

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 Report	05/08/2019 18:06
Date Of Accident	05/08/2019 09:10
Exact Location Of Accident	BUKIT BATOK EAST AVENUE 6 INFRONT BLK 152
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC656Y
Insured/Policyholder	
Name Of Registered Owner	CITYCAB PTE LTD
Co Reg No	199502839G
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-65508768

Vehicle Particulars

Manufacturer	HYUNDAI
Model	I40-1.7 D CRDI (A)
Exact Purpose for which vehicle was being used at time of accident	
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	TAXI

Insurance Company

Name of Insurance Company	MS FIRST CAPITAL INSURANCE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	D-18088937MFSH
Cover Note Number	

Driver

Name of Driver	LENG HUA CHE
NRIC No	
Date Of Birth	12/04/1955
Occupation	OUTDOOR
Date Of Driving Pass	08/10/1977
Driving Experience	41 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94886889
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address [REDACTED]
 Postcode [REDACTED]
 Was driver an employee of the Insured's Company NO
 If No, Relationship of the Driver with the Insured OTHER - HIRER
 Vehicle Registration Number of Driver's Own Vehicle -
 -
 -
 Insurance Company of Driver's Own Vehicle -
 -
 -

General Information of the Accident

Type Of Accident COLLIDED INTO MOTORCYCLIST
 Weather Conditions CLEAR
 Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO
 Number of vehicles (including own vehicle) involved in the accident 2
 Was any body injured in the Accident? YES
 Was any injured conveyed to hospital by ambulance? YES
 Was any other material or property damaged? YES
 I have been approached by unknown person(s) soliciting/offering accident claims assistance. NO
 Number of Passengers (Including Driver) 2
 Passenger 1
 NAME: : UNKNOWN
 GENDER: : MALE

Details of Police Action

Was the accident reported to the police? YES
 If Yes, Please state which Police Station
 Police Station Name MOULMEIN NEIGHBOURHOOD POLICE POST
 Police Station Address ROAD: BLK 101 JALAN RAJAH , POSTCODE: 320101 , COUNTRY: SINGAPORE
 Police Station Contact TEL NO: 1800-2508999 - FAX NO: 63554312
 Was notice of intended Prosecution given? NO
 If Yes, against whom?

Circumstances of Accident

REFER TO ATTACHMENT

Attachment(s)

Are accident photos available for attachment? YES
 Was there any video captured by Car Camera? YES
 Remarks/ Reasons: SD CARD WITH IO
 Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number FBH6966H
 Vehicle Make/Model/Colour
 Details Of Properties
 Vehicle Category MOTORCYCLE
 Name of Driver
 NRIC/Passport Number

Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	UNKNOWN MOTORCYCLIST
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	FBH6966H
Were seat belts worn?	NO
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

SKETCH PLAN

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7. By the lodgment 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.
- (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, investigating, 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.

Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time: 5-8-19

Reporting Centre Personnel's Signature
Name: VADI
NRIC/FIN No.:

SKETCH PLAN

A - 8H1C6567
B - FBH6966H

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER POLICE REPORT - T/20190805/2051

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:

Reporting Centre Personnel's Signature
Name: VAO1.
NRIC/FIN No.:

GIARMC SketchPlanForm_V3

17:30
5/8/19

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POLICE REPORT Pg. 1



**SINGAPORE
POLICE FORCE**



T/20190805/2051

Police Station Of Origin:
Moulmein NPP
101 Jalan Rajah #01-01 SINGAPORE
321101
Tel No: 1800-25089999

1 of 3
Report No. T/20190805/2051

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 05/08/2019 13:16		Vide Report No.: J/20190805/0045		Station Diary No.: 14	
Informant's Particulars					
Name of Informant: LENG HUA CHE			Address: [REDACTED]		
ID Type / ID No.: [REDACTED]			Contact No.: Home/Office: [REDACTED] Mobile: [REDACTED]		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 64	Date of Birth: 12/04/1955	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 Attended by Police	Drink Drive: No	Date/Time of Accident: 05/08/2019 09:10	Type of Location: Straight Road
Location: Along Road 1 Traveling Toward Road 2 BUKIT BATOK WEST AVENUE 6 BUKIT BATOK EAST AVENUE 6 In front of Blk 152 Bukit Batok Street 11 before junction with Bukit Batok East Avenue 8				
Weather:		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved						
Vehicle No	Type	Make	Model	Color	Condition	No of Passenger
FBH6966H	Scooter	PIAGGIO	VESPA GTS SUPER/SUPERSPORT 300 E4	Grey	Slightly Damaged	0
SHC656Y	Car	HYUNDAI	I40 1.7L CRDI AT ABS AIRBAG 4DR	Yellow	Slightly Damaged	1



**SINGAPORE
POLICE FORCE**



T/20190805/2051

Police Station Of Origin:
Moulmein NPP
101 Jalan Rajah #01-01 SINGAPORE
321101
Tel No: 1800-25089999

2 of 3

Report No. T/20190805/2051

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	LENG HUA CHE	ID No.	[REDACTED]
Related Vehicle	SHC656Y (Car)	Contact No.	[REDACTED]
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

Brief Details.

On 5/8/2019 at about 0910hrs, I was driving my Citycab bearing registration SHC656Y along Bukit Batok West Avenue 6 towards Bukit Batok East Avenue 6 on the left lane. My passenger had then directed me to make a U-turn along the said road. Hence, I wanted to filter to the right lane. I switched on my right signal light, checked my rear-mirror as well as my right blindspot. When I observed that there was no traffic, I steered to the right. That was when I felt an impact on the right front side of my vehicle.

My taxi had collided into a scooter bearing registration FBH6966H. The rider was a male Malay (HP: 97964884). I stopped and alighted to assist the rider. A bystander had called for ambulance. The rider was subsequently conveyed to hospital.

I was not injured. The right side of my taxi's front bumper sustained damage.

The memory card from my in-car camera was seized by TP.

**SINGAPORE
POLICE FORCE**

T/20190805/2051

3 of 3

Police Station Of Origin:
Moulmein NPP
101 Jalan Rajah #01-01 SINGAPORE
321101
Tel No: 1800-25089999

Report No. T/20190805/2051

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:

E /

Sgt 3 HUANG JINGWEN

Signature Of Informant:

Signature Of Interpreter:
Not applicableDate/Time:
05/08/2019 13:16Officer In Charge Of Case:
TP / GIT /
Insp TAN CHIN YONG
Contact No.: 65476178

Classification Of Case:

SINGAPORE
POLICE FORCE

SN 080

Authentication Stamp
NP168

SIGNATURE



SINGAPORE POLICE FORCE

ACKNOWLEDGEMENT SLIP

Ref: Report No: J/20190805/0045

I, T150141 Fadhil
(Recipient's Name, Contact No. / NRIC or Passport No. / Rank and No.)

of TP
(Address / Police Station / NPC / NPP)

hereby acknowledge receipt of the below mentioned items of:

- 1 Transcend microsdcard 64gb.
- 2 _____
- 3 _____
- 4 _____
- 5 _____
- 6 _____
- 7 _____
- 8 _____
- 9 _____
- 10 _____

from S2506199C Leng Hua Che
(Name, NRIC or Passport No. / Rank and No.)

of 934 Jurong West St 91 #11-329 S(640934)
(Address / Police Station / NPC / NPP)

on 5/8/19 at 0942hrs
(Date) (Time)

Witnessed by./ * Handed over by:
(* Delete if applicable)

Received by:

[Signature]
(Signature)
S2056199C
(Name, NRIC or Passport No. / Rank and No.)

[Signature]
(Signature)
T150141 Fadhil
(Name, Contact No. / NRIC or Passport No. / Rank and No.)

Other Remarks: 10 Tan Chin Yong 65476178

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

