

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 08/02/2021 10:26 (SGT)
Date of Accident 07/02/2021 23:00 (SGT)
Exact Location of Accident Yio Chu Kang Rd, Singapore
Additional Location Information JUNCTION OF YIO CHU KANG & BUANGKOK GREEN
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHB4651P

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) +65-96983610
Alternative Phone No (Office) +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 - 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 PHUA HIANG NGUEN
NRIC No S1353683Z
Date Of Birth 13/03/1959
Occupation Outdoor

Date Of Driving Pass	29/10/1976
Driving experience	44 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96983610
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLK 619 ANG MO KIO AVENUE 4 #08-1075
Address complement	-
Postcode	560619
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 - Cross Junction
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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	UNKNOWN
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Ang Mo Kio North Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18004849999
Alt. Police Station Phone No	(Fax) +65-62181399
Police Station Address	51 Ang Mo Kio Avenue 9 Singapore 569784
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT (REPORT NO : T/20210208/2006)

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	SJG135P
Vehicle Manufacturer	Mercedes
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	UNKNOWN
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	UNKNOWN PASSENGER
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	25
Injuries Sustained	LEFT ARM PAIN
Injured person in which vehicle?	SHB4651P
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	Yes

SKETCH PLAN

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. The 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 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: 01/12/21 03:00WS

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

SKETCH PLAN

A: SHB465IP
B: SJG135P

Angkor Wat
Siem Reap road

Bangkok area

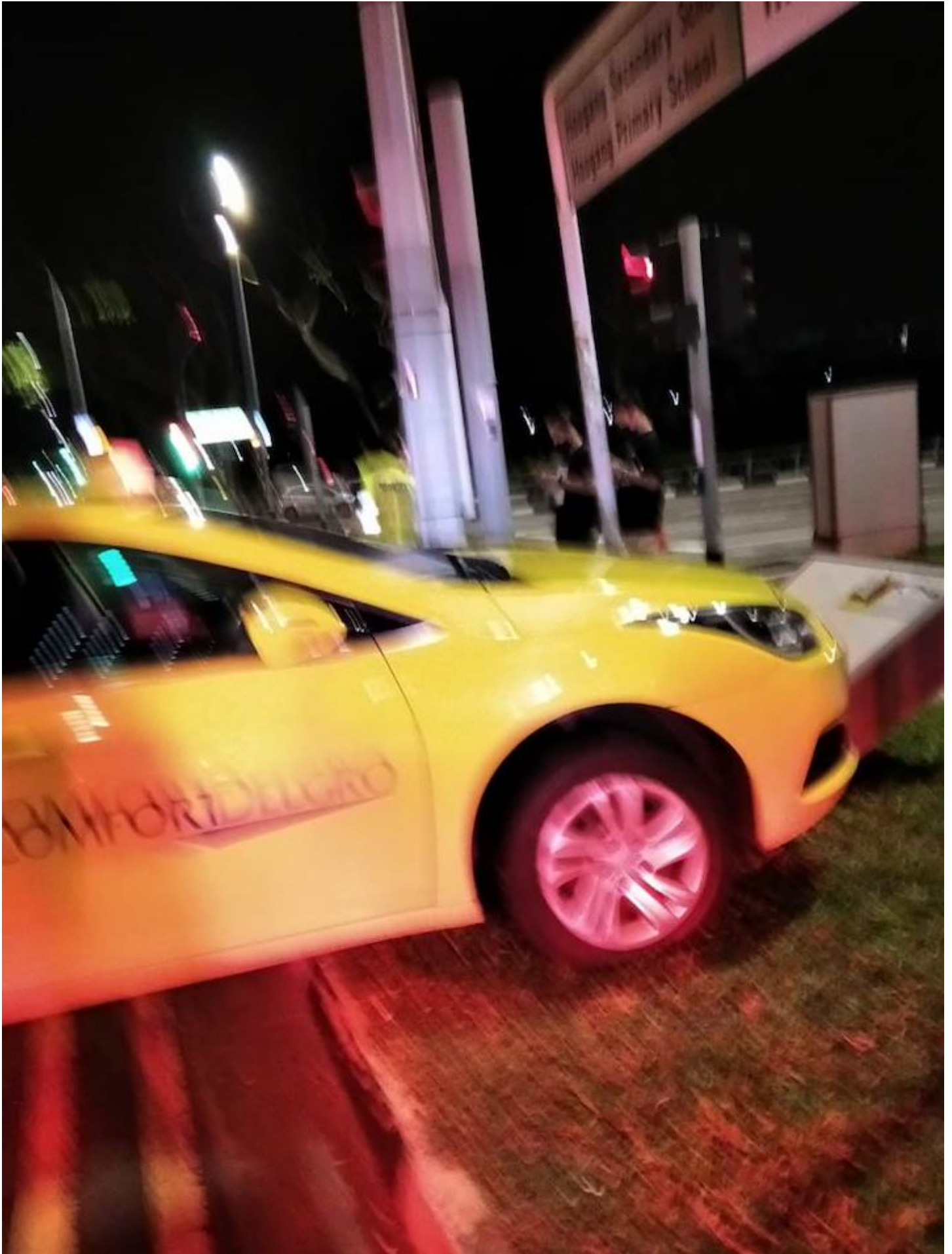
Refer to police report (Report no. T | 20210206 | 2006)

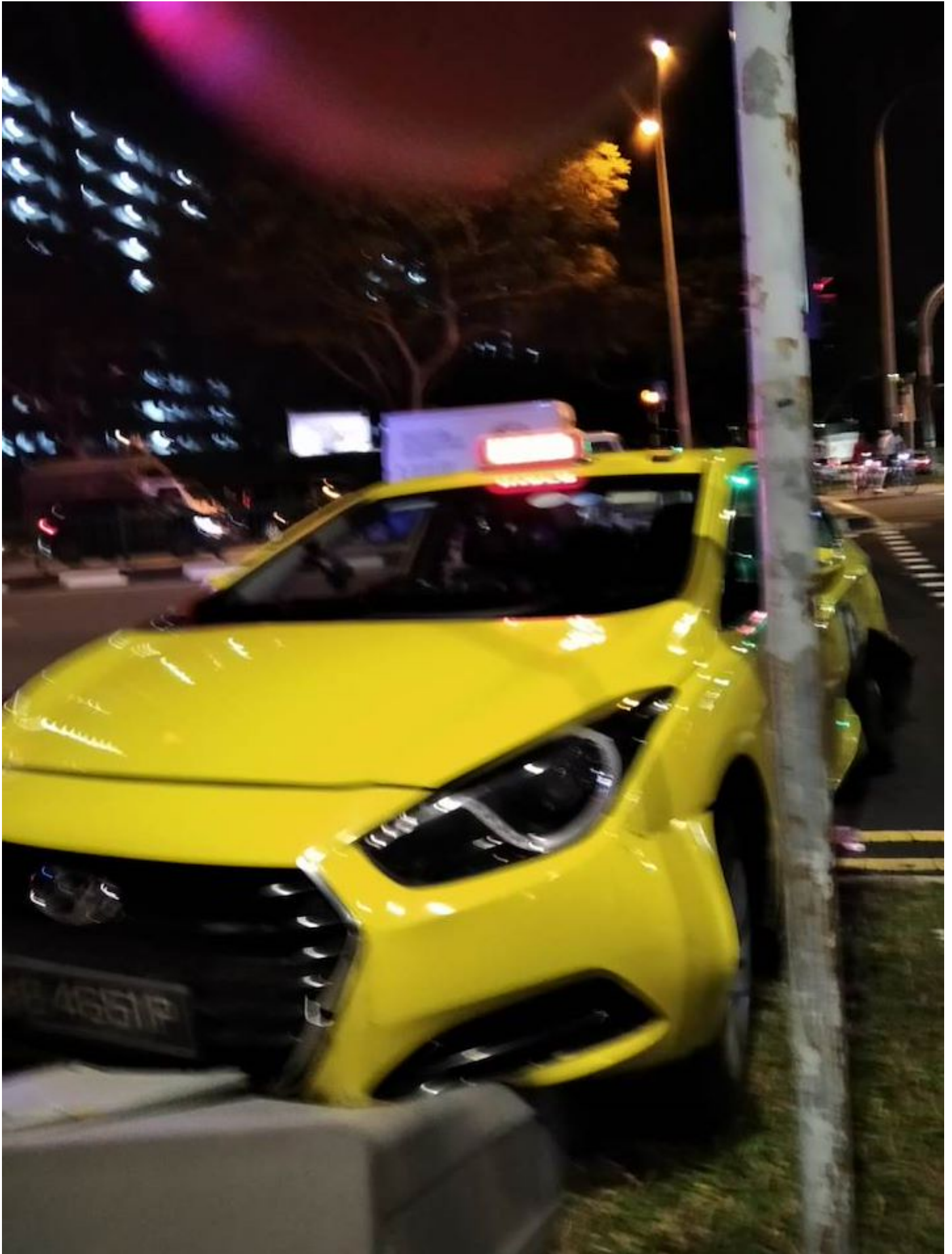
I/We declare the foregoing particulars are true in every respect.

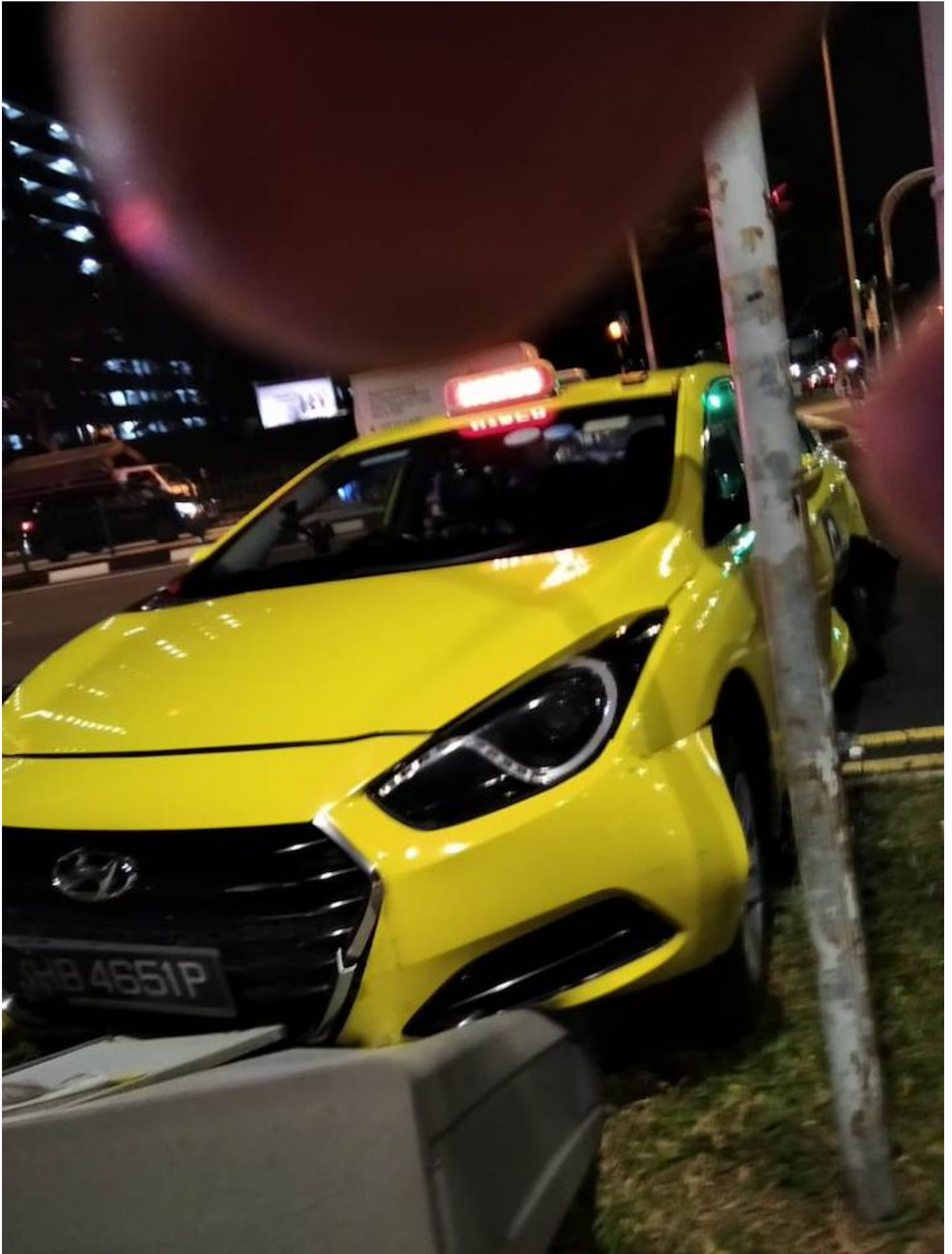
GIARMC SketchPlatform V3

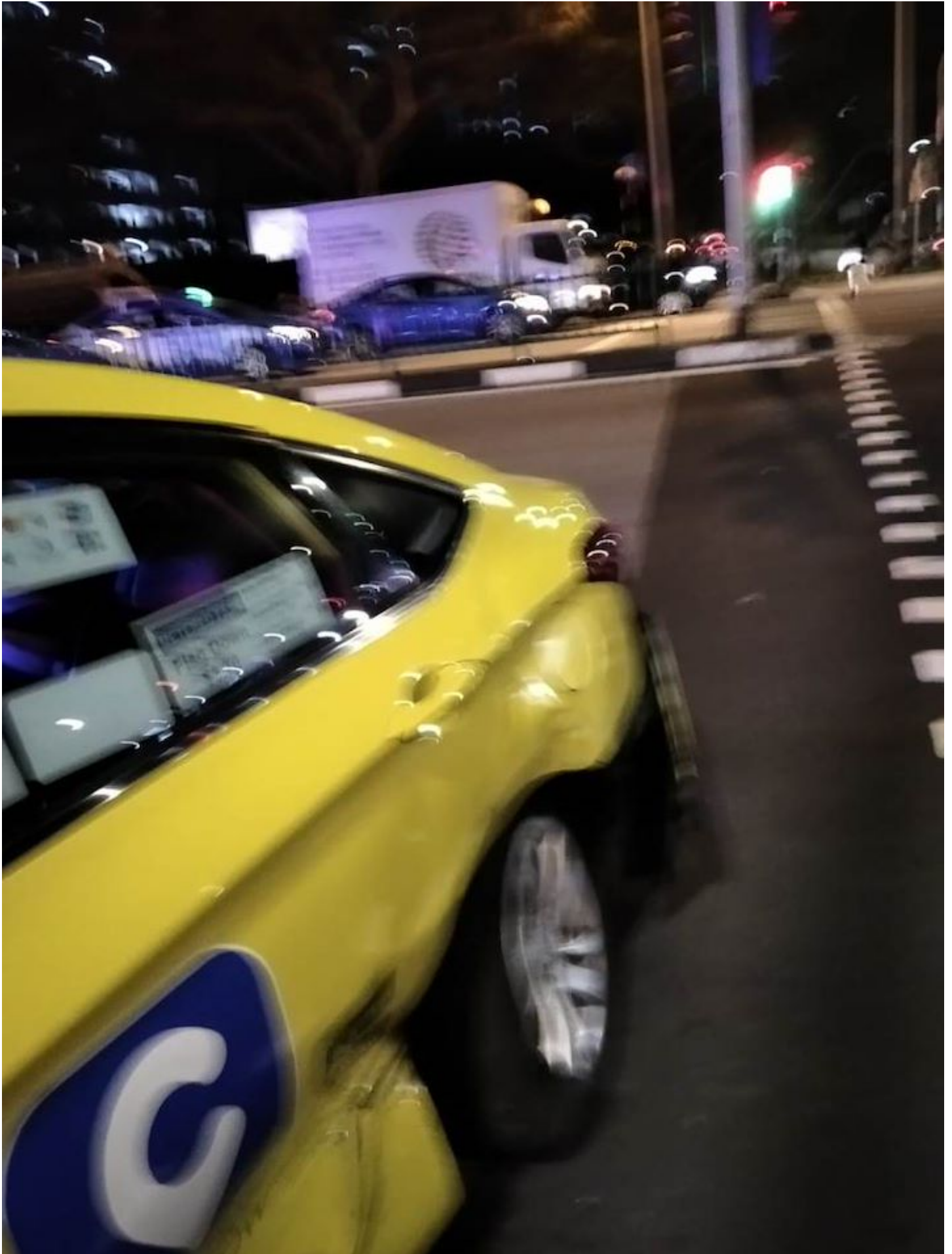
Date & Time: 8/2/21 03:00 hrs

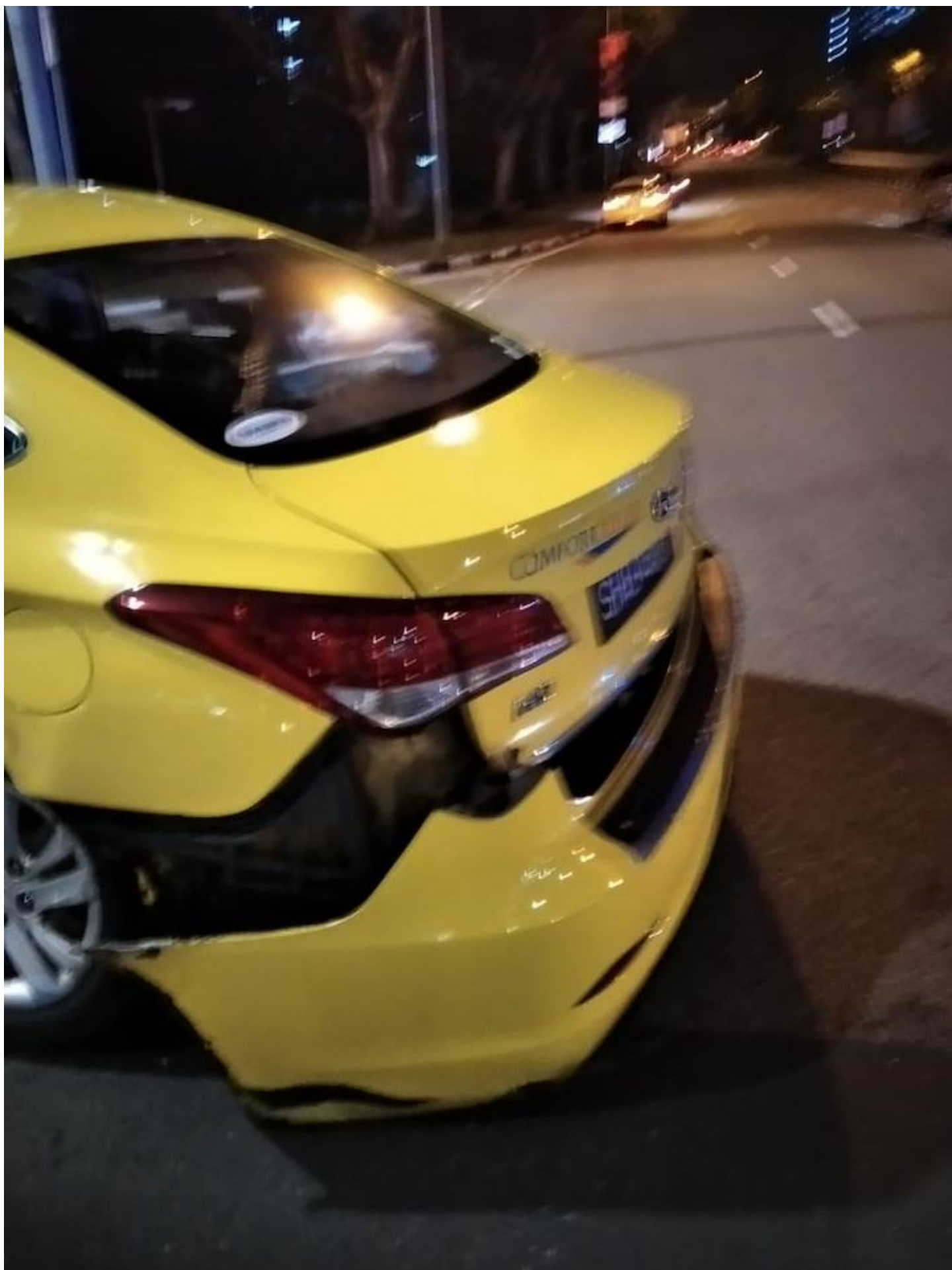
NRIC/FIN No.:

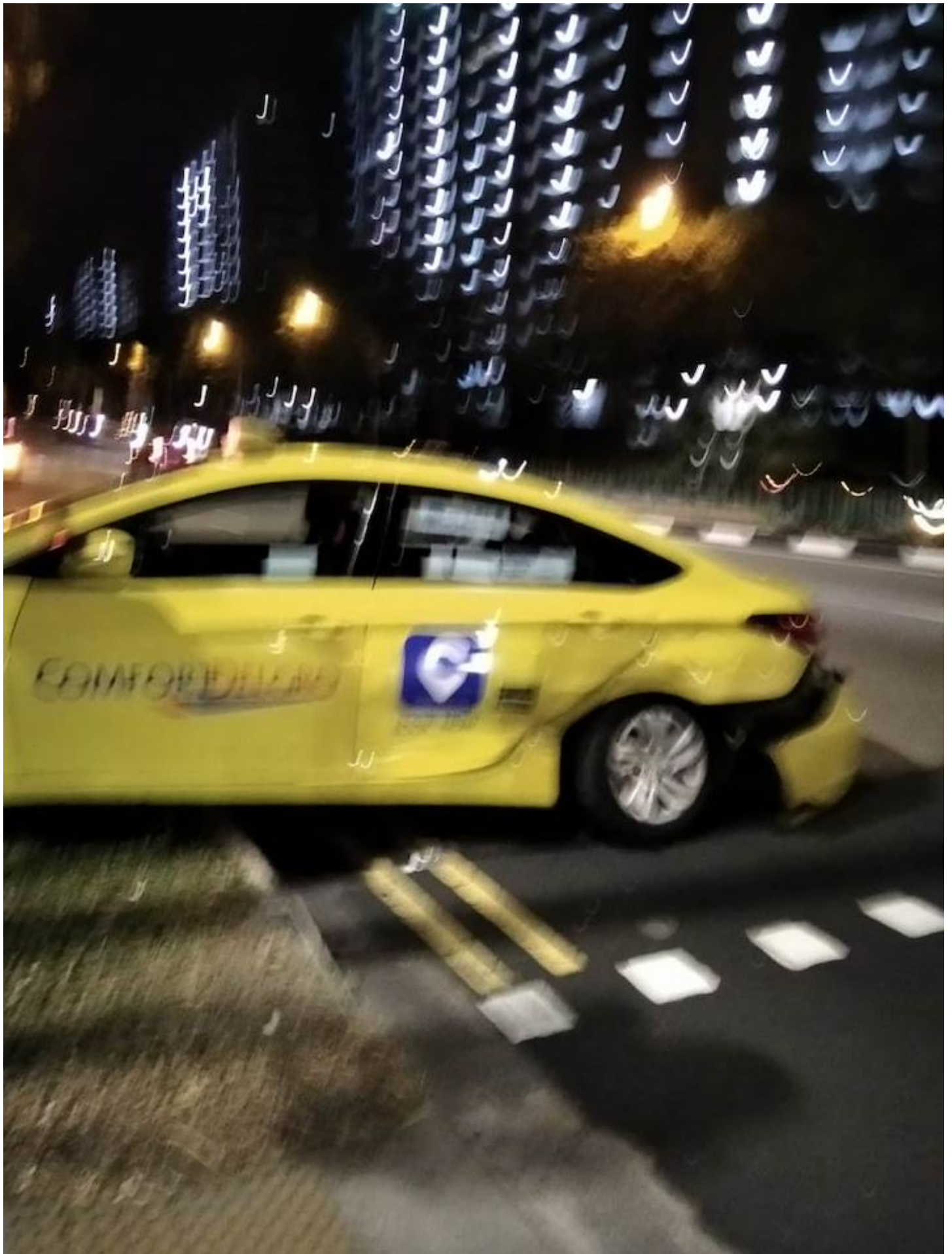


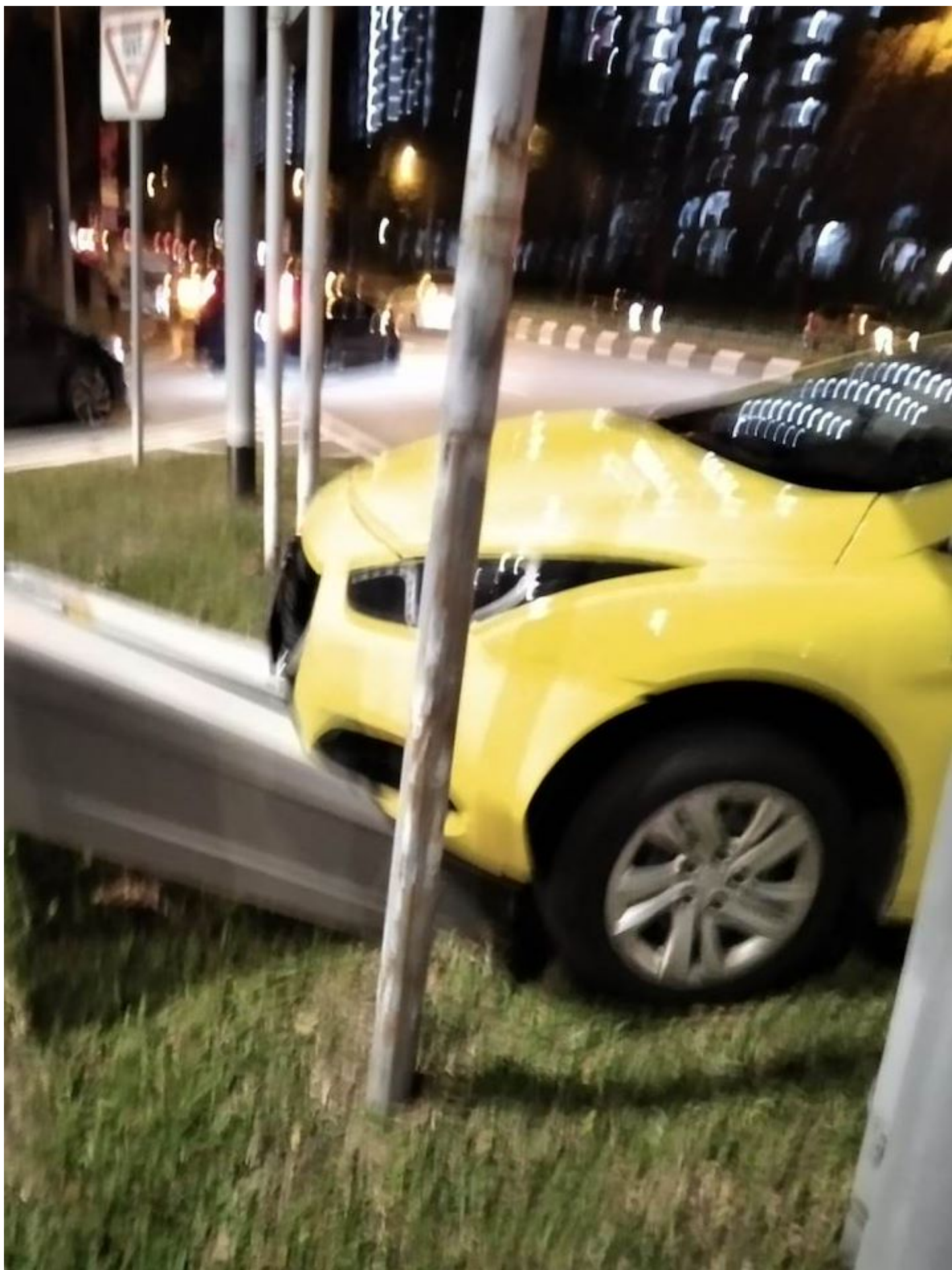


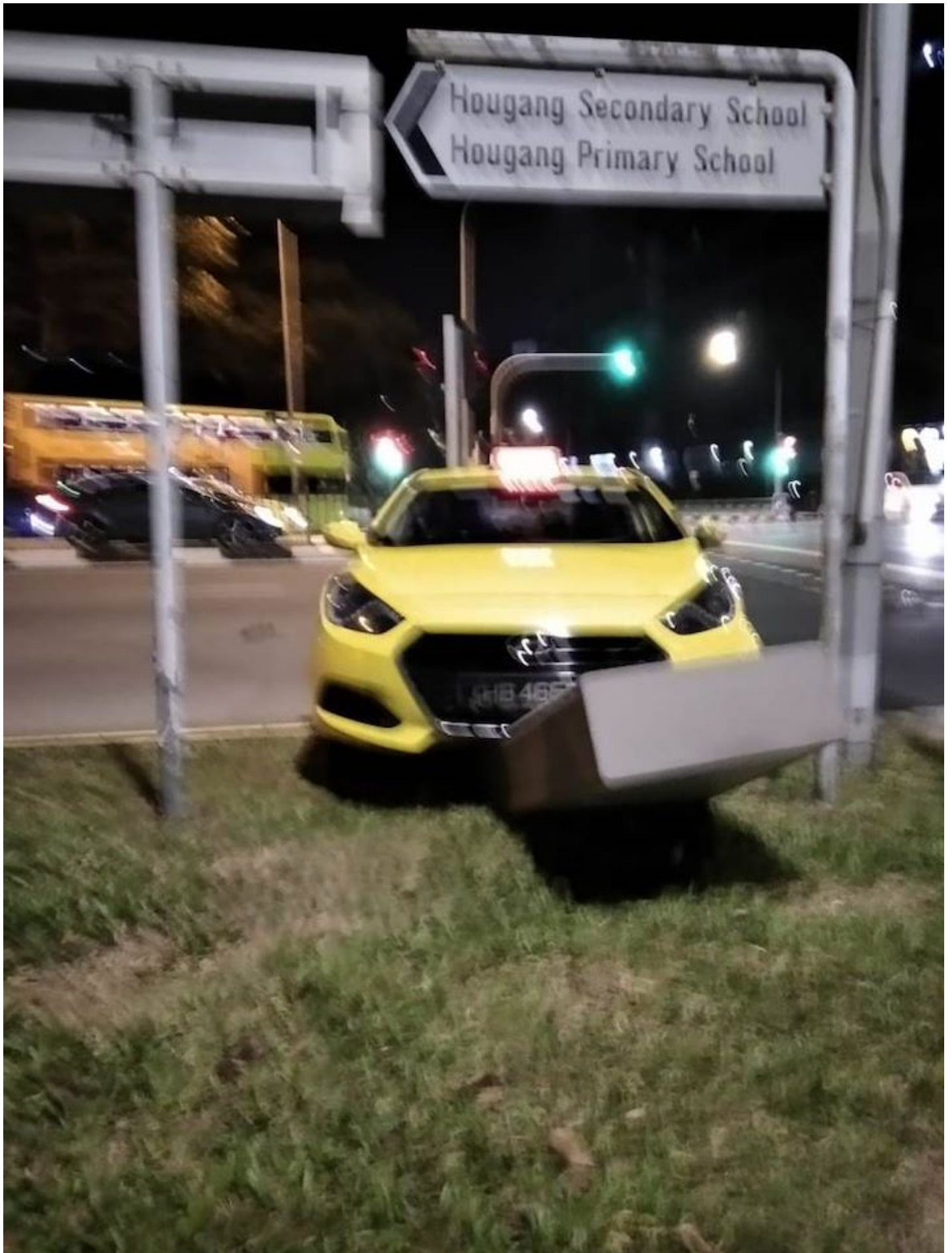






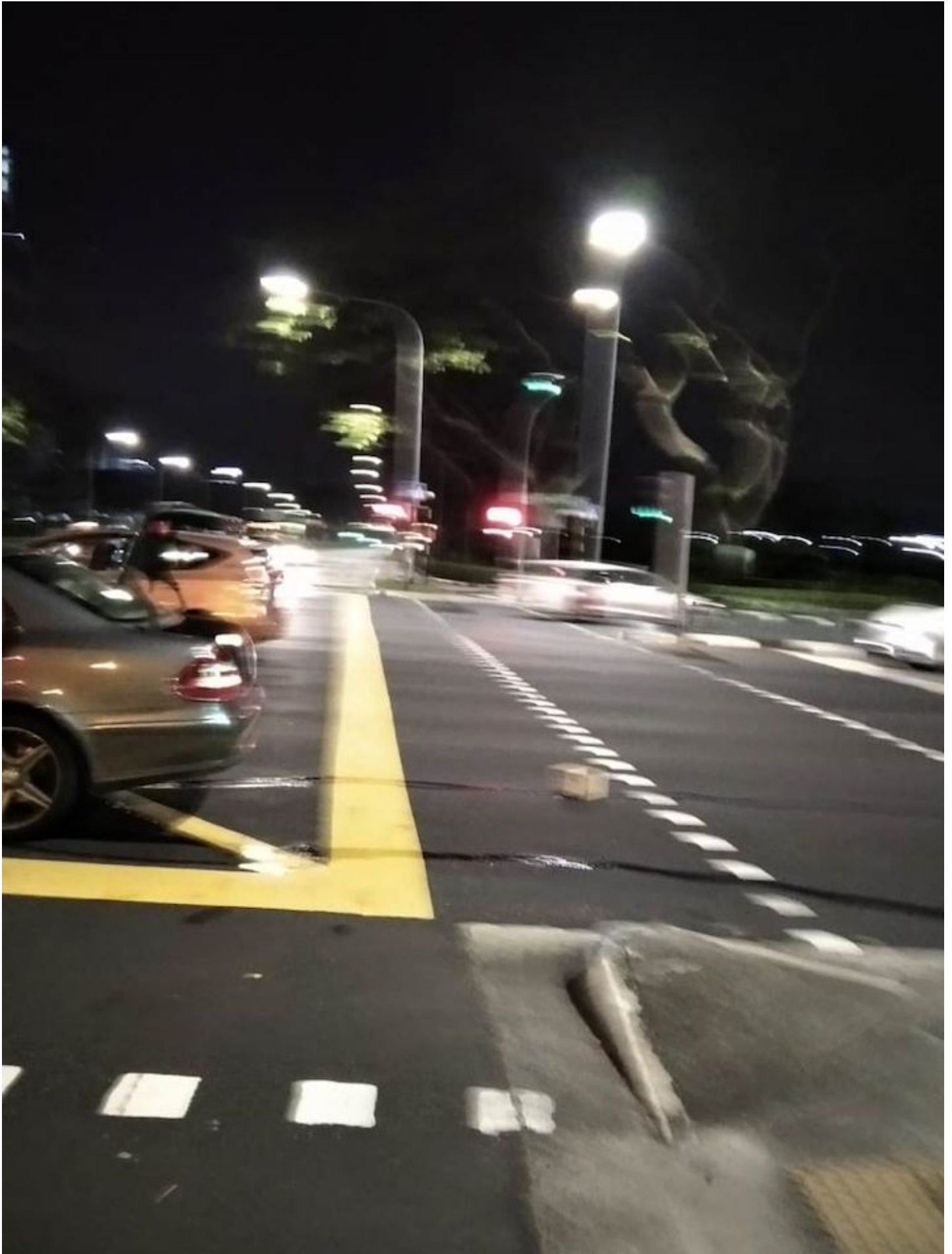








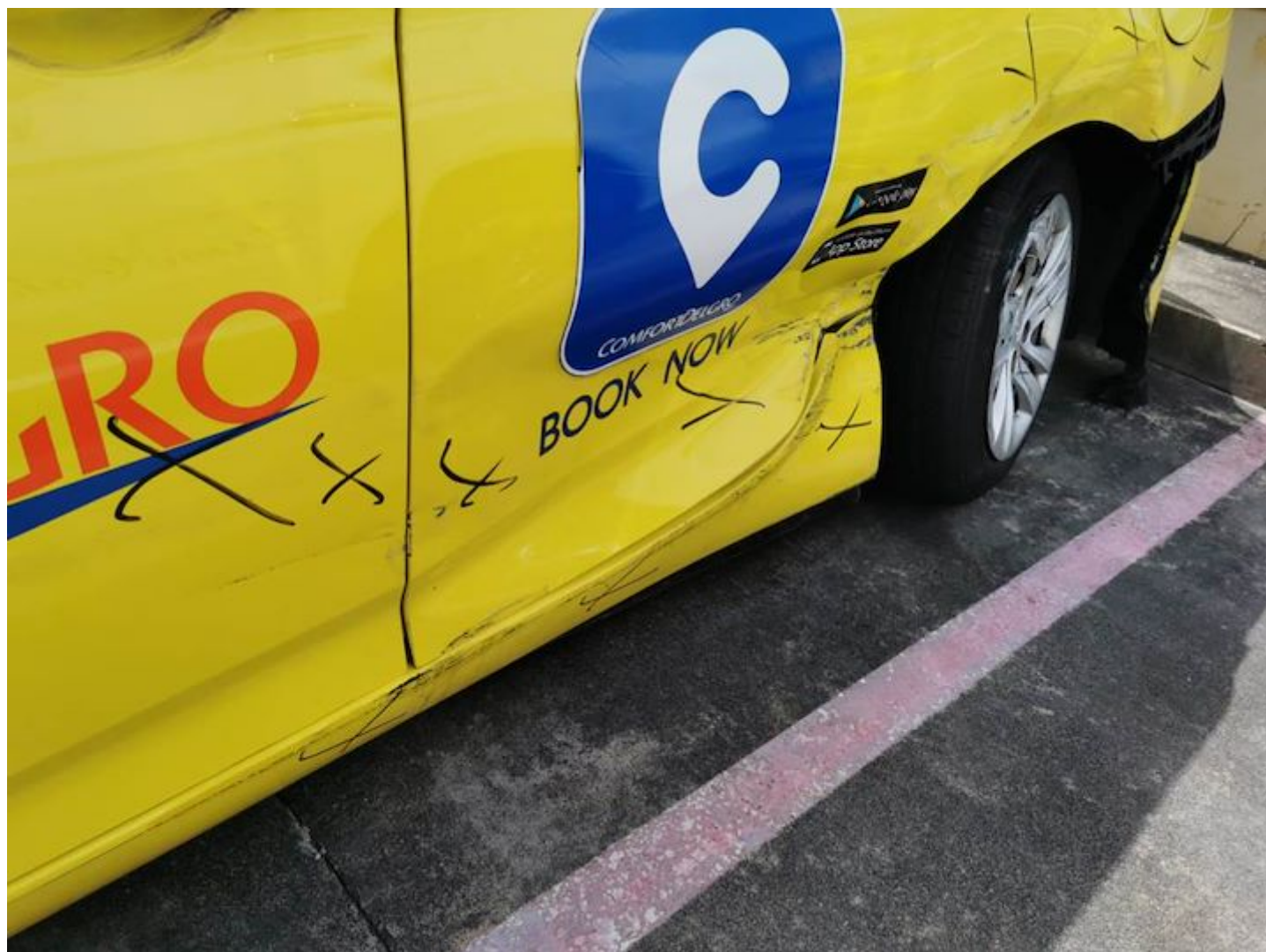




















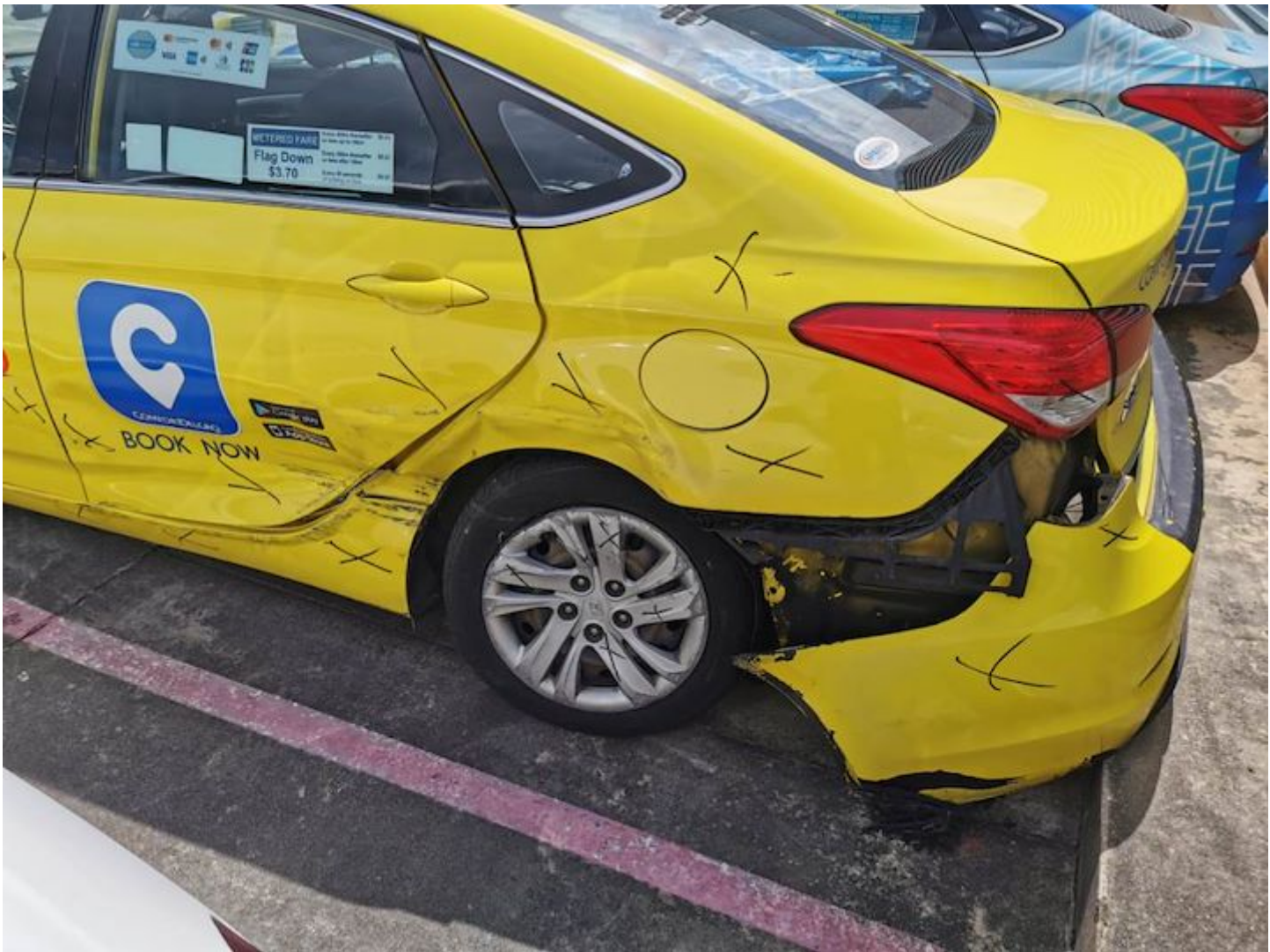


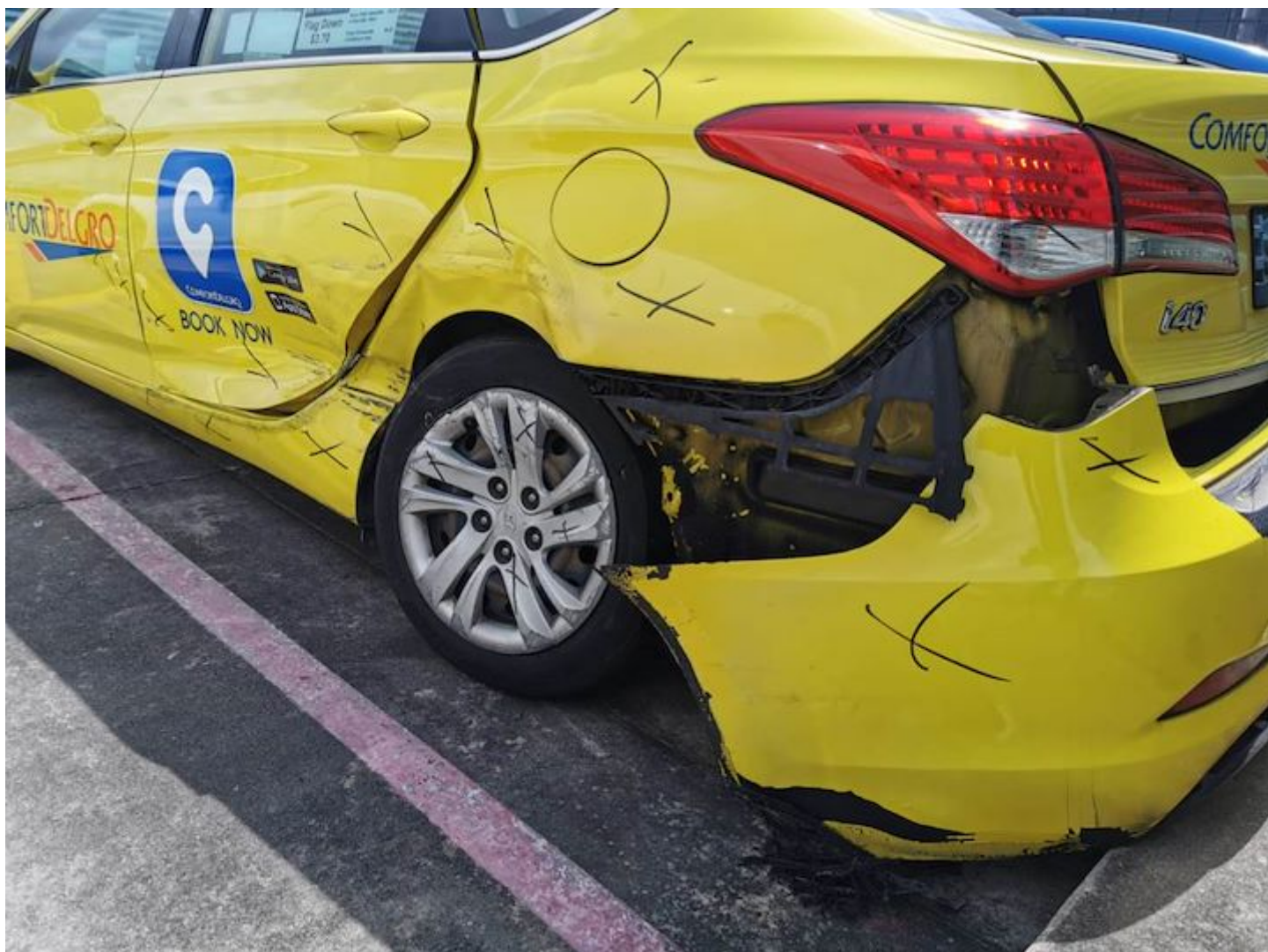


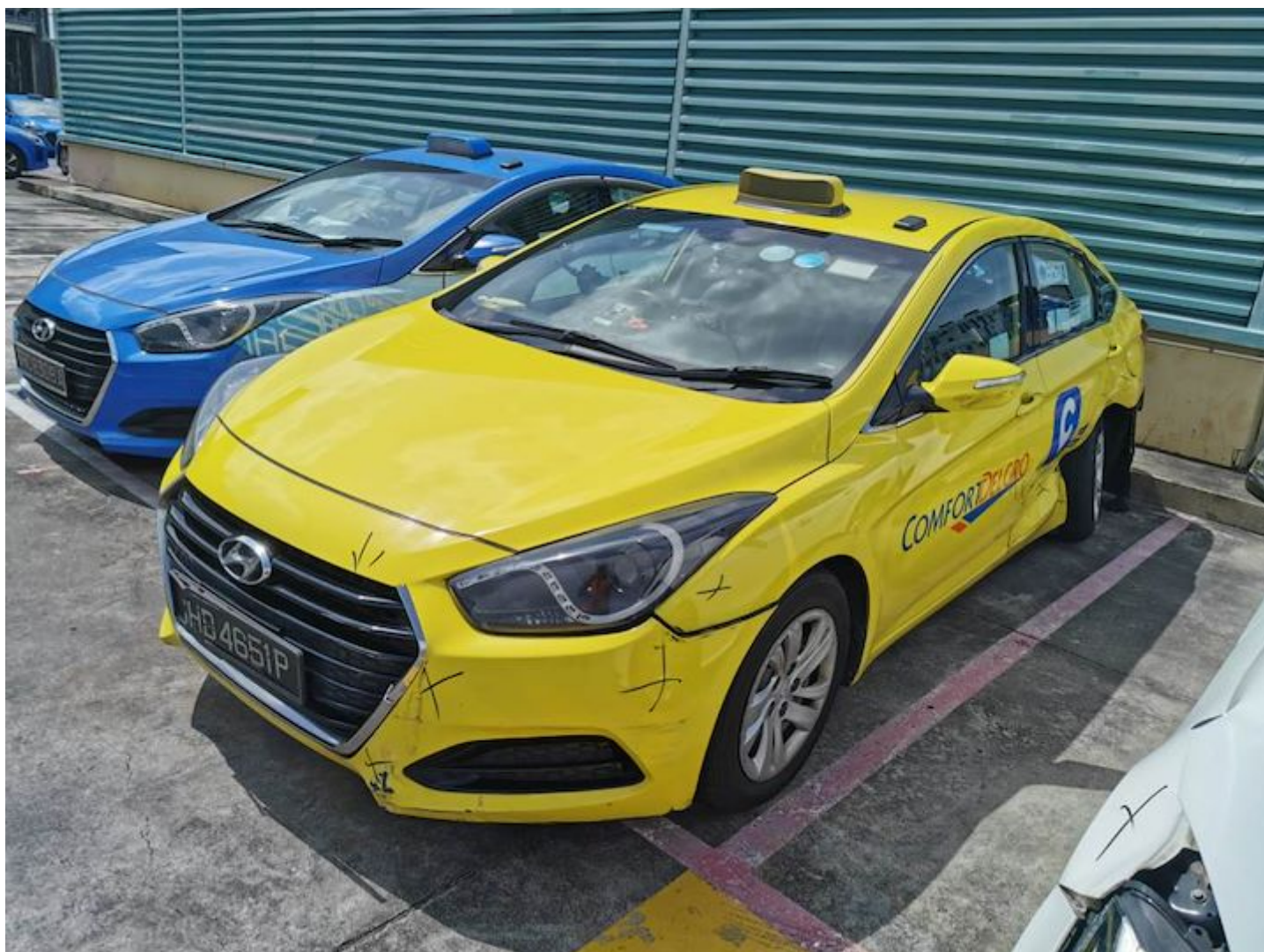



















**SINGAPORE
POLICE FORCE**


T/20210208/2006

Police Station Of Origin:
Ang Mo Kio North N.P.C
51 Ang Mo Kio Avenue 9 SINGAPORE
569784
Tel No: 1800-4849999

1 of 3

Report No: T/20210208/2006

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 08/02/2021 02:08	Vide Report No.: F/20210207/0282	Station Diary No.: 9
--	-------------------------------------	-------------------------

Informant's Particulars

Name of Informant: PHUA HIANG NGUEN			Address: APT BLK 619 ANG MO KIO AVENUE 4 #08-1075 SINGAPORE 560619	
ID Type / ID No.: NRIC NO / S1353683Z			Contact No.: Home/Office: Mobile: 96983610	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 61	Date of Birth: 13/03/1959	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: 2,3,4,5 Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 07/02/2021 23:00	Type of Location: X-Junction
Location: YIO CHU KANG ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHB4651P	Car	HYUNDAI	I40 1.7 CRDI F/L AT ABS AIRBAG 4DR	Yellow	Seriously Damaged	1
SJG135P	Car	MERCEDES BENZ	E200NGT- PC	Grey		0



**SINGAPORE
POLICE FORCE**



T/20210208/2006

Police Station Of Origin:
Ang Mo Kio North N.P.C
51 Ang Mo Kio Avenue 9 SINGAPORE
569784
Tel No. 1800-4849999

2 of 3

Report No. T/20210208/2006

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	PHUA HIANG NGUEN	ID No.	S1353683Z
Related Vehicle	SHB4651P (Car)	Contact No.	96983610
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2,3,4,5 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 07/02/2021 at about 11pm, I was performing cabby duties on board my taxi (SHB4651P and henceforth known as V1). I was in the midst of sending a passenger (Male/Malay/20s) to his destination to Punggol Way and was travelling on the 2nd lane along Yio Chu Kang Road towards Buangkok Green.

When I approached the junction of Yio Chu Kang Road and Buangkok Green, I needed to make a right turn into Buangkok Green. I was first in queue and there were no other vehicles in front of me. The traffic lights were also Green and in my favor. As I saw that traffic from the opposite side of the road was clear and the vehicles were still far away, I decided to perform a discretionary right turn.

As I was performing the right turn, another vehicle (SJG135P and henceforth known as V2) which was on the extreme left lane of the opposite traffic came into the junction at a fast speed and collided onto the left rear passenger door of V1. The collision caused my vehicle to go off road and hitting onto an electrical switch box at the traffic light before coming to a stop. We all then alighted from our respective vehicles.

Subsequently, the traffic police and ambulance attended to us. Although I did not observe any visible injuries on my passenger, who was seated on the rear left passenger seat, he complained of pain on his body and was later conveyed to the hospital. The driver of V2, however, did not complain of any injuries nor did he have any visible injuries. I was also not injured during the incident.

I wish to state that the incident caused V1's rear bumper to be dislodged, left rear wheel to be dented in, rear left passenger door and front bumper to be seriously dented in. V1 had to be towed after the incident. I also state that V1 is installed with an in-car camera and the memory card has since been handed over to TP. I further state that I am lodging the accident report as advised by TP.



**SINGAPORE
POLICE FORCE**



T/20210208/2006

Police Station Of Origin
Ang Mo Kio North N.P.C.
51 Ang Mo Kio Avenue 9 SINGAPORE
569784
Tel No. 1800-4849999

3 of 3

Report No. T/20210208/2006

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 /
Staff Sgt MUHAMMAD FAHMY BIN RAZALI

Signature Of Informant:

Imy

Signature Of Interpreter:
Not applicable

Date/Time:
08/02/2021 02:08

Officer In Charge Of Case:
TP / GIT /
Sgt 3 MARIAH BINTE ZAKARIA
Contact No.: 65476433

Classification Of Case:

Authentication Stamp
NP158





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: S66560020G / 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 : SJ0421280001 Vehicle Registration No: SHB4651P
Name (as shown in NRIC) : CityCab Pte Ltd NRIC/FIN/Passport No : 1XXXXX839G
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore ()
Contact (Tel) : _____ Mobile No. : _____
Email Address : _____
Date of Accident : 07/02/2021 Time of Accident : 23:00HRS
Place of Accident : Yio Chu Kang Road Junction Buangkok Green
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 OIV photos



Policyholder / Member's Signature
Date: _____

Reporting Centre Personnel's Signature
Name: Ashkin
NRIC/FIN No.:
Date: 08/02/2021

