

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	24/07/2021 11:04 (SGT)
Date of Accident	23/07/2021 16:15 (SGT)
Exact Location of Accident	Tuas Rd, Singapore
Additional Location Information	TOWARDS PIE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB2293C
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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) +65-81884853
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	No
Policy Number	VFX/P2419140
Cover Note Number	-

DRIVER

Name of Driver	LAM YEW SIONG
NRIC No	S1429415E

Date Of Birth	12/08/1960
Occupation	Outdoor
Date Of Driving Pass	21/10/1981
Driving experience	39 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-81884853
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLK 625 BUKIT BATOK CENTRAL #03-618
Address complement	-
Postcode	650625
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 - Major/Minor Rd
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 vehicle 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	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

ON 23072021 AT ABOUT 1615 HOURS,I WAS DRIVING VEHICLE A (SHB2293C) ALONG TUAS ROAD GOING STRAIGHT TOWARDS PIE ON LANE 3 WHEN SUDDENLY VEHICLE B (XD3564T) HIT THE MIDDLE OF VEHICLE A BETWEEN THE TWO LEFT DOORS. VEHICLE B HAS CROSSED THE DOUBLE WHITE LINE WHEN IT IS MAKING THE LANE CHANGE. THE IMPACT CAUSED THE SIDE AIRBAG TO BE DEPLOYED. VEHICLE A DRIVER SUFFERED, NECK, BACK AND CHEST PAIN. PASSENGER WAS UNHURT.

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	XD3964T
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	LAM YEW SIONG
Address	BLK 625 BUKIT BATOK CENTRAL #03-618
Address Complement	-
Post Code	650625
Approximate Age Years Old	60
Injuries Sustained	NECK, BACK, STOMACH AND CHEST PAIN - 5 DAY MC
Injured person in which vehicle?	SHB2293C
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN**IMPORTANT NOTICE**

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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) 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")

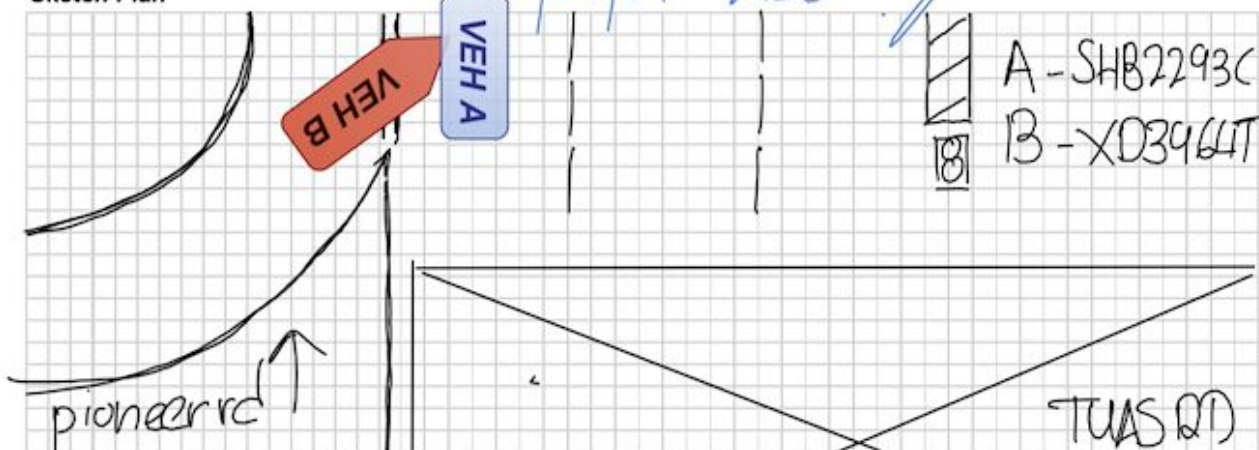
(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

(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

Describe Circumstances of the Accident

ON 23072021 AT ABOUT 1615 HOURS,I WAS DRIVING VEHICLE A (SHB2293C) ALONG TUAS ROAD GOING STRAIGHT TOWARDS PIE ON LANE 3 WHEN SUDDENLY VEHICLE B (XD3564T) HIT THE MIDDLE OF VEHICLE A BETWEEN THE TWO LEFT DOORS. VEHICLE B HAS CROSSED THE DOUBLE WHITE LINE WHEN IT IS MAKING THR LANE CHANGE. THE IMPACT CAUSED THE SIDE AIRBAG TO BE DEPLOYED. VEHICLE A DRIVER SUFFERED, NECK, BACK AMD CHEST PAIN. PASSENGER WAS UNHURT.

Declaration

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

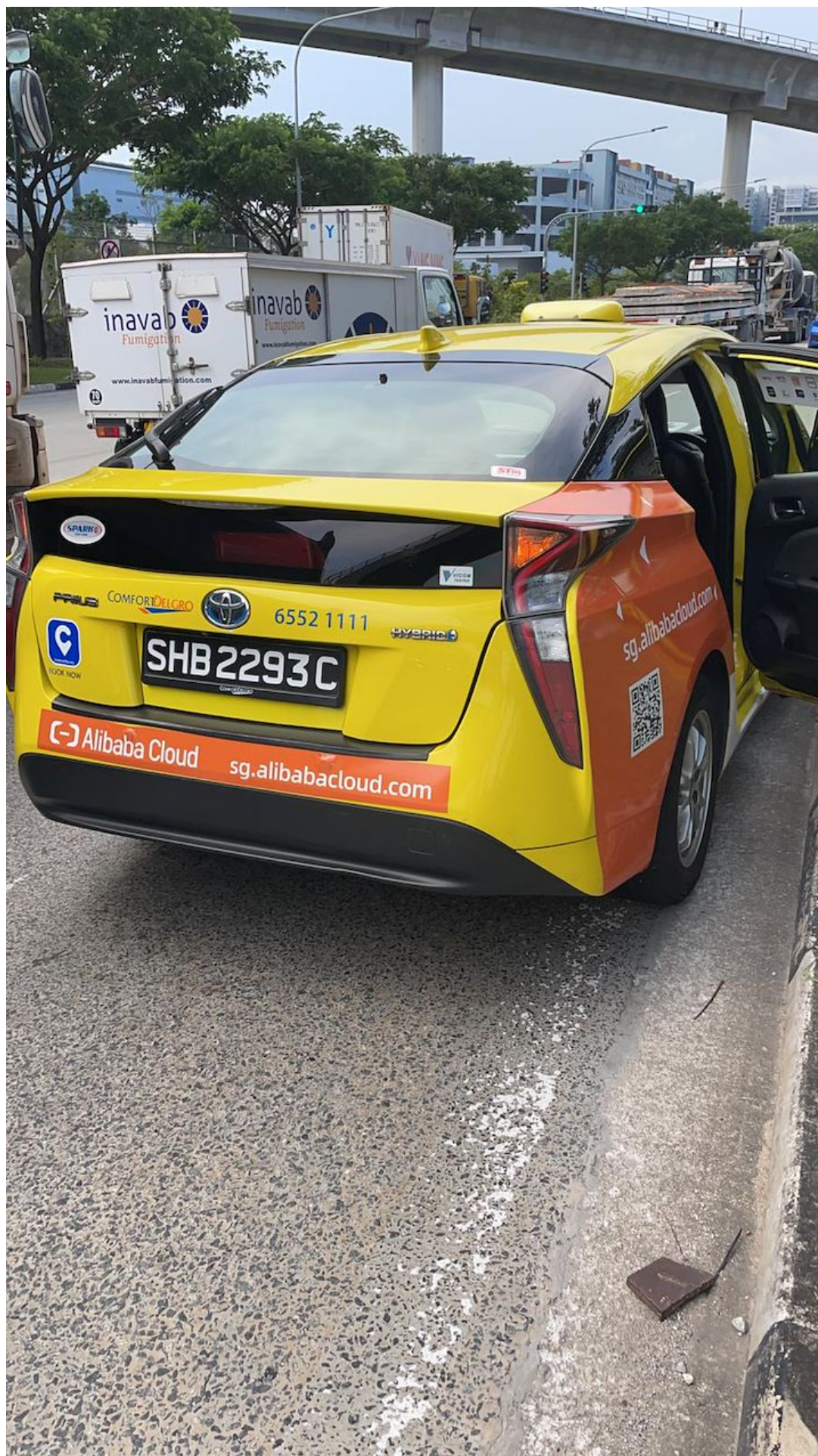
Policyholder's Signature / Date &
Time

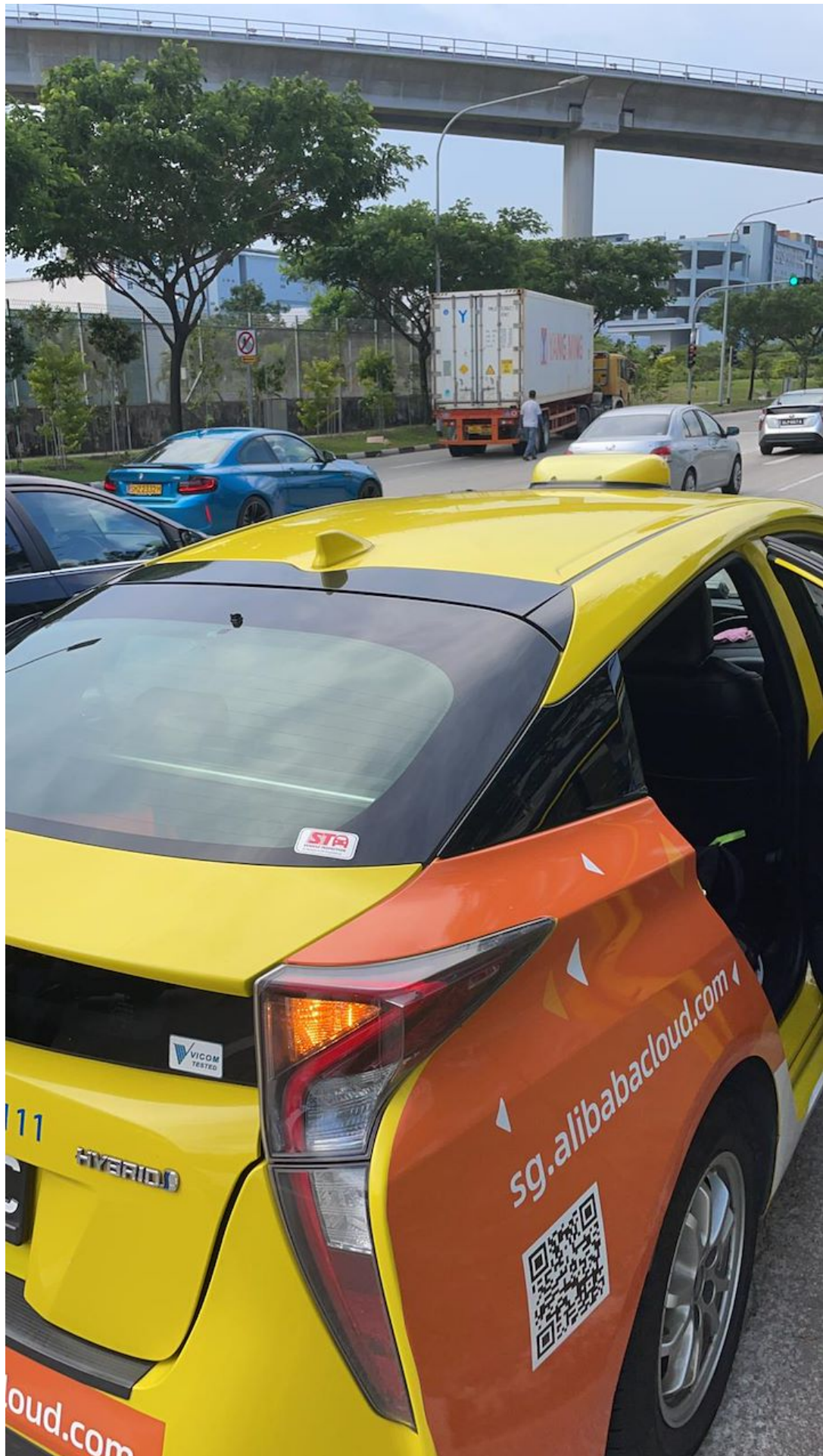
Driver's Signature (If driver is not the policyholder) / Date
& Time

Witnessed by Reporting Centre
Personnel

7/9















**SINGAPORE
POLICE FORCE**



T/20210724/2018

1 of 3

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

Report No. T/20210724/2018

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 24/07/2021 10:42	Vide Report No.:	Station Diary No.: 65
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Informant's Particulars

Name of Informant: LAM YEW SIONG			Address: APT BLK 625 BUKIT BATOK CENTRAL #03-618 SINGAPORE 650625		
ID Type / ID No.: NRIC NO / S1429415E			Contact No.: Home/Office: Mobile: 81884853		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 60	Date of Birth: 12/08/1960	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: 23/07/2021 16:15	Type of Location: Straight Road
Location: TUAS ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control: Not Controlled		Traffic Volume: Moderate
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
SHB2293C	Car				Seriously Damaged	1
XD3964T	Lorry					0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20210724/2018

2 of 3

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

Report No. T/20210724/2018

CONTINUATION OF REPORT

Driver			
Name	LAM YEW SIONG	ID No.	S1429415E
Related Vehicle	SHB2293C (Car)	Contact No.	81884853
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	23/07/2021	Date Discharge	23/07/2021
No. of Days granted Medical Leave	05	Degree of Injury	Serious

Brief Details.

On 23/07/2021 at about 1615hrs, I was driving along Tuas Rd towards PIE on the most left lane. After driving pass the traffic junction of Pioneer Rd, a trailer suddenly drove out from the slip road. I noticed he had crossed the double white lines and cut into my lane. I tried avoiding it however I was unable to and the trailer graced onto the left side of my taxi. Afterwards, I called for Ambulance as I felt pain on my stomach area and was conveyed to Ng Teng Fong Hospital. I was then given 5 days of MC.

My passenger namely; Sujith HP: 92320643 told me that he can be my witness and he was not injured.

I wish to state that I did not managed to get the other driver's particulars.



**SINGAPORE
POLICE FORCE**



T/20210724/2018

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Report No. T/20210724/2018

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

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 2 CHEW WEI XIANG

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

Sgt 2 PHUA TIAK YEE

Contact No.: 65472077

Authentication Stamp

NP168

Signature Of Informant:

Date/Time:

24/07/2021 10:42

Classification Of Case:



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
 6 Raffles Quay #18-00 Singapore 048580
 Tel (65) 6224 0010 Fax (65) 6224 0010
 Operating Hours: Monday to Friday, 09:00 – 17:00
 UEN: S4600006 / S41 Reg. No.: M40017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : SJ0421700003 Vehicle Registration No: SHB2293C
 Name (as shown in NRIC) : CityCab Pte Ltd NRIC/FIN/Passport No : 1XXXXX839G
 (* Vehicle Driver / Vehicle Owner) (* Please delete as appropriate)
 Address : _____ Singapore ()
 Contact (Tel) : _____ Mobile No. : _____
 Email Address : _____
 Date of Accident : 23/07/2021 Time of Accident : 16:15
 Place of Accident : Tuas Rd, Singapore
 Insurance Company : AXA Insurance Singapore Pte Ltd

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

- Attach Police Report


 Policyholder / Driver's Signature _____
 Date: _____

SURIA
 Reporting Centre Personnel's Signature
 Name: suria
 NRIC/FIN No.: _____
 Date: 24/07/2021

FORM 101 (2019-2020) (Rev. 1)