

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 | 10/04/2021 10:19 (SGT) |
| Date of Accident | 09/04/2021 10:15 (SGT) |
| Exact Location of Accident | AYE, Singapore |
| Additional Location Information | Towards MCE |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------------|----------|
| Vehicle Registration Number | SHB2197Y |
|-----------------------------------|----------|

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) +65-92356428 |
| 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 - Reporting only |
| Vehicle Category | Taxi |
| Transmission | Auto |
| CC | 1798 |

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 | LIM SOON KWOOI |
| NRIC No | S0164739C |

| | |
|--|--------------------------------|
| Date Of Birth | 04/05/1951 |
| Occupation | Outdoor |
| Date Of Driving Pass | 17/05/1972 |
| Driving experience | 48 YEARS AND 11 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-92356428 |
| Alt. Phone Number | - |
| Email Address | fleetsafety@cdgtaxi.com.sg |
| Address | BLK 4 TECK WHYE AVENUE #08-228 |
| Address complement | - |
| Postcode | 680004 |
| 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 | 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) | 3 |
| Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? | No |

PASSENGER 1

| | |
|--------------|----------|
| Name | NICHOLAS |
| Gender | Male |

PASSENGER 2

| | |
|--------------|-----------------|
| Name | NICHOLAS'S WIFE |
| Gender | Female |

DETAILS OF POLICE ACTION

| | |
|---|---|
| Was the accident reported to the police? | Yes |
| Police Station Name | Jurong West Neighbourhood Police Centre |
| Police Station Phone No | (Phone) +65-18002689999 |
| Alt. Police Station Phone No | (Fax) +65-62672438 |
| Police Station Address | 700 Corporation Road Singapore 649818 |
| Was notice of intended Prosecution given? | No |
| If yes, against whom? | - |

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT.

ATTACHMENT(S)

| | |
|---|----------------------|
| Are accident photos available for attachment? | Yes |
| Was there any video captured by Car Camera? | Yes |
| Reasons for not uploading a video of the accident | FILE IS NOT SUITABLE |
| Was there any audio recorded? | No |

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|---|----------------------|
| Vehicle Registration Number | SJB9760B |
| Vehicle Manufacturer | - |
| Vehicle Model | - |
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Private car |
| Name of Driver | CHEONG KANG SWEE |
| NRIC No | S0499327F |
| Contact Number | (Phone) +65-96696843 |
| Address | - |
| Address complement | - |
| Postcode | - |
| Insurance Company Name | - |
| Nature Of Damage | - |
| Details of property damaged in accident | - |
| No. Of Passenger (Including Driver) | 1 |

DETAILS OF OTHER VEHICLE PROPERTY 2

| | |
|---|-------------------|
| Vehicle Registration Number | UNKNOWN |
| Vehicle Manufacturer | - |
| Vehicle Model | - |
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Private car |
| Name of Driver | SEAN GERALD RUDGE |
| 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 | PASSENGER |
| Address | - |
| Address Complement | - |
| Post Code | - |
| Approximate Age Years Old | - |
| Injuries Sustained | - |
| Injured person in which vehicle? | SHB2197Y |
| Were seat belts worn? | No |
| Was this injured conveyed to hospital by ambulance? | No |

Describe Circumstances of the Accident

REFER TO POLICE REPORT.

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

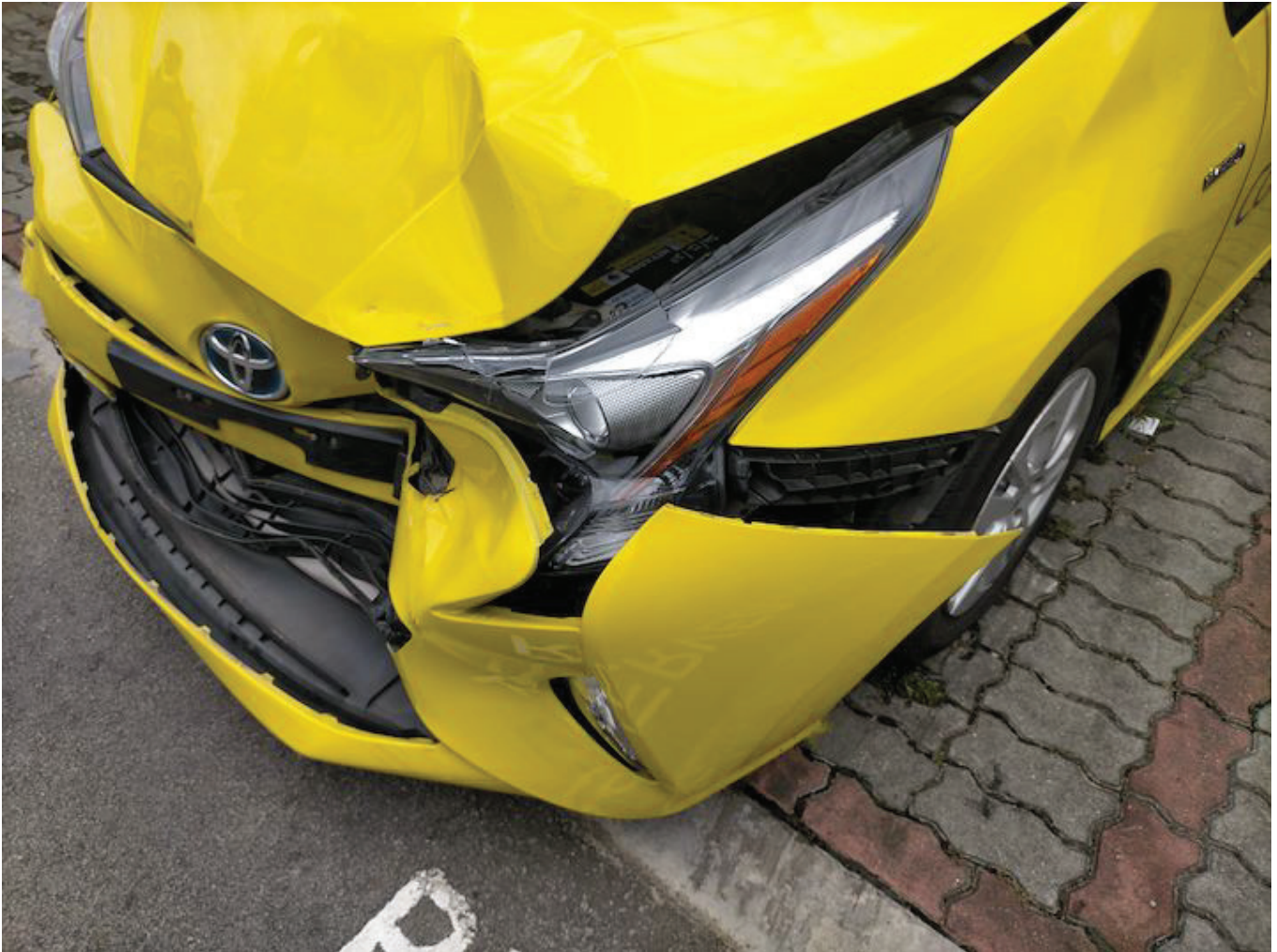
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11/4/21 / 1500 HRS

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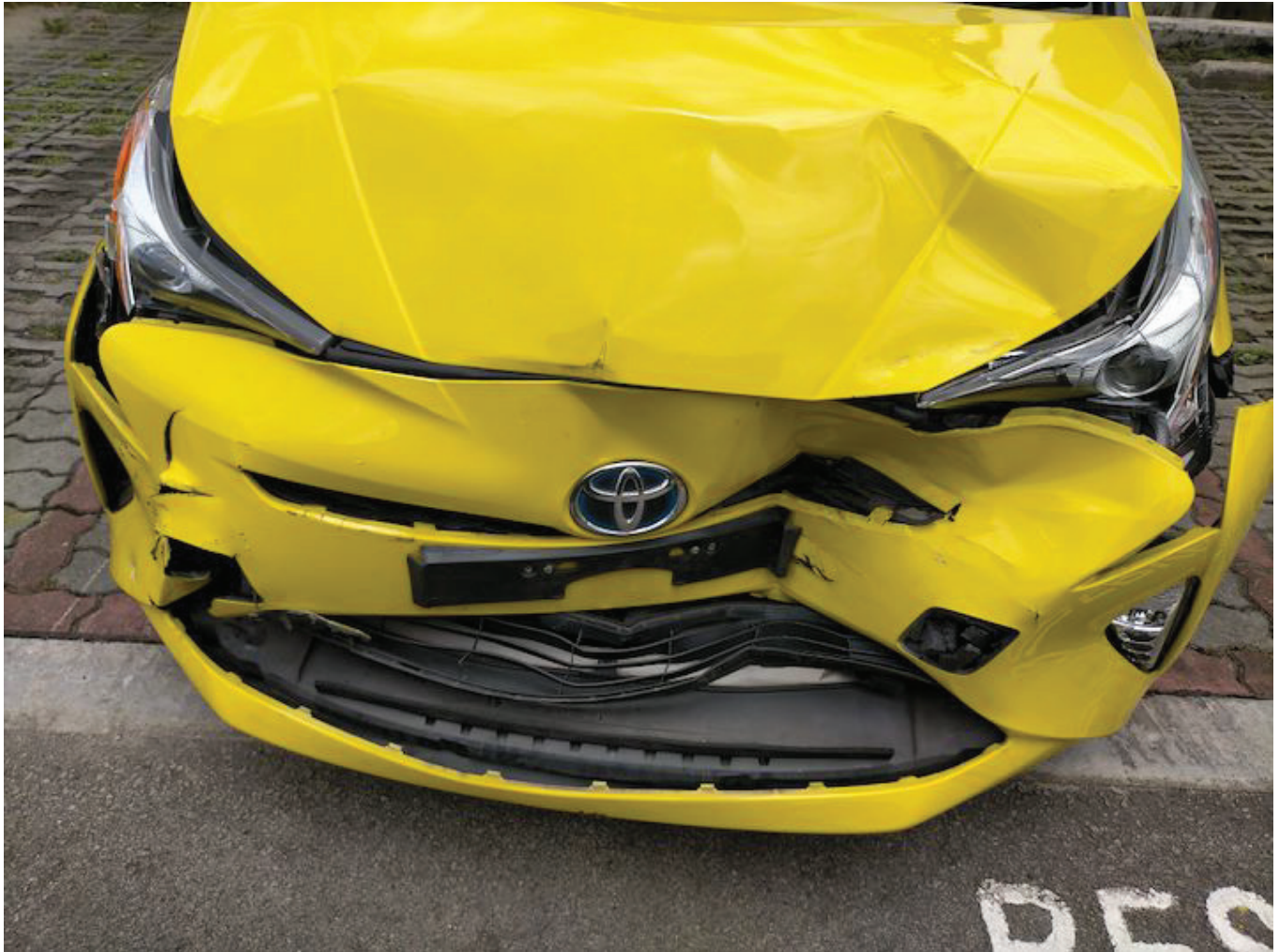





















**SINGAPORE
POLICE FORCE**


T/20210409/2058

1 of 3

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

Report No. T/20210409/2058

REPORT OF A TRAFFIC ACCIDENT

| | | |
|--|------------------|---------------------------|
| Date/Time Report Made: 09/04/2021 15:03 | Vide Report No.: | Station Diary No.: 116 |
|--|------------------|---------------------------|

Informant's Particulars

| | | | | | |
|--|------------|------------------------------|--|----------------------------|-----------------|
| Name of Informant: LIM SOON KWOOI | | | Address: APT BLK 4 TECK WHYE AVENUE #08-228 SINGAPORE 680004 | | |
| ID Type / ID No.: NRIC NO / S0164739C | | | Contact No.: Home/Office: Mobile: 92356428 | | |
| Nationality: SINGAPORE CITIZEN | | | Email: | | |
| Sex: Male | Age: 69 | Date of Birth: 04/05/1951 | 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

| | | | | |
|--|------------------------------|------------------------------------|--|------------------------------------|
| General Information of the Accident | | | | |
| Type of Accident: | Injury Attended by Police | Drink Drive: No | Date/Time of Accident: 09/04/2021 10:15 | Type of Location: Straight Road |
| Location: AYER RAJAH EXPRESSWAY | | | | |
| Lamp Post Number: 274 | | | | |
| Weather: Clear | | Road Surface: Dry | Road Speed Limit: | |
| Traffic Flow: | | 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 |
|-------------|------|--------|----------------------------|--------|----------------------|-----------------|
| SHB2197Y | Taxi | TOYOTA | PRIUS HYBRID 1.8 CVT | Yellow | Seriously Damaged | 2 |
| SJB9760B | Car | TOYOTA | VIOS E AUTO | White | Seriously Damaged | 0 |



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SINGAPORE
POLICE FORCE



T/20210409/2058

2 of 3

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

Report No. T/20210409/2058

CONTINUATION OF REPORT

Brief Details.

On 09/04/2021 at about 1015hrs, I was driving my taxi V1) SHB2197Y along AYE on the most right lane towards MCE with 2 passengers onboard. Before the exit of Lower Delta Road, I realized that there is few other vehicle in front of me started to slow down. Out of a sudden, I collided onto one vehicle V2) SJB97608 in front of me as I was unable to stop my vehicle on time.

The driver of V2 alighted from his vehicle and both of us exchange our particulars and his name is Cheong Kang Swee, S0499327F, Hp: 96696843. There are 2 passengers in my taxi one is namely, Nicholas, Hp: 90682469 who informed that his wife sustained injuries on her legs as she hits the rear of the seats during the accident. Police and Ambulance are both at scene. There is CCTV installed in my vehicle.



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SINGAPORE
POLICE FORCE



T/20210409/2058

3 of 3

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

Report No. T/20210409/2058

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:

J /
Sgt 3 TEO KIAN HUI

Signature Of Informant:

Signature Of Interpreter:
Not applicableDate/Time:
09/04/2021 15:03Officer In Charge Of Case:
TP / GIT /
Sgt 2 DAVID YAP
Contact No.: 96192349

Classification Of Case:

Authentication Stamp
N°1168

Signature:

Singapore Police Force



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