's in-car recorder. (L/20210112/0069).

I do not remember the motorcycle's license plate and only took the rider's phone number Mr Lee HP: 84991388.



**SINGAPORE
POLICE FORCE**



T/20210112/2036

Police Station Of Origin:
Nanyang N.P.C
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No: 1800-7929999

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Report No. T/20210112/2036

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 2 TEO MING EN, RYAN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 12/01/2021 12:22
Officer In Charge Of Case: TP / GIT / Sgt 3 ABDUL MUHAIMIN BIN HUSSAIN Contact No: 65476090	Classification Of Case:
Authentication Stamp NP168	



**SINGAPORE POLICE FORCE
ACKNOWLEDGEMENT SLIP**

Suckan
6947.6390

Ref: Report No: L/210112/069

I, Sgt Shahrizan
(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 1x 64 GB Micro SD Card
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10

from Mohd Yunos Bin Abd Rahman 517384398
(Name, NRIC or Passport No. / Rank and No.)

of 332 Telok Ching Rd #05-165
(Address / Police Station / NPC / NPP)

on 12/1/21 at 6.920 hrs
(Date) (Time)

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

Received by:

[Signature]
(Signature)
517384398
(Name, NRIC or Passport No. / Rank and No.)

[Signature]
(Signature)
Sgt Shahrizan
(Name, Contact No. / NRIC or Passport No. / Rank and No.)

Other Remarks: IC & DL returned.



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: S66S0020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM


(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : SS0V211C0001 Vehicle Registration No: SHB3995D
Name(as shown in NRIC) : MOHD YUNOS BIN ABD RAHMAN NRIC/FIN/Passport No : SXXXX439B
(*Vehicle Driver / ~~Vehicle Owner~~) (*) Please delete as appropriate
Address : APT BLK 332 TAH CHING ROAD #05-165 Singapore(610332)
Contact (Tel) : _____ Mobile No. : 9236 7337
Email Address : YUNOS.2647@GMAIL.COM
Date of Accident : 12/01/2021 Time of Accident : 08:40
Place of Accident : ALONG YISHUN RING ROAD
Insurance Company: AXA INSURANCE SINGAPORE PTE LTD


(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

ADD THIRD PARTY CAR PLATE



Policyholder / Driver's Signature
Date:



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