

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 08/03/2021 17:09 (SGT)
Date of Accident 08/03/2021 08:47 (SGT)
Exact Location of Accident ECP, Singapore
Additional Location Information TOWARDS CITY (MARINE PARADE EXIT)
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHC7228D

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) +65-96517492
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 TAN WEE JAIN
NRIC No S1496069D
Date Of Birth 17/12/1961
Occupation Outdoor

Date Of Driving Pass	08/01/1986
Driving experience	35 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96517492
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	179 TAI KENG GARDENS
Address complement	-
Postcode	535482
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	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	5
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
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	Serangoon Neighbourhood Police Centre
Police Station Address	50 Serangoon Avenue 2 #01-02
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

ON 08/03/2021 AT ABOUT 0847HRS, I WAS DRIVING VEHICLE A (SHC7228D) ALONG ECP TOWARDS CITY (MARINE PARADE EXIT). I WAS AT EXTREME RIGHT LANE. SUDDENLY VEHICLE B (SGW1149U) JAM BRAKE, I BRAKE ON TIME BUT BECAUSE OF THE IMPACT FROM VEHICLE C (SGV7028B) WHICH HIT ONTO MY VEHICLE REAR, I HIT ONTO VEHICLE B REAR. EXCHANGED PARTICULARS. ITS A CHAIN COLLISION INVOLVE 5 VEHICLES. MY BODY PAIN DUE TO THE IMPACT.

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	SGW1149U
Vehicle Manufacturer	Toyota
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private hire
Name of Driver	NOOR HASRIN B AHMAD
NRIC No	S7527406H

Contact Number	(Phone) +65-87427404
Address	BLK 485B TAMPINES AVENUE 9 #02-132
Address complement	-
Postcode	521485
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SGV7028B
Vehicle Manufacturer	Mitsubishi
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	CHEONG YI HONG, VIK
NRIC No	S8825015Z
Contact Number	(Phone) +65-98731069
Address	BLK 476 SEGAR ROAD #05-412
Address complement	-
Postcode	670476
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	SMN8343E
Vehicle Manufacturer	Mazda
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 4

Vehicle Registration Number	SLB5931C
Vehicle Manufacturer	Mazda
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	WANG YETAO
NRIC No	S7468061E
Contact Number	(Phone) +65-81263760
Address	BLK 96A HENDERSON ROAD #17-56
Address complement	-
Postcode	151096
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	TAN WEE JAIN
Address	179 TAI KENG GARDENS
Address Complement	-
Post Code	535482
Approximate Age Years Old	60
Injuries Sustained	BODY PAIN. NECK ACHING AND BLOOD PRESSURE HIGH
Injured person in which vehicle?	SHC7228D
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

IMPORTANT NOTICE

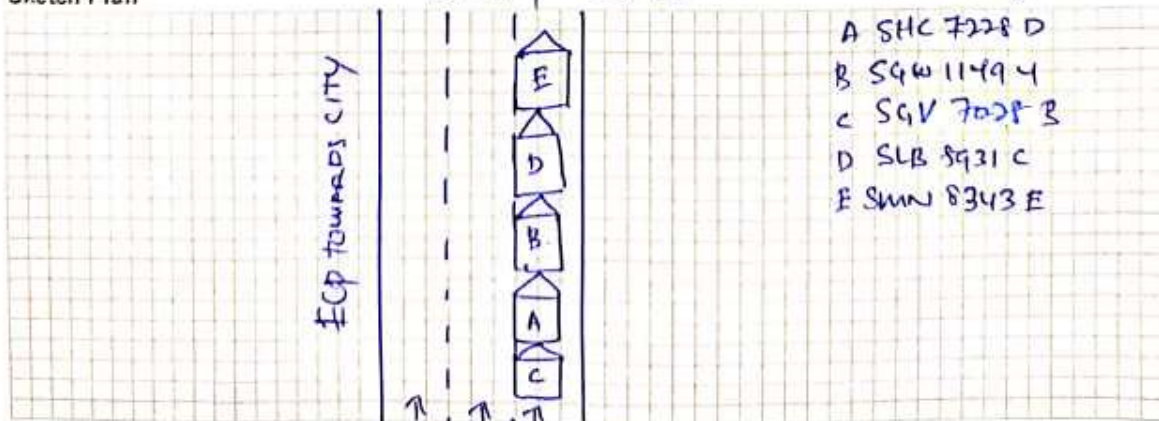
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7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**
I understand, 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

Sketch Plan

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

Witnessed by Reporting Centre Personnel



Describe Circumstances of the Accident

ON 8/3/21 AT ABOUT 0547 HRS I WAS DRIVING VEHICLE A (SGH 728D)
ALONG ECP TOWARDS CITY (MARINE PARADE EXIT). I WAS AT EXTREME
RIGHT LANE. SUDDENLY VEHICLE B (SGW 11494) JAM BRAKE / I BRAKE ON
TIME BUT BECAUSE OF THE IMPACT FROM VEHICLE C (SGH 7028B) WHICH
HIT ONTO MY VEHICLE REAR, I HIT ONTO VEHICLE B REAR. EXCHANGE PARTICULARS
IT'S A CHAIN COLLISION INVOLVE 5 VEHICLES. MY BODY PAIN DUE TO THE
IMPACT.

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

Witnessed by Reporting Centre
Personnel

Jon Doe

8/3/21 / 1435 Hrs

[Signature]

Bachy







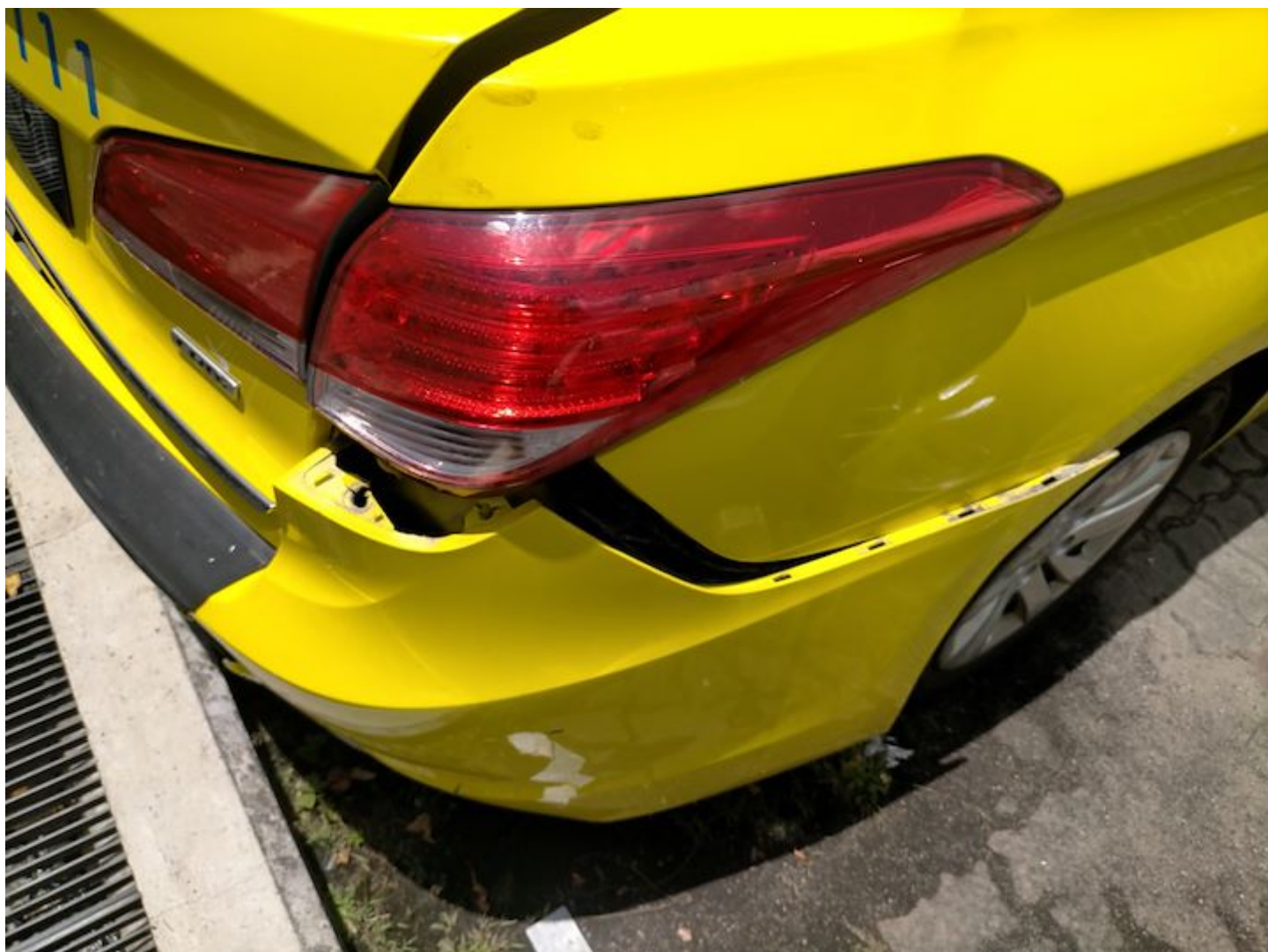


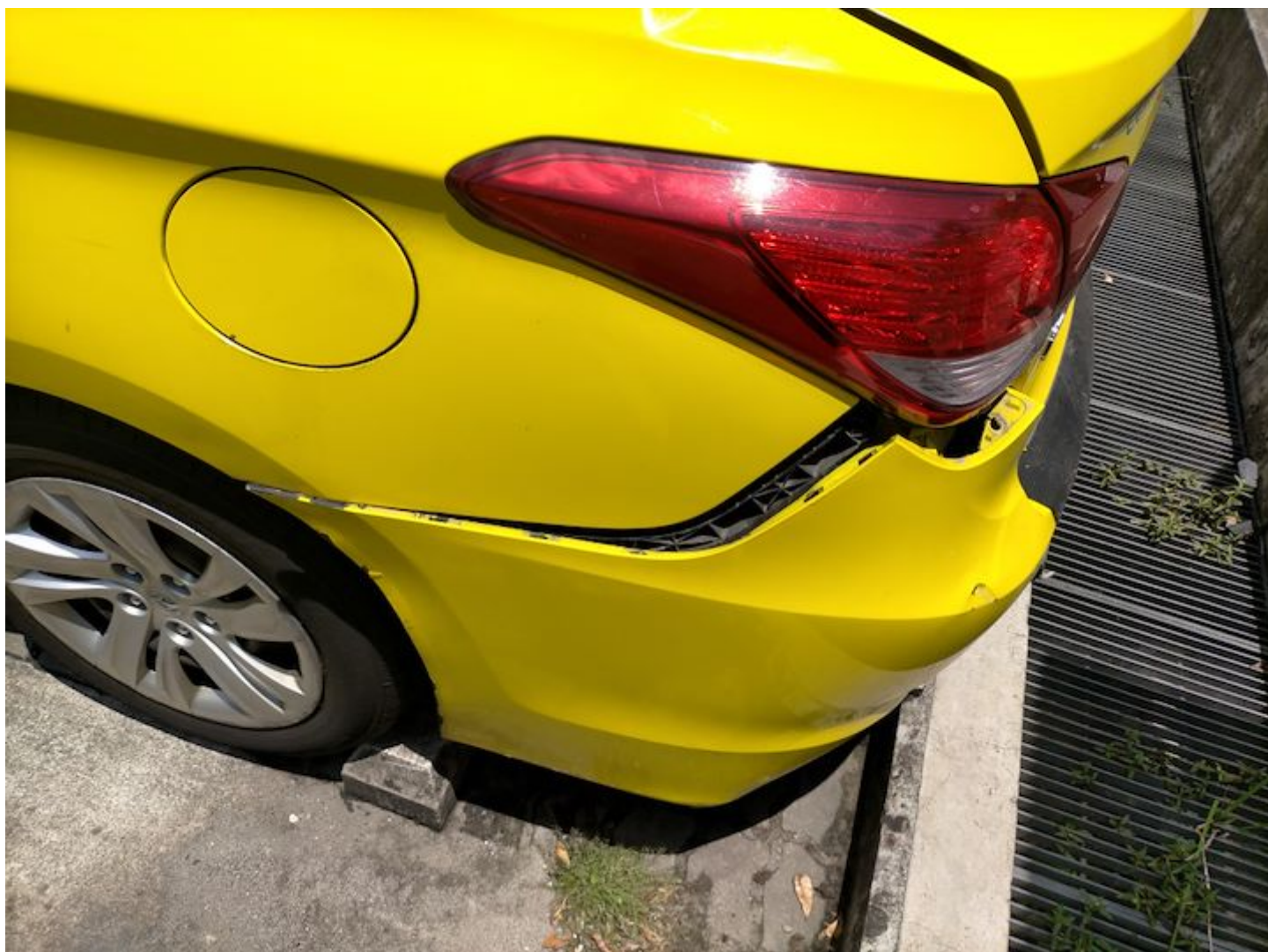


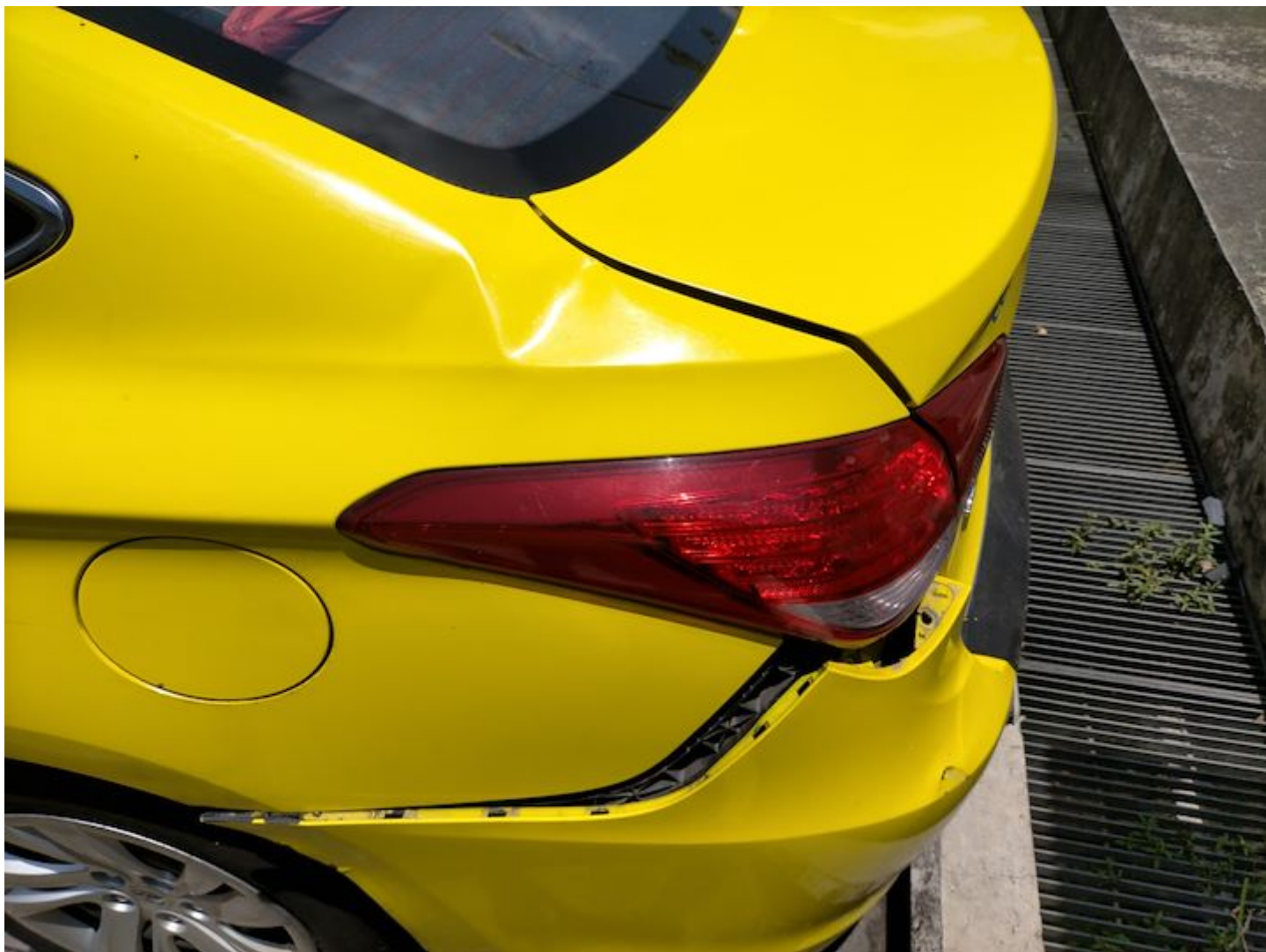








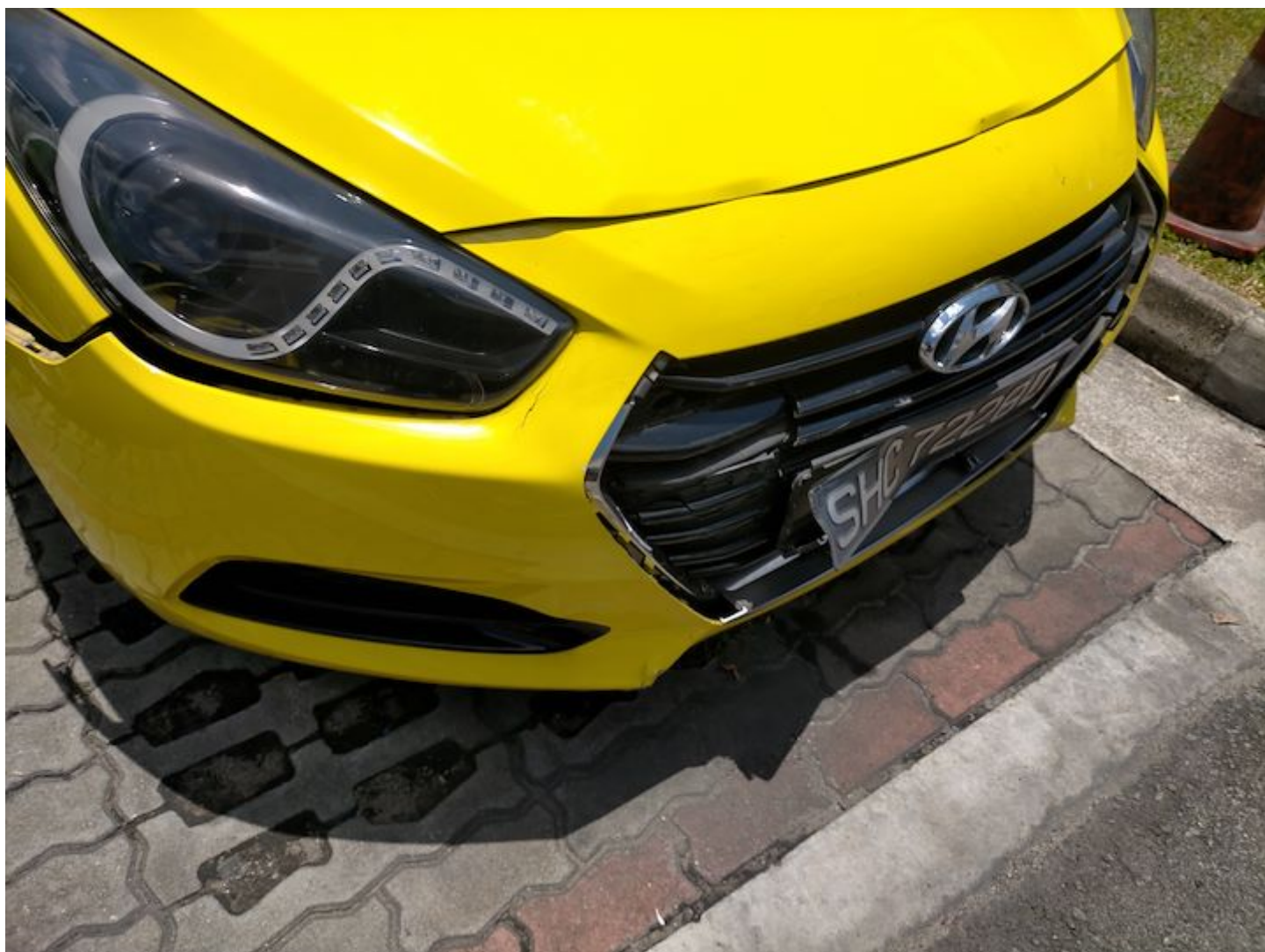










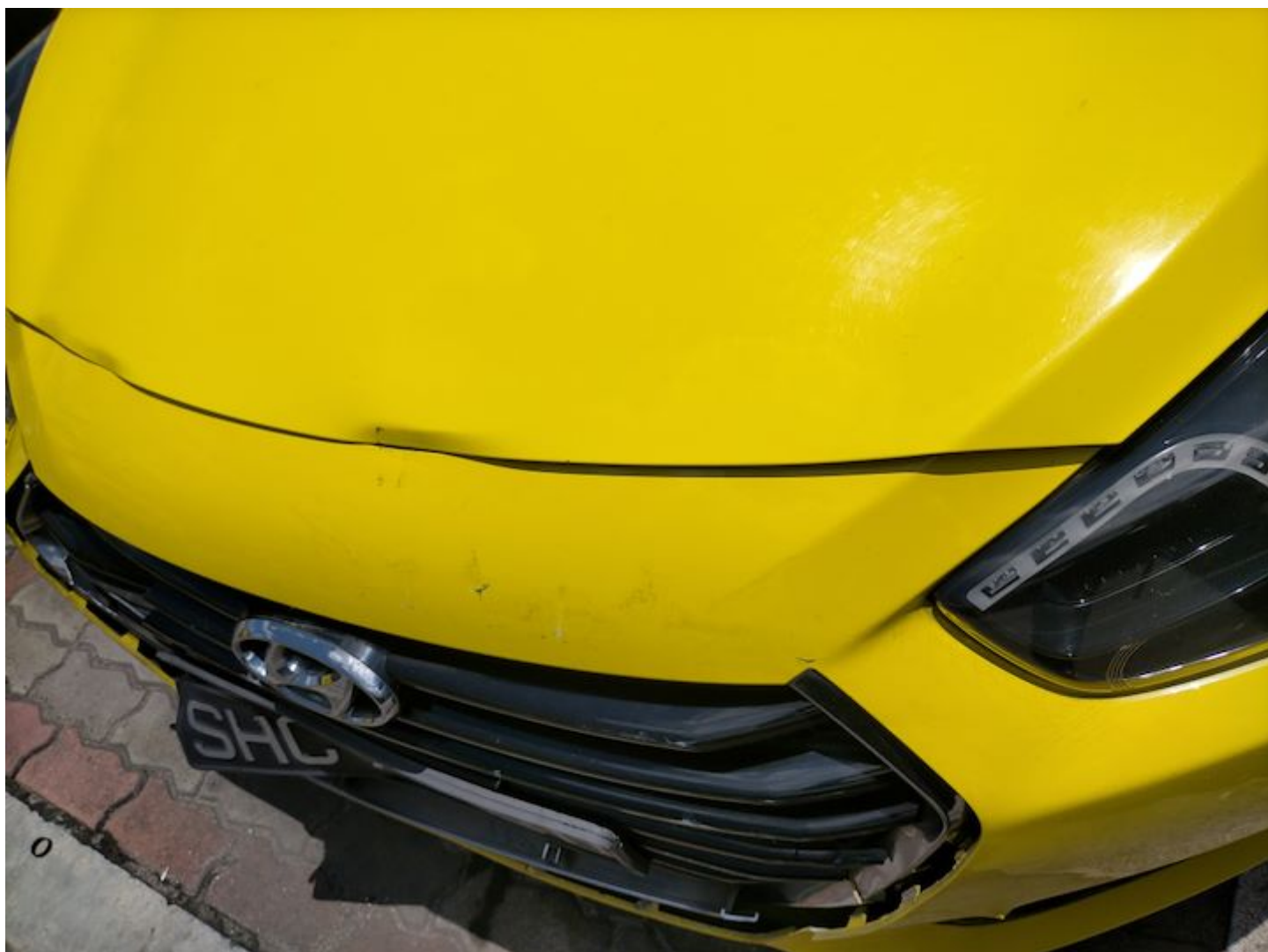








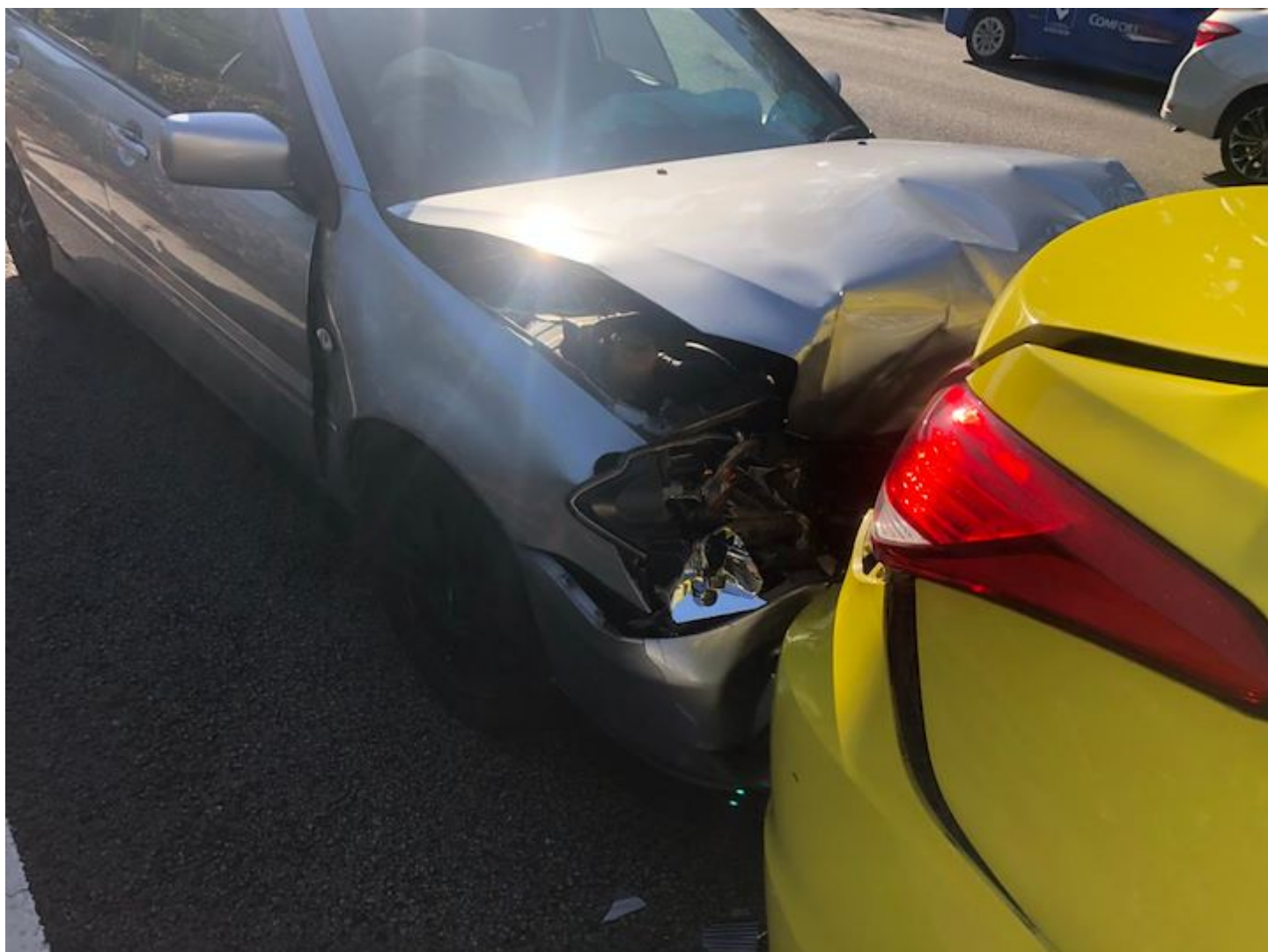








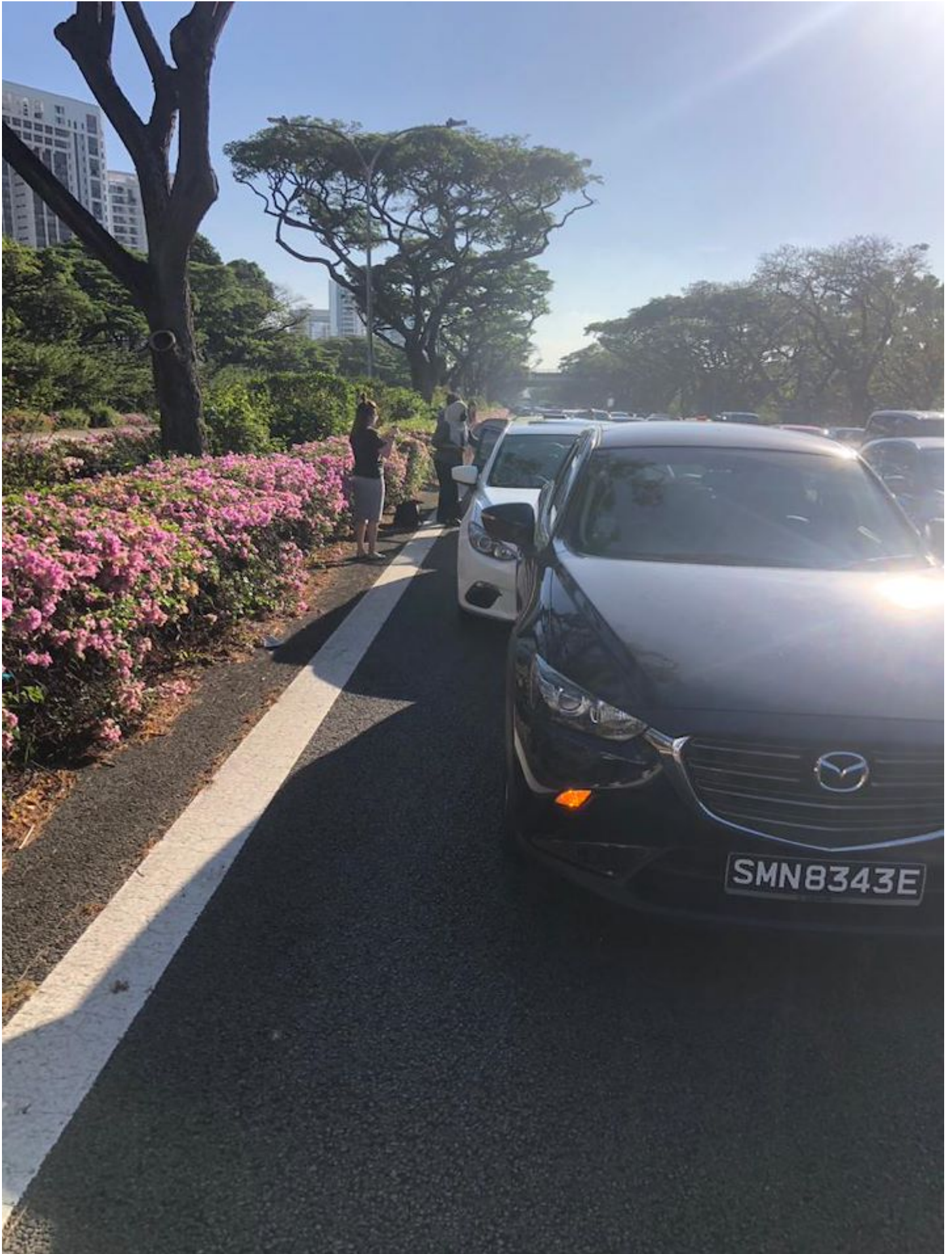




















**SINGAPORE
POLICE FORCE**



T/20210308/2106

Police Station Of Origin:
Serangoon N.P.C
50 Serangoon Avenue 2 #01-02 SINGAPORE
556129
Tel No: 1800-4880999

1 of 4

Report No. T/20210308/2106

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 08/03/2021 17:12	Vide Report No.:	Station Diary No.: 87
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Informant's Particulars

Name of Informant: TAN WEE JAIN			Address: 179 TAI KENG GARDENS SINGAPORE 535482	
ID Type / ID No.: NRIC NO / S1496069D			Contact No.: Home/Office: Mobile: 96517492	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 59	Date of Birth: 17/12/1961	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: 3 Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 08/03/2021 08:45	Type of Location: Straight Road
Location: EAST COAST PARKWAY				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SGV7028B	Car	MITSUBISHI		Silver	Slightly Damaged	1
SGW1149U	Car	TOYOTA		Blue	Slightly Damaged	0
SHC7228D	Car	HYUNDAI	i40	Yellow	Slightly Damaged	0

Details of Person Involved

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



**SINGAPORE
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T/20210308/2106

Police Station Of Origin:
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50 Serangoon Avenue 2 #01-02 SINGAPORE
556129
Tel No: 1800-4880999

2 of 4

Report No. T/20210308/2106

CONTINUATION OF REPORT

Driver			
Name	CHEONG YI HONG	ID No.	S8825015Z
Related Vehicle	SGV7028B (Car)	Contact No.	98731069
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	NOOR HASRIN B AHMAD	ID No.	S7527406H
Related Vehicle	SGW1149U (Car)	Contact No.	87427404
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	TAN WEE JAIN	ID No.	S1496069D
Related Vehicle	SHC7228D (Car)	Contact No.	96517492
Hospital/Clinic	A LIFE CLINIC PTE LTD	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	08/03/2021	Date Discharge	08/03/2021
No. of Days granted Medical Leave	07	Degree of Injury	Slight

Brief Details.

On 08.03.2021 at about 0847hrs, I was driving my taxi vehicle registration number SHC7228D along ECP towards City. I was travelling along the extreme right lane of the expressway when suddenly the vehicle in front of me bearing registration number SGW1149U jammed brake. I immediately applied my brake and manage to avoid collision with the car in front. However, the car bearing registration number SGV7028B that was travelling behind me did not managed to stop in time as the said car hit on my rear bumper. Due to the impact, my car inches forward and hit the car in front. There was a total of 5 cars collided and my car is the 4th car. We alighted from our vehicle and exchange our particulars for our own insurance claim. Nobody was injured at that time. Ambulance was at scene and check on me. Ambulance wished to convey me to CGH because my blood pressure went up very high. I refused to be convey.
On 08.03.2021 at about 11am, I went to A Life Clinic Pte Ltd for a medical check up and the doctor gave me 7 days MC. I sustained pain on the back of my neck and body was aching. The doctor also said that



**SINGAPORE
POLICE FORCE**



T/20210308/2106

Police Station Of Origin:
Serangoon N.P.C
50 Serangoon Avenue 2 #01-02 SINGAPORE
556129
Tel No: 1800-4880999

CONTINUATION OF REPORT

3 of 4
Report No. T/20210308/2106

my blood pressure is high. As such, I lodge a traffic accident report. That's all.



**SINGAPORE
POLICE FORCE**



T/20210308/2106

Police Station Of Origin:
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50 Serangoon Avenue 2 #01-02 SINGAPORE
556129
Tel No: 1800-4880999

4 of 4

Report No. T/20210308/2106

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 /
SI MUHAMMAD NIZHAM BIN MUSTAPA

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
08/03/2021 17:12

Officer In Charge Of Case:
TP / AEIT /
Sr Staff Sgt SYED ZAYID MUHAMMAD BIN
SYED ABDUL WAHID AL HINDUAN SN 156
Contact No.: 65476404

Classification Of Case:

Authentication Stamp
NP168





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: S46550020G / 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 : SJ042138000J Vehicle Registration No: SHC7228D
 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 : 08/03/2021 Time of Accident : 08:47hrs
 Place of Accident : ECP TOWARDS CITY (MARINE PARADE EXIT)
 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 police report

- Add injuries details


 Policyholder / Insurer's Signature

Date:


 Reporting Centre Personnel's Signature
 Name: Ashikin
 NRIC/FIN No.:
 Date: 08/03/2021

12/01/2015 10:00:00 AM

