

## 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	11/02/2021 13:27 (SGT)	2235
Date of Accident	10/02/2021 22:45 (SGT)	
Exact Location of Accident	Straits of, Sentosa Gateway, Singapore	
Additional Location Information	-	
Country/State of Loss	Singapore	

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC7154H
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#### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	CITYCAB PTE LTD
Company Reg No	1XXXXX839G
Email Address	fleetsafety@cdgtaxi.com.sg
Mobile Phone No	(Phone) +65-97991279
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 - 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	ANG CHONG GUAN
NRIC No	SXXXX067D
Date Of Birth	27/11/1958
Occupation	Outdoor

Date Of Driving Pass	10/04/1978
Driving experience	42 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97991279
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLK 414 TAMPINES STREET 41 #09-317
Address complement	-
Postcode	520414
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 - U-Turn
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?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

ON 10/02/2021, AT ABOUT 2245HRS, I WAS DRIVING ALONG SENTOSA GATEWAY, MAKING A U-TURN TO VIVOCITY TO PICK UP A PASSENGER. WHEN I WAS MAKING THE U-TURN, SUDDENLY, VEHICLE B SLG8124U COLLIDED ONTO MY VEHICLE AT THE LEFT PORTION. I WAS CONVEYED TO SGH AS I FELT PAIN TO MY NECK AND LEFT LEG. I FELT DIZZY AT THE SCENE TOO.

#### 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	SLG8124U
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
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 ..... ANG CHONG GUAN  
Address ..... BLK 414 TAMPINES STREET 41 #09-317  
Address Complement ..... -  
Post Code ..... 520414  
Approximate Age Years Old ..... 63  
Injuries Sustained ..... PAIN TO NECK, LEFT LEG AND FEEL DIZZY  
Injured person in which vehicle? ..... SHC7154H  
Were seat belts worn? ..... -  
Was this injured conveyed to hospital by ambulance? ..... Yes



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

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 12/02/2021 16:43		Vide Report No.:		Station Diary No.: 8	
<b>Informant's Particulars</b>					
Name of Informant: ANG CHONG GUAN			Address: APT BLK 414 TAMPINES STREET 41 #09-317 SINGAPORE 520414		
ID Type / ID No.: NRIC NO / S1352067D			Contact No.: Home/Office: Mobile: 97991279		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 62	Date of Birth: 27/11/1958	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: 2B,3,4,5 Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 10/02/2021 22:35	Type of Location:
Location:  SENTOSA GATEWAY				
Weather:		Road Surface:		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision:				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHC7154H	M/Taxi				Slightly Damaged	0

**Details of Person Involved**

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



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461 Tampines Street 44 #01-56 SINGAPORE  
520461  
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Report No. T/20210212/2038

**CONTINUATION OF REPORT**

Name	Unknown	ID No.	NIL
Related Vehicle	SHC7154H (M/Taxi)	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
<b>Driver</b>			
Name	ANG CHONG GUAN	ID No.	S1352067D
Related Vehicle	NIL	Contact No.	97991279
Hospital/Clinic	SINGAPORE GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,3,4,5 Date of Expiry: NIL
Date Treatment	10/02/2021	Date Discharge	10/02/2021
No. of Days granted Medical Leave	08	Degree of Injury	Slight

**Brief Details.**

On 10 Feb 2021 @ around 2235hrs, I was driving along Sentosa Gateway towards Sentosa and made a u turn to go to Vivo City Mall. While negotiating the U turn when the traffic green arrow light was in my favour, I heard a loud screeching braking sound and then the next thing I know, I had involved in an accident. Ambulance arrived within minutes and conveyed me to SGH. I sustained pain on my left leg and my neck.

I was given 8 days MC by SGH. I have an in car camera in my Taxi.



**SINGAPORE  
POLICE FORCE**



T/20210212/2038

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

Report No. T/20210212/2038

**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 /  
SI MOHAMMAD ABDULGHANI BIN MOHD  
ADNAN

Signature Of Interpreter:  
Not applicable

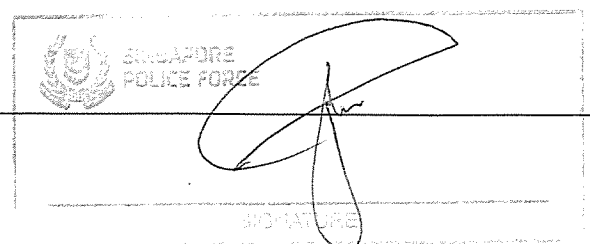
Officer In Charge Of Case:  
TP / GIT /  
Sr Staff Sgt SYED MUHAMMAD BIN SYED  
FARID ALBAR  
Contact No.: 65476200

Authentication Stamp  
NP168

Signature Of Informant:

Date/Time:  
12/02/2021 16:43

Classification Of Case:



## SKETCH PLAN

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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:

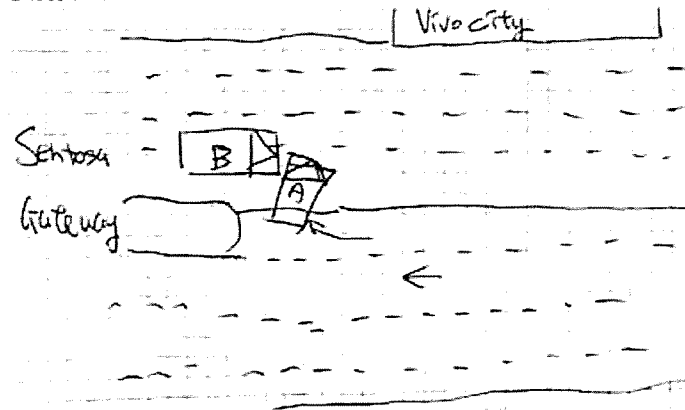
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this form and any other personal information provided by me or possessed by my insurer (collectively the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

Policyholder's Signature / Date & Time

Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

### Sketch Plan



A: SH/C7154H

B: SLG 81246

**Describe Circumstances of the Accident**

On 10/02/2021, at about 2245 hrs, I was driving along Sansa Gateway, making a U-turn to Vivacity to pick up a passenger. When I was making the U-turn, suddenly, Vehicle B SLT 812491 collided onto my vehicle at the left portion. I was conveyed to SGH as I felt pain to my neck and left leg. I felt dizzy at the scene too.

**Declaration**

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 11/02/2021 12:25hrs

Witnessed by Reporting Centre Personnel Mr. JENNIFER