

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

This report **correctly** the details of the accident to speed up the claims process.
This form must be **completed by the Policyholder and/or the Authorised Driver**.
Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate liability.
The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
false reporting may be referred to the Police for investigation.
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.
That copies of this report will, for a fee, be made available upon application by interested parties.
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	13/03/2021 10:53 (SGT)
Date of Accident	12/03/2021 15:45 (SGT)
Exact Location of Accident	Lornie Rd, Singapore
Additional Location Information	LORNIE UNDERPASS
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA903U
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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) +65-65508768
Alternative Phone No	(Office) +65-65508768

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Prius
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	FOONG KEONG FATT
NRIC No	SXXXX088Z
Date Of Birth	15/09/1966
Occupation	Outdoor

Pass
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er
umber
ss

omplement

ver the policyholder?
relationship of the Driver with the Insured
Driver Own Other Vehicles?
e Registration Number of Other Vehicle Owned by Driver
rance Company of Other Vehicle Owned by Driver

05/07/2011
9 YEARS AND 8 MONTHS
Male
(Phone) +65-87006033
-
fleetsafety@cdgtaxi.com.sg
195 #11-378 KIM KEAT AVENUE
-
310195
No
Hirer
No

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident
Weather Conditions
Road Surface

Chain Collision
Raining
Wet

OTHER INFORMATION

Was any foreign vehicle involved in the accident? No
Number of vehicles involved in the accident 3
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) 2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No

PASSENGER 1

Name -
Gender Female

DETAILS OF POLICE ACTION

Was the accident reported to the police? Yes
Police Station Name Changi Neighbourhood Police Centre
Police Station Phone No (Phone) +65-18005872999
Alt. Police Station Phone No (Fax) +65-65872900
Police Station Address 9 Simei Street 2 Singapore 529914
Was notice of intended Prosecution given? No
If yes, against whom? -

CIRCUMSTANCES OF ACCIDENT

SEE ATTACH

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 SLG5845S
Vehicle Manufacturer -
Vehicle Model -
Vehicle Variant -

ry	-
Private car	-
per	-
plement	-
Company Name	-
Damage	MODERATE
of property damaged in accident	FRT & REAR
Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	YP3238G
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	MODERATE
Details of property damaged in accident	FRT
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	FOONG KEONG FATT
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	NECK,CHEST,ARM
Injured person in which vehicle?	SHA903U
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	PAX
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	HEAD
Injured person in which vehicle?	SHA903U
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

* Sketch attached *

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

* Police report T/20210312/2114 *

DECLARATION

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

CITYCAB PTE LTD
CO. REG. NO. 199502839G

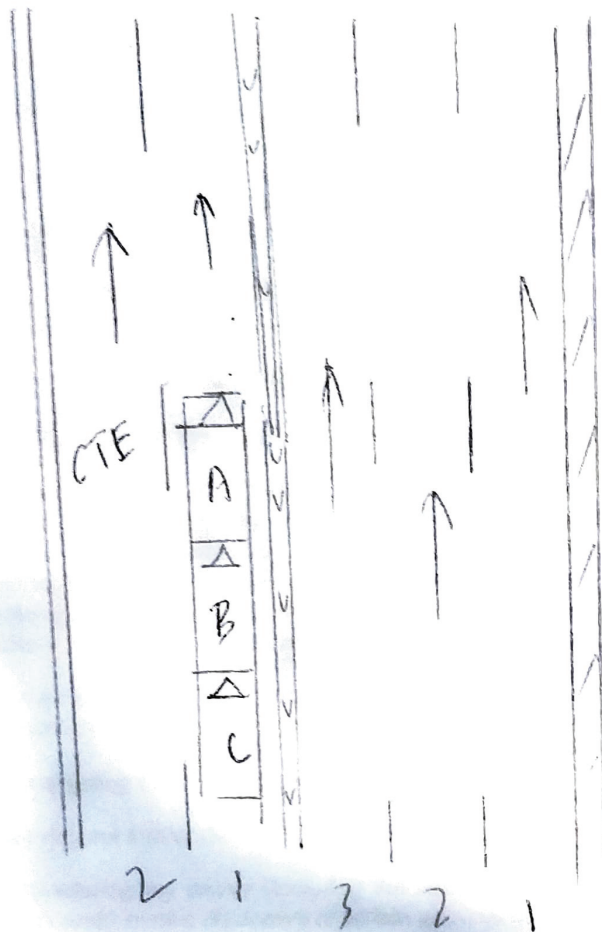
Policyholder's Signature
Date & Time:

Driver's Signature
(if driver is not the policyholder)
Date & Time:

13.03.2021
0945h

Reporting Centre Personnel's Signature
Name:
NRIC/Fin No.: Larry Ng

Upper Thomson Rd



A-SHA-903-U.

B-SLG-5845-S

C-YP-3238-G

Young

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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)
 - (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, investigation, 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.

INSURANCE B PTE LTD
REG NO. 199502839G

Policyholder's Signature
Date & Time:

Driver's Signature
(if driver is not the policyholder)
Date & Time: 13.03.2021
09.45h

Reporting Centre Personnel's Signature
Name: [Signature]
NRIC/FIn No.:



SINGAPORE POLICE FORCE



T/20210312/2114

1 of 4

Police Station Of Origin:
Changi N.P.C
9 Simei Street 2 SINGAPORE 529914
Tel No: 1800-5872999

Report No. T/20210312/2114

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 12/03/2021 21:19	Vide Report No.:	Station Diary No.: 48
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Informant's Particulars

Name of Informant: FOONG KEONG FATT			Address: APT BLK 195 KIM KEAT AVENUE #11-378 SINGAPORE 310195	
ID Type / ID No.: NRIC NO / S1737088Z			Contact No.: Home/Office:	Mobile: 87006033
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 54	Date of Birth: 15/09/1966	Type of Informant: Driver	
Race: Chinese			Language:	Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: 2B,3 Date of Expiry:	

General Information of the Accident

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 12/03/2021 15:45	Type of Location: Y-Junction
Location: LORNIE UNDERPASS				
Weather: Raining		Road Surface: Wet		Road Speed Limit:
Traffic Flow: One Way		Traffic Control:		Traffic Volume:
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
SHA903U	Car				Slightly Damaged	1
SLG5845S	Car				Slightly Damaged	2
YP3238G	Lorry				Slightly Damaged	1



**SINGAPORE
POLICE FORCE**



T/20210312/2114

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Police Station Of Origin:
Changi N.P.C
9 Simei Street 2 SINGAPORE 529914
Tel No: 1800-5872999

Report No. T/20210312/2114

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	FOONG KEONG FATT	ID No.	S1737088Z
Related Vehicle	SHA903U (Car)	Contact No.	87006033
Hospital/Clinic	SUNSHINE CLINIC FAMILY PRACTICE & SURGERY	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	12/03/2021	Date Discharge	12/03/2021
No. of Days granted Medical Leave	05	Degree of Injury	Slight
Driver			
Name	TAN YEW WEI	ID No.	S8635664C
Related Vehicle	SLG5845S (Car)	Contact No.	93284229
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	HOW CHEE EN	ID No.	G6579186U
Related Vehicle	YP3238G (Lorry)	Contact No.	85339030
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3,4 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On the above mentioned date and time. I was driving on the above mentioned location towards Central expressway. I spotted a black car who was on Upper Thomson rd made a illegal turn to Lornie rd(The road I am on). Infront of me was a white van and he performed emergency brake to gave way to the black car, seeing this I gradually made a stop and stopped behind the white van. Subsequently, I realized the vehicle behind me (SLG5845S) made a stop but did not hit on to me and as I was about to move off I was hit from the rear . I made a check on my passenger and she informed that she was in hurt but doesn't required any emergency medical assistance. I went out and realized that it was a chain collision accident as there were a lorry and car behind me, I made a check on the car driver and we exchanged particulars



**SINGAPORE
POLICE FORCE**



T/20210312/2114

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Report No. T/20210312/2114

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CONTINUATION OF REPORT

but however my passenger told me to drive her home as she's not feeling well. I heard by the lorry driver that ambulance was coming but I didn't wait as my passenger was in pain. I have in car camera in my car which recorded the whole incident.

I wish to state that I am unsure of the vehicle number of the black car and white van.



**SINGAPORE
POLICE FORCE**

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Tel No: 1800-5872999



T/20210312/2114

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Report No. T/20210312/2114

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 /
Sgt 2 MUHAMMAD HAIRULNIZAM BIN
HAMRAN

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
SI ANG YI TING, STEPHANIE
Contact No.: 65476414

Authentication Stamp
NP168

Signature Of Informant:

Yong

Date/Time:
12/03/2021 21:19

Classification Of Case: