

# 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 willful 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	16/04/2021 13:27 (SGT)
Date of Accident	15/04/2021 08:30 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	Towards Tuas
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA9971M
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) +65-90237073
Alternative Phone No	(Office) +65-65508768

## VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	Ae 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 - Claiming third party
Vehicle Category	Taxi
Transmission	Auto
CC	1580

## 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	TAN HOCK BENG ( CHENG FUMING )
NRIC No	SXXXX875E

Date Of Birth	31/08/1975
Occupation	Outdoor
Date Of Driving Pass	21/09/1998
Driving experience	22 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90237073
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLK 152 ANG MO KIO AVENUE 5 #02-3014
Address complement	-
Postcode	560152
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 - Head to Rear
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?	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	UNKNOWN
Gender	Male

#### 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

REFER TO POLICE REPORT T/20210415/2040

#### 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	FX819H
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Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
Name of Driver	-
Contact Number	(Phone) +65-97116170
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	TAN HOCK BENG ( CHENG FUMING )
Address	BLK 152 ANG MO KIO AVENUE 5 #02-3014
Address Complement	-
Post Code	560152
Approximate Age Years Old	45
Injuries Sustained	-
Injured person in which vehicle?	SHA9971M
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

**SKETCH PLAN**

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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) 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.

COMFORT TRANSPORTATION PTE LTD  
CO. REG. NO. 199303821R

*[Handwritten initials]*

*[Handwritten signature]*

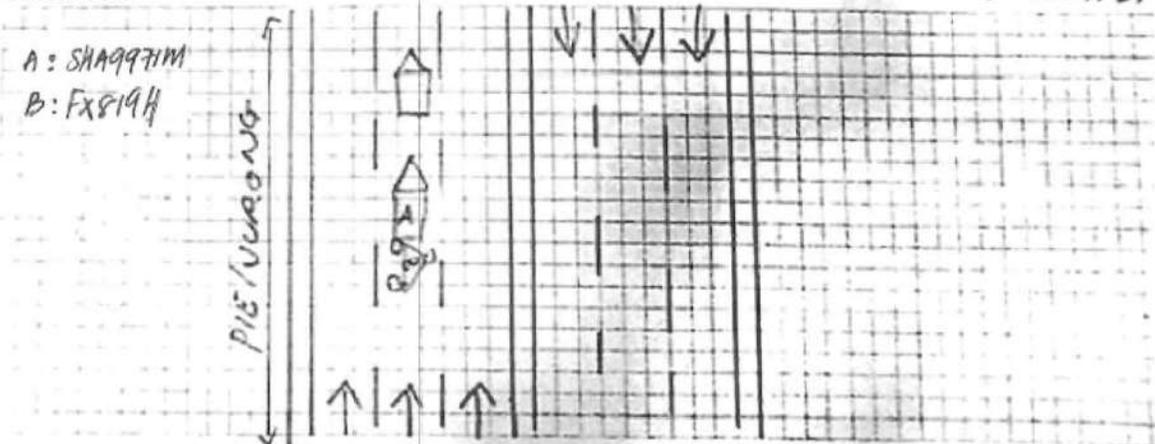
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre  
Personnel *Ad Hashim*

*17:20 hrs 15/4/21*

**Sketch Plan**







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

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 15/04/2021 12:21	Vide Report No.:	Station Diary No.: 32
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**Informant's Particulars**

Name of Informant: TAN HOCK BENG			Address: APT BLK 152 ANG MO KIO AVENUE 5 #02-3014 SINGAPORE 560152		
ID Type / ID No.: NRIC NO / S7525875E			Contact No.: Home/Office: Mobile: 90237073		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 45	Date of Birth: 31/08/1975	Type of Informant: Driver		
Race: Chinese			Language:	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: 15/04/2021 08:30	Type of Location:
Location: PAN-ISLAND EXPRESSWAY				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		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
FX819H	Motorcycle				Slightly Damaged	0
SHA9971M	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**

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



T/20210415/2040

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Report No. T/20210415/2040

CONTINUATION OF REPORT

Driver			
Name	TAN HOCK BENG	ID No.	S7525875E
Related Vehicle	SHA9971M (Car)	Contact No.	90237073
Hospital/Clinic	SUNSHINE CLINIC FAMILY PRACTICE & SURGERY	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	15/04/2021	Date Discharge	15/04/2021
No. of Days granted Medical Leave	05	Degree of Injury	Slight

**Brief Details.**

On the above mentioned date and time, I was driving on the above mentioned location towards Tuas. I observed that traffic was heavy and as I was driving a car on my front did a emergency brake. To avoid the collision I did emergency break and subsequently felt a vehicle had hit on to my rear. I made a check and realized that a motorcycle had hit on to my rear. We check our vehicle and since there was a accident prior to mine. Aetos officer came to assist. The rider subsequently rode his bike to the road shoulder. I went to Sunshine Clinic Family Practice & Surgery and have gotten 05 days MC. I wish to state that I have in-car camera.

The rider hp number: 97116170



**SINGAPORE  
POLICE FORCE**



T/20210415/2040

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

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Report No. T/20210415/2040

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 Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 15/04/2021 12:21
Officer In Charge Of Case: TP / AEIT / Sgt 3 MUHAMMAD RIZWAN BIN KAMALUDIN Contact No.: 65476185	Classification Of Case:  

Authentication Stamp  
NP168

