

## 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 .....	19/03/2021 15:58 (SGT)
Date of Accident .....	19/03/2021 12:20 (SGT)
Exact Location of Accident .....	Orchard Turn, Singapore
Additional Location Information .....	-
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SHA9799U
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#### 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 .....	Ioniq
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
Transmission .....	Auto
CC .....	1600

#### INSURANCE COMPANY

Name of Insurance Company .....	AXA Insurance Pte Ltd
Type of Coverage .....	ThirdPartyFireTheft
Fleet Policy .....	Yes
Policy Number .....	VFX/P2419140
Cover Note Number .....	-

#### DRIVER

Name of Driver .....	LEE YEW KAI
NRIC No .....	S1620884A

Date Of Birth .....	22/05/1963
Occupation .....	Outdoor
Date Of Driving Pass .....	25/10/1994
Driving experience .....	26 YEARS AND 5 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-90066916
Alt. Phone Number .....	-
Email Address .....	fleetsafety@cdgtaxi.com.sg
Address .....	BLK 1F CANTONMENT ROAD
Address complement .....	#31-63
Postcode .....	085601
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Other
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 - Opening Door of Vehicle
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 .....	-
Gender .....	Female

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Changkat Neighbourhood Police Post
Police Station Phone No .....	(Phone) +65-18007819999
Alt. Police Station Phone No .....	(Fax) +65-67832722
Police Station Address .....	Blk 109 Tampines Street 11 #01-261 Singapore 521109
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLS REFER TO ATTACHED  
Type of accident : TAXI PAX OPEN DOOR  
POLICE REPORT : T/20210319/2352

#### 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 .....	FBR18G
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Motorcycle
Name of Driver .....	-
Contact Number .....	-
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	SLIGHT
Details of property damaged in accident .....	FRT
No. Of Passenger (Including Driver) .....	-

#### INJURED PERSONS DETAILS

##### INJURED 1

Name of injured person .....	UNKNOWN
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	NOT SURE
Injured person in which vehicle? .....	FBR18G
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	Yes

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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)
  - (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.

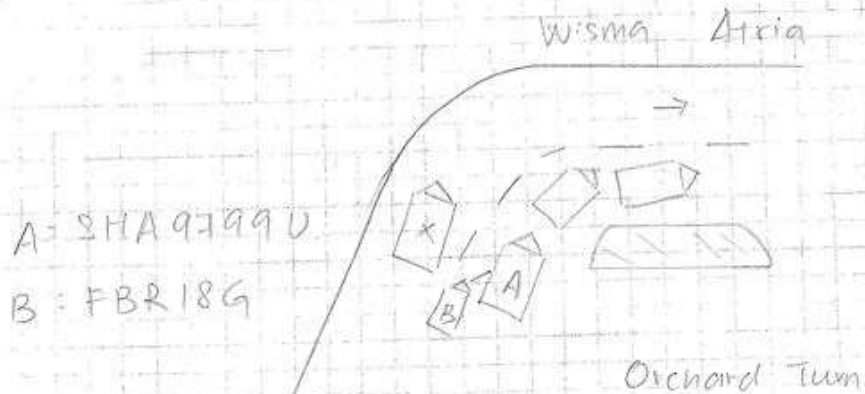
CITYCAB PTE LTD  
CO. REG. NO. 190502830G

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

As per attached police report

T/20210319/2352


DECLARATION

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

CITYCAB PTE LTD  
CO. REG. NO. 199502830G

Policyholder's Signature  
Date & Time:

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

 19/3/21  
Reporting Centre Personnel's Signature  
Name: Loke Wei Yiong  
NRIC/Fin No.:





**SINGAPORE  
POLICE FORCE**



T/20210319/2352

1 of 3

Police Station Of Origin:  
Changkat NPP  
109 Tampines Street 11 #01-261  
SINGAPORE 521109  
Tel No: 1800-7819999

Report No. T/20210319/2352

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 19/03/2021 14:24	Vide Report No.: E/20210319/0062	Station Diary No.: 24
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**Informant's Particulars**

Name of Informant: LEE YEW KAI	Address: APT BLK 1F CANTONMENT ROAD #31-63 SINGAPORE 085601		
ID Type / ID No.: NRIC NO / S1620884A	Contact No.: Home/Office: Mobile: 90066916		
Nationality: SINGAPORE CITIZEN	Email:		
Sex: Male	Age: 57	Date of Birth: 22/05/1963	Type of Informant: Driver
Race: Chinese	Language:		Institution / School Name:
Occupation: Taxi driver	Driving Licence Information: Class: 3,4 Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 19/03/2021 12:20	Type of Location:
Location:  ORCHARD TURN				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision: Moving Vehicle Against - Parked Vehicle			Anyone conveyed by ambulance: Yes	

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBR18G	Motorcycle				Slightly Damaged	0
SHA9799U	Car				Slightly Damaged	1

**Details of Person Involved**

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



**SINGAPORE  
POLICE FORCE**



T/20210319/2352

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Report No. T/20210319/2352

Police Station Of Origin:  
Changkat NPP  
109 Tampines Street 11 #01-261  
SINGAPORE 521109  
Tel No: 1800-7819999

**CONTINUATION OF REPORT**

Driver			
Name	LEE YEW KAI		ID No. S1620884A
Related Vehicle	SHA9799U (Car)		Contact No. 90066916
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 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 19/03/2021 at 1220hrs, I was driving along Orchard Turn towards Wisma Atria's taxi stand as I wanted to alight my passenger at the taxi stand. I observed that there was a long queue before entering the taxi stand. I stopped before the taxi stand and my passenger requested to alight before the taxi stand. When my passenger opened the left passenger door, a motorcycle suddenly came from the left rear and collided into left rear door. There were some scratches at the left rear door.

I alighted the vehicle and make a check. A K9 Police vehicle was parked on the left side of my taxi. The officers came down and assisted us. The motorcyclist suffered some injuries and was conveyed to hospital by ambulance. Traffic Police was alerted and came down to the incident location. I have submitted my in-car camera's SD card to the Traffic Police.



**SINGAPORE  
POLICE FORCE**



T/20210319/2352

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Report No. T/20210319/2352

Police Station Of Origin:  
Changkat NPP  
109 Tampines Street 11 #01-261  
SINGAPORE 521109  
Tel No: 1800-7819999

**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 /  
Staff Sgt TAN YI YI, JEAN

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / GIT /  
Sr Staff Sgt JOFILIANO BIN MOHAMED ALI  
Contact No.: 65476960

Authentication Stamp  
NP168

Signature Of Informant:

Date/Time:  
19/03/2021 14:24

Classification Of Case:



































