

# 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	07/06/2021 11:29 (SGT)
Date of Accident	05/06/2021 13:58 (SGT)
Exact Location of Accident	Yishun Ring Rd & Yishun Ave 9, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB3535Z
-----------------------------	----------

### 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) +65-91789170
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
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	PHUA TAN HOCK
NRIC No	SXXXX548B

Date Of Birth	05/04/1963
Occupation	Outdoor
Date Of Driving Pass	29/01/1992
Driving experience	29 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91789170
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	12 FLORA DRIVE #07-13
Address complement	-
Postcode	506943
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	Raining
Road Surface	Wet

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)	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?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

ON 05/06/21 AT ABOUT 1358HRS, I WAS DRIVING VEHICLE A SHB3535Z ALONG YISHUN RING ROAD. I WAS AT STATIONARY POSITION ON RIGHT LANE AT CONTROLLED JUNCTION OF YISHUN AVENUE 9. SUDDENLY VEHICLE B SJE6713S FROM BEHIND HIT ONTO MY VEHICLE REAR RIGHT. EXCHANGED PARTICULAR AND MY BACKPAIN DUE TO THE IMPACT.

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	SJE6713S
Vehicle Manufacturer	Toyota
Vehicle Model	Axio
Vehicle Variant	-
Vehicle Colour	-

Vehicle Category	Private hire
Name of Driver	NUR SYAHIRAH BINTE ABDUL WAHAB
NRIC No	SXXXX448B
Contact Number	(Phone) +65-88080682
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	2

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	PHUA TAN HOCK
Address	12 FLORA DRIVE #07-13
Address Complement	-
Post Code	506943
Approximate Age Years Old	58
Injuries Sustained	BACK PAIN
Injured person in which vehicle?	SHB3535Z
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

## SKETCH PLAN

### 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. The 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.
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

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

Witnessed by Reporting Centre Personnel

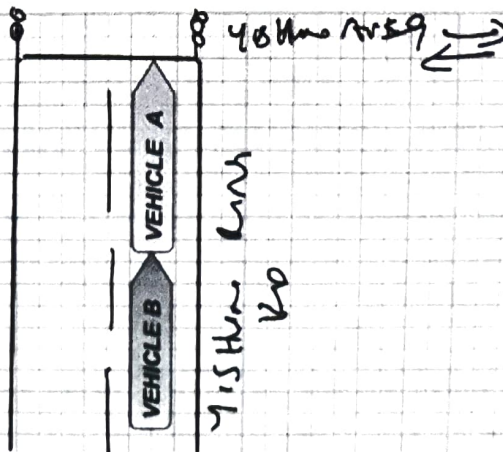
Sketch Plan

**A**

SHB 3535 Z

**B**

SJE 6713 S



Describe Circumstances of the Accident

ON 05/06/21 AT ABOUT 1358HRS I WAS DRIVING VEHICLE A SHB3535Z ALONG YISHUN RING ROAD. I WAS AT STATIONARY POSITION ON RIGHT LANE AT CONTROLLED JUNCTION OF YISHUN AVENUE 9. SUDDENLY VEHICLE B SJE6713S FROM BEHIND HIT ONTO MY VEHICLE REAR RIGHT. EXCHANGED PARTICULAR AND MY BACKPAIN DUE TO THE IMPACT.

Declaration

I/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

05/06/21 / 1520H4M

Dany



**SINGAPORE  
POLICE FORCE**



T/20210605/2078

1 of 3

Police Station Of Origin:  
Pasir Ris N.P.C  
1 Pasir Ris Drive 4 #01-01 SINGAPORE  
519457  
Tel No: 1800-5852999

Report No. T/20210605/2078

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 05/06/2021 19:50	Vide Report No.:	Station Diary No.: 70
--	------------------	--------------------------

**Informant's Particulars**

Name of Informant: PHUA TAN HOCK			Address: 12 FLORA DRIVE #07-13 SINGAPORE 506943	
ID Type / ID No.: NRIC NO / S1597548B			Contact No.: Home/Office:	Mobile: 91789170
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 58	Date of Birth: 05/04/1963	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: 05/06/2021 14:00	Type of Location: T-Junction
Location:  YISHUN RING ROAD				
Weather: Drizzling		Road Surface: Wet		Road Speed Limit:
Traffic Flow:		Traffic Control: Traffic Light - Working		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
SHB3535Z	Car	TOYOTA	PRIUS	Yellow		0
SJE6713S	Car	TOYOTA		Gold		1

**Details of Person Involved**

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



**SINGAPORE  
POLICE FORCE**



T/20210605/2078

2 of 3

Police Station Of Origin:

Pasir Ris N.P.C

1 Pasir Ris Drive 4 #01-01 SINGAPORE

519457

Tel No: 1800-5852999

Report No. T/20210605/2078

**CONTINUATION OF REPORT**

<b>Driver</b>			
Name	PHUA TAN HOCK	ID No.	S1597548B
Related Vehicle	SHB3535Z (Car)	Contact No.	91789170
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	05/06/2021	Date Discharge	05/06/2021
No. of Days granted Medical Leave	03	Degree of Injury	NIL
<b>Driver</b>			
Name	NUR SYAHIRAH BINTE ABDUL WAHAB	ID No.	S9224448B
Related Vehicle	SJE6713S (Car)	Contact No.	88080682
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

**Brief Details.**

On 05/06/2021 at about 1400hrs, I had brought my vehicle (Yellow Toyota Prius taxi bearing registration plate number SHB3535Z) to a slow stop on Lane 1 along Yishun Ring Road (before the T-junction of Yishun Ring Road and Yishun Avenue 9) due to the red traffic light. When my vehicle stopped, I felt a sudden impact coming from the rear of my vehicle. Due to the impact, I felt discomfort in my body.

After the accident occurred, I alighted from my vehicle and discovered that another vehicle (Gold Toyota bearing license plate SJE6713S) had hit onto the rear of my taxi. I felt discomfort from the impact but the other driver and her passenger did not inform me of any injuries. We exchanged particulars and took pictures of the scene before driving off.

I noticed a white line mark at the center of my taxi's rear bumper. There was no visible damage to the gold Toyota.

I wish to add that I felt increasing discomfort after the accident and as such, went to Changi General Hospital to check on my injuries. I am lodging this report as I was given 3 days MC.

There are front-facing and rear-facing in-vehicle cameras installed in my taxi.



**SINGAPORE  
POLICE FORCE**



T/20210605/2078

3 of 3

Report No. T/20210605/2078

Police Station Of Origin:  
Pasir Ris N.P.C  
1 Pasir Ris Drive 4 #01-01 SINGAPORE  
519457  
Tel No: 1800-5852999

**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 3 CHAN XIANG DA

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

05/06/2021 19:50

Officer In Charge Of Case:

TP / AEIT /

SI ANG YI TING, STEPHANIE

Contact No.: 65476414

Classification Of Case:

Authentication Stamp

NP168



SINGAPORE  
POLICE FORCE

SIGNATURE