

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	04/08/2021 16:08 (SGT)
Date of Accident	02/08/2021 23:35 (SGT)
Exact Location of Accident	Havelock Rd, Singapore
Additional Location Information	TOWARDS GANGES AVE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC504C
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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) +65-92399340
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	WOO CHONG MENG
NRIC No	S1302243G

Date Of Birth	28/09/1958
Occupation	Outdoor
Date Of Driving Pass	21/05/1980
Driving experience	41 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-92399340
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	APT BLK 224A COMPASSVALE WALK #06-613
Address complement	-
Postcode	541224
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?	Yes
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	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Sengkang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18003438999
Alt. Police Station Phone No	(Fax) +65-63438939
Police Station Address	2 Sengkang Square #01-02
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT T/20210803/2037

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	SLQ336A
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Vehicle Manufacturer	Porsche
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	White
Vehicle Category	Private car
Name of Driver	MS LOW
Contact Number	(Phone) +65-96904383
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	PASSENGER
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	PAIN ON HER SHOULDER
Injured person in which vehicle?	SHC504C
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	Yes

INJURED 2

Name of injured person	WOO CHONG MENG
Gender	Male
Phone No	(Phone) +65-92399340
Address	APT BLK 224A COMPASSVALE WALK #06-613
Address Complement	-
Post Code	541224
Approximate Age Years Old	62
Injuries Sustained	KNEE PAIN AND APPLIED SOME OINTMENT
Injured person in which vehicle?	SHC504C
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

WITNESS DETAILS

WITNESS 1

Name	UNKNOWN
Phone	-
Email	-

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")

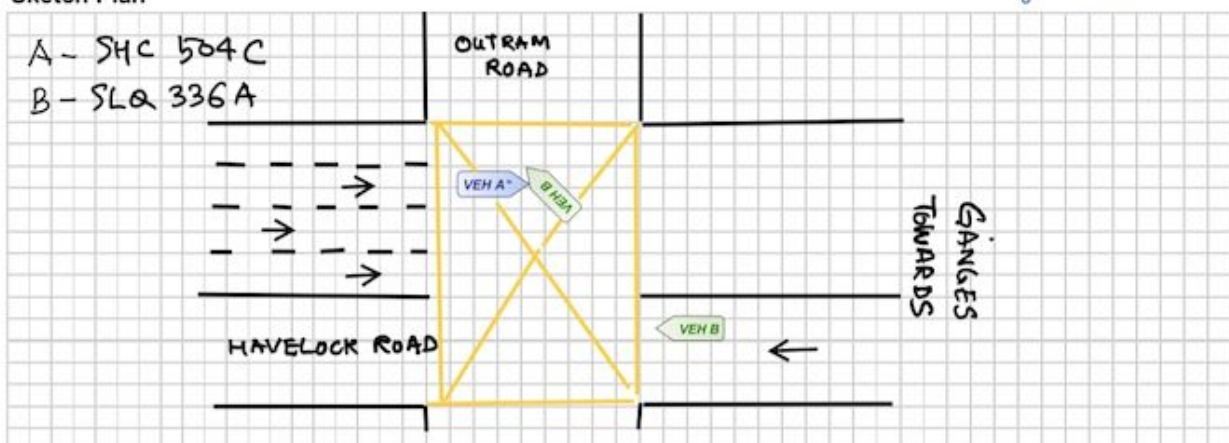
(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

(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 **03-08-2021 1630 HRS**

Witnessed by Reporting Centre Personnel **Kym Yung**

Sketch Plan

Describe Circumstances of the Accident

REFER TO POLICE REPORT
T/20210803/2037

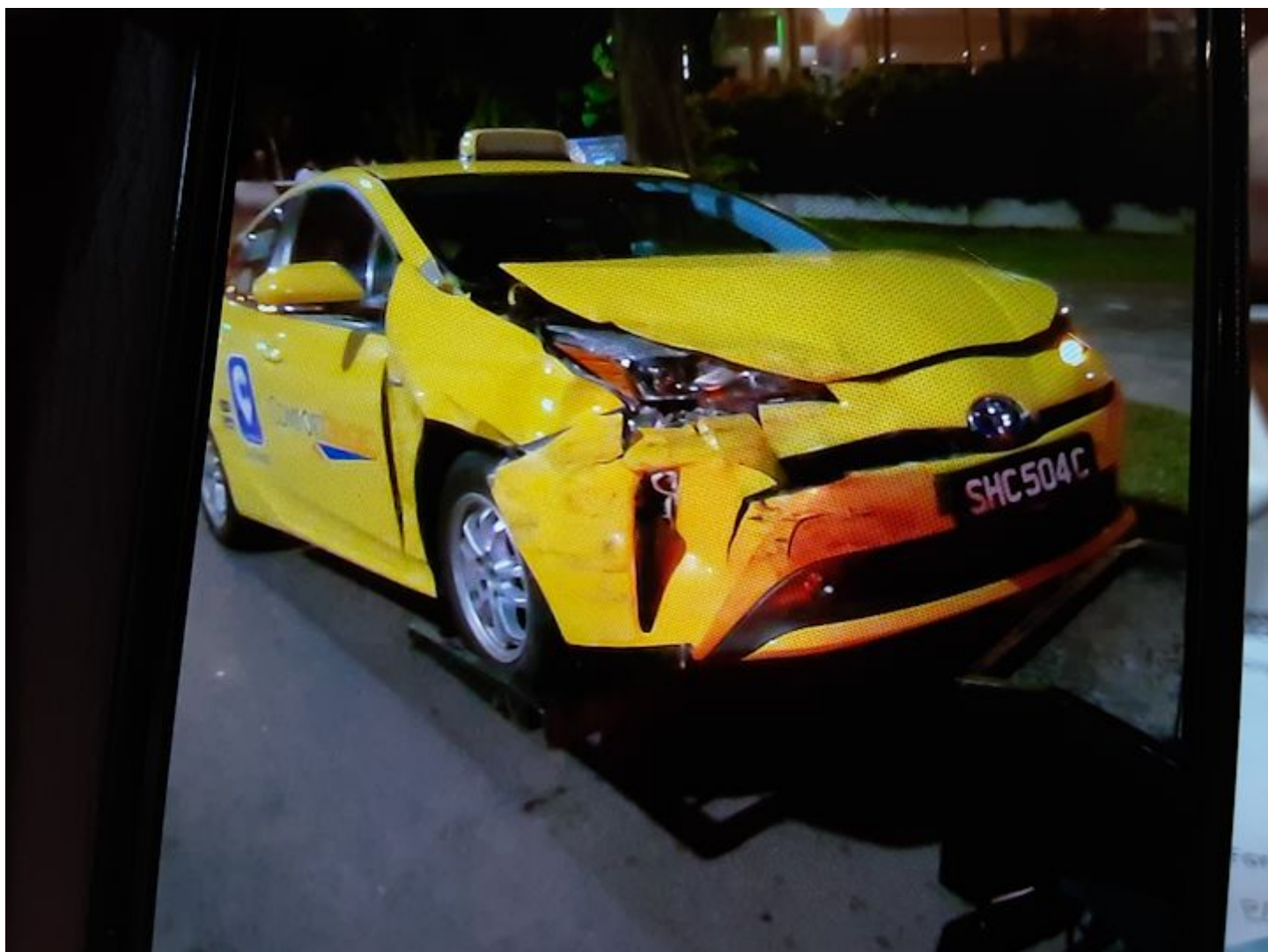
Declaration

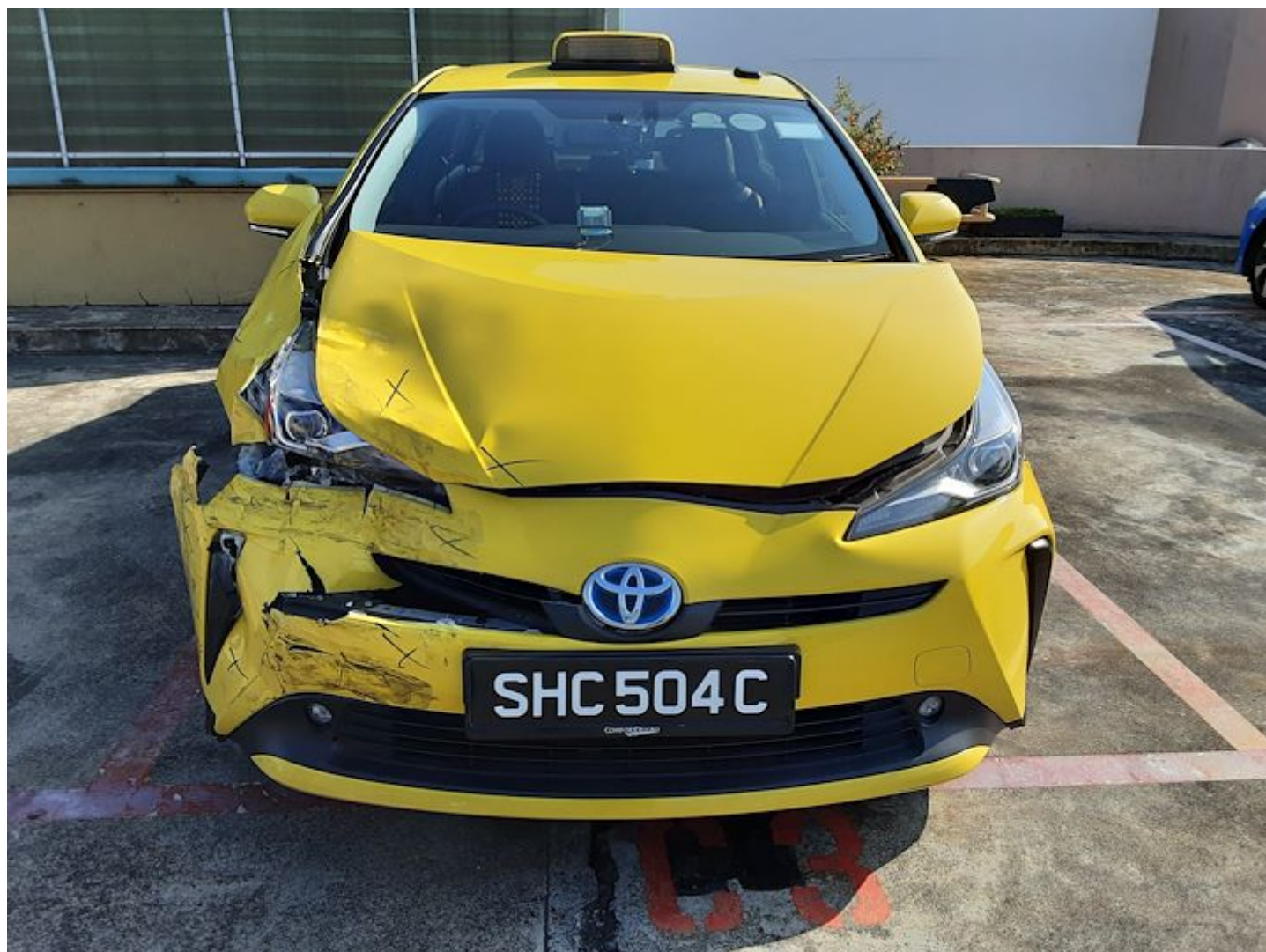
I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date &
Time

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

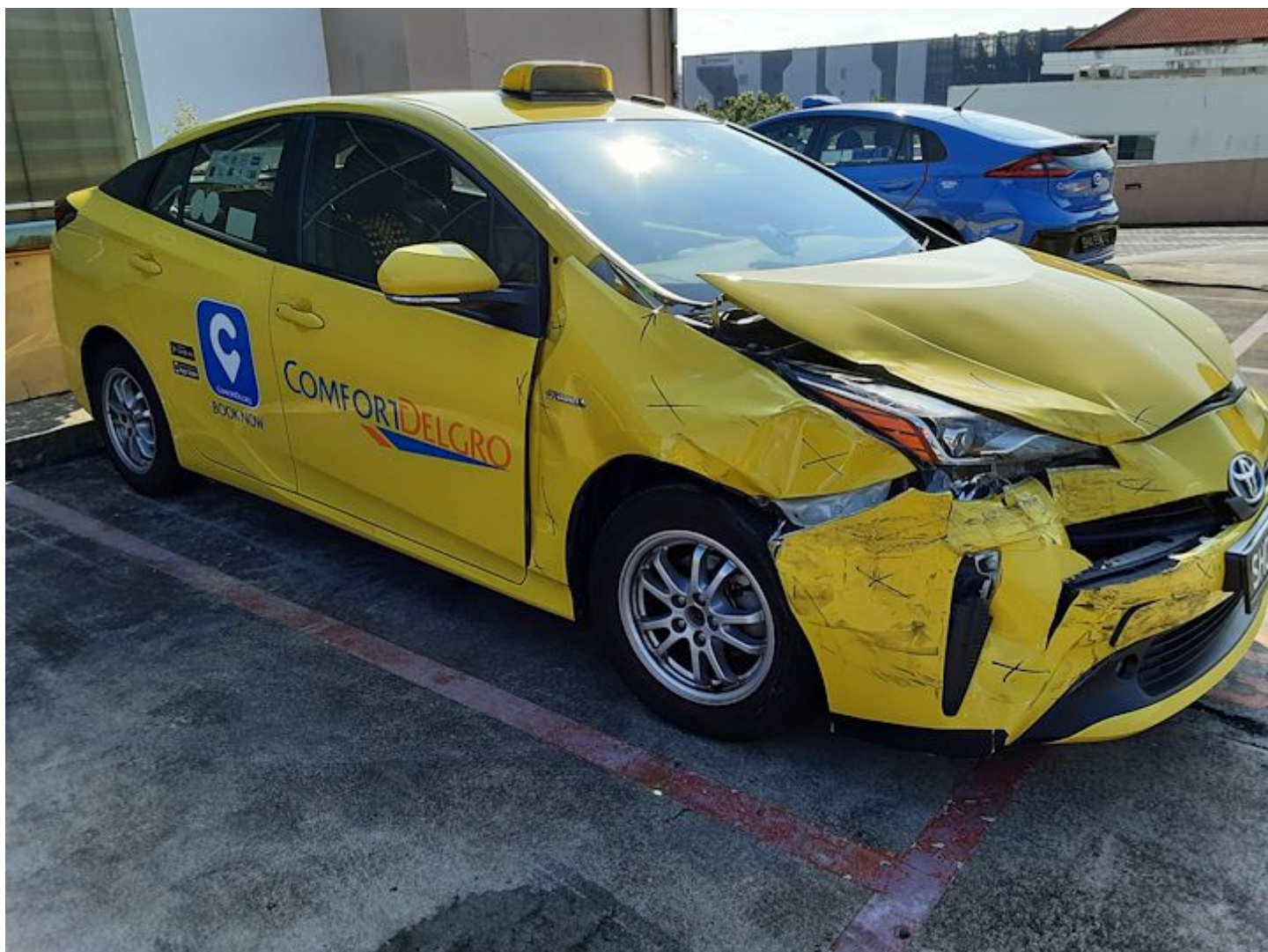
Witnessed by Reporting Centre
Personnel

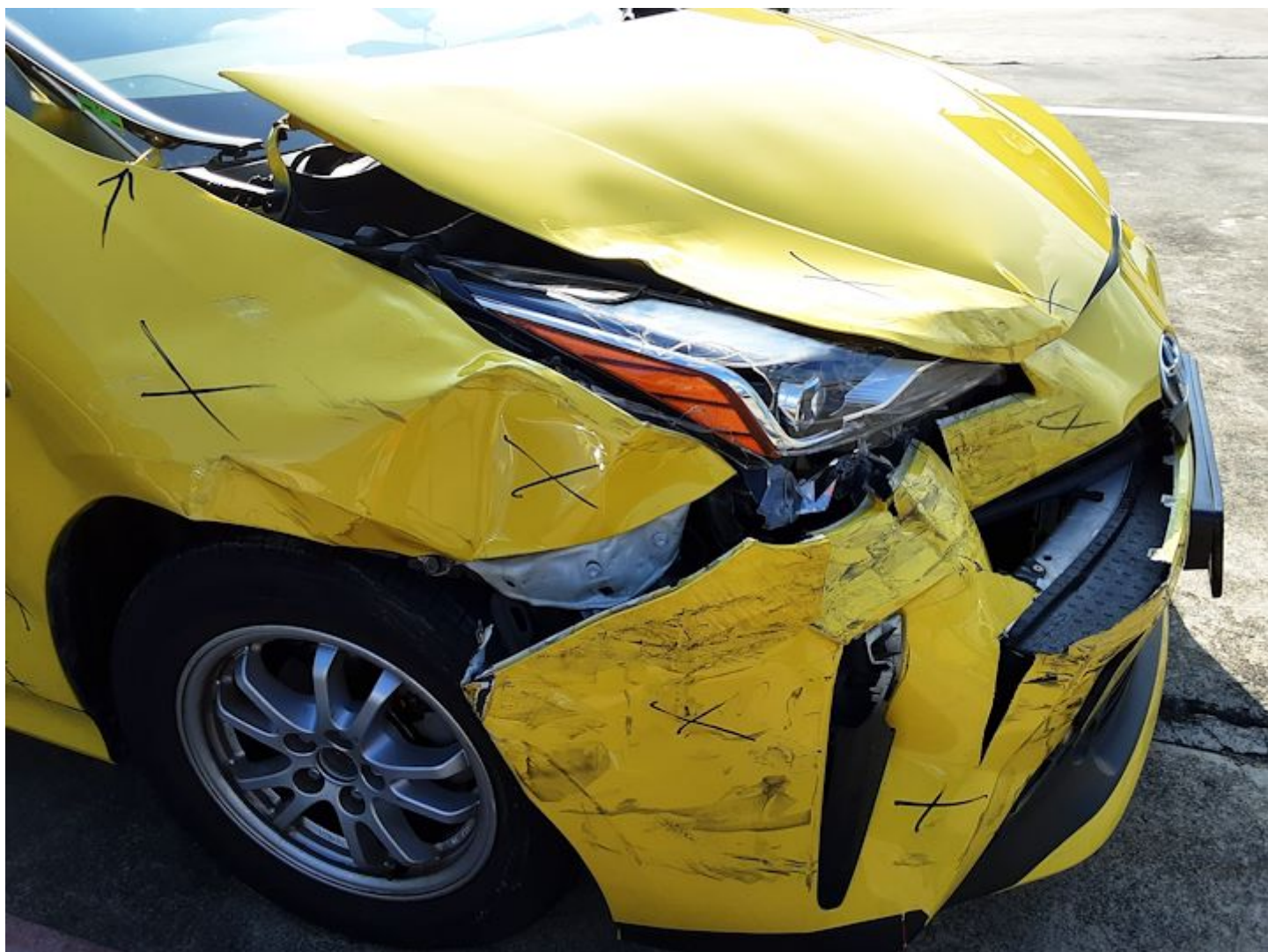


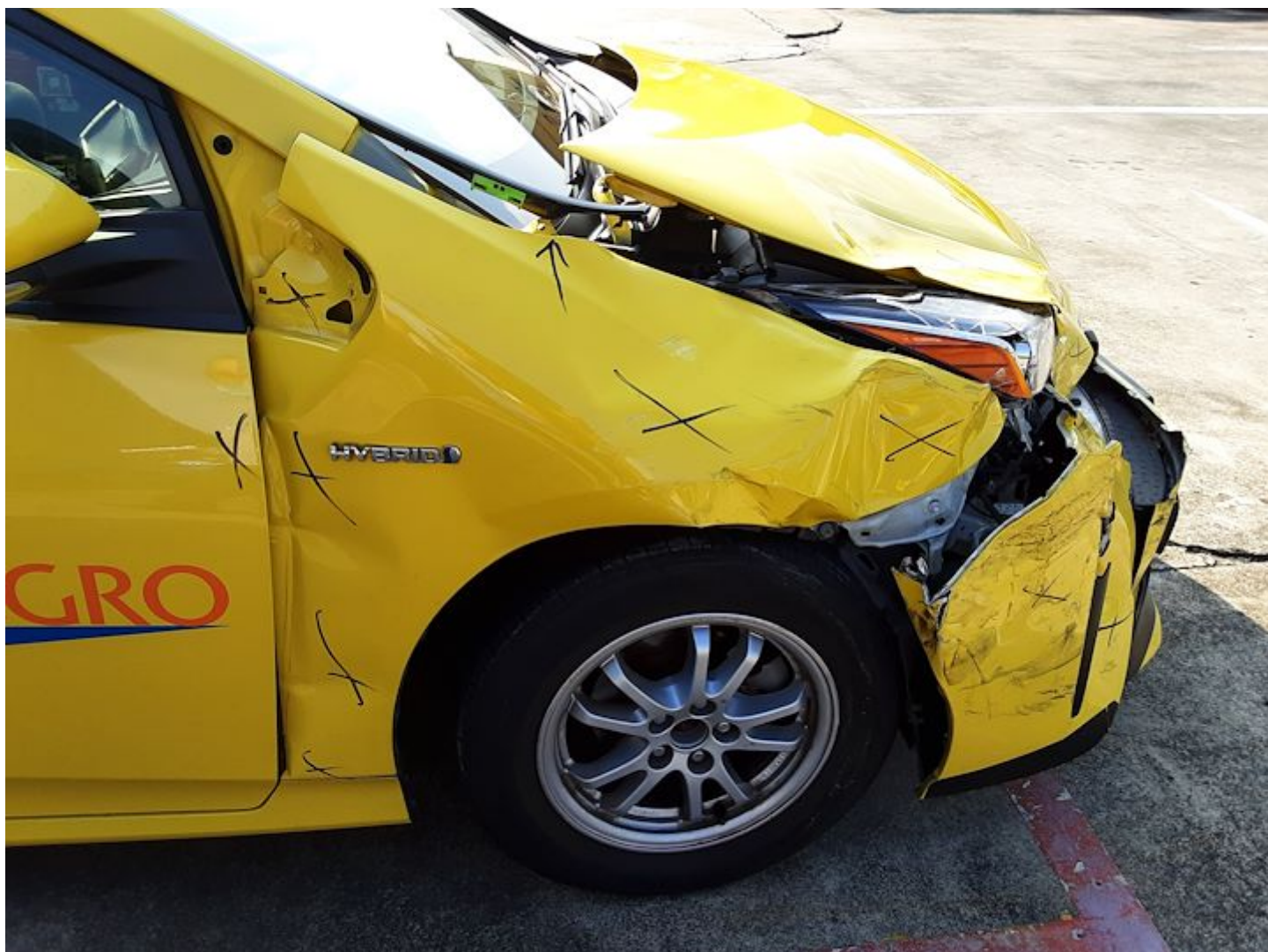


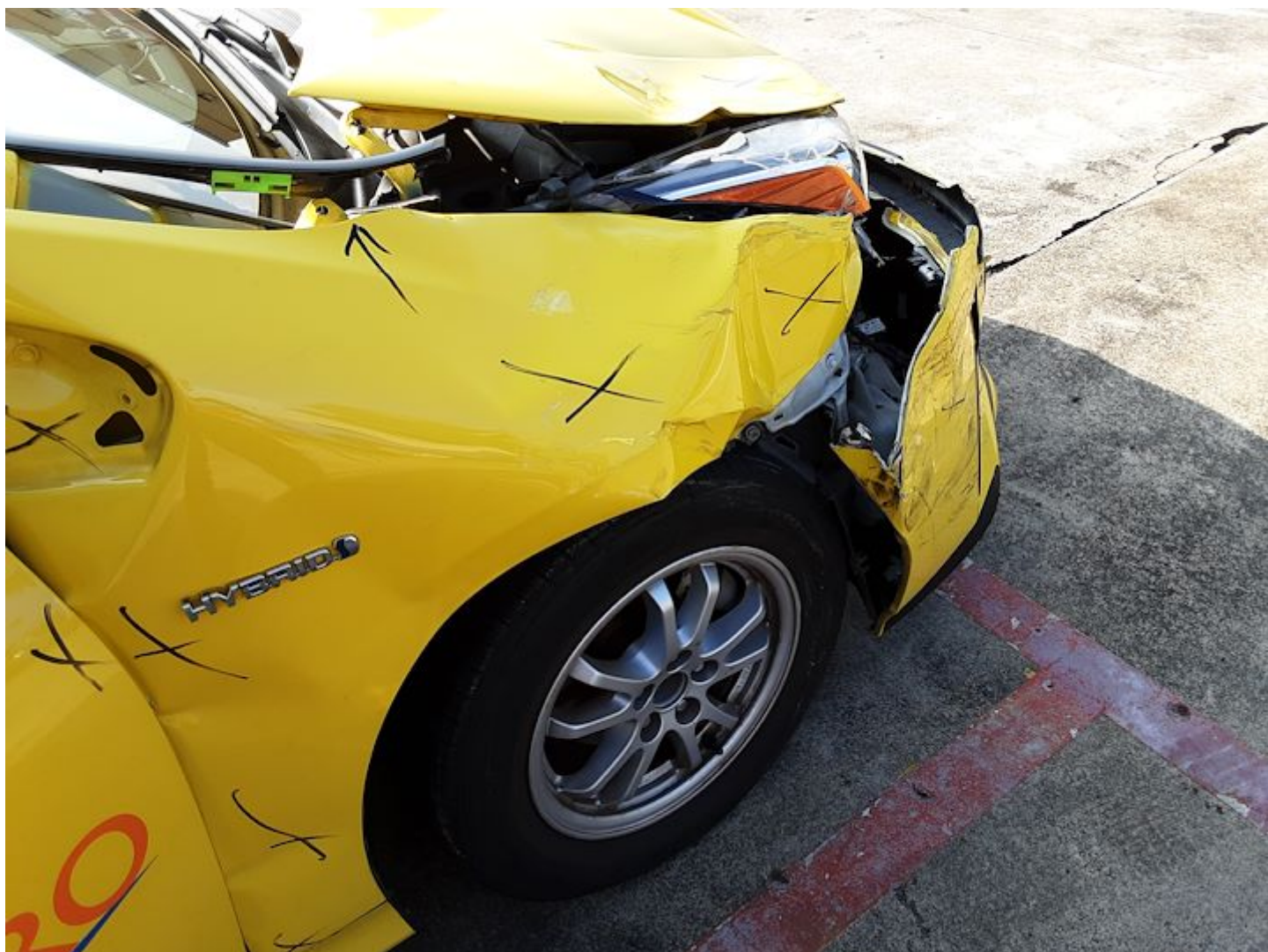


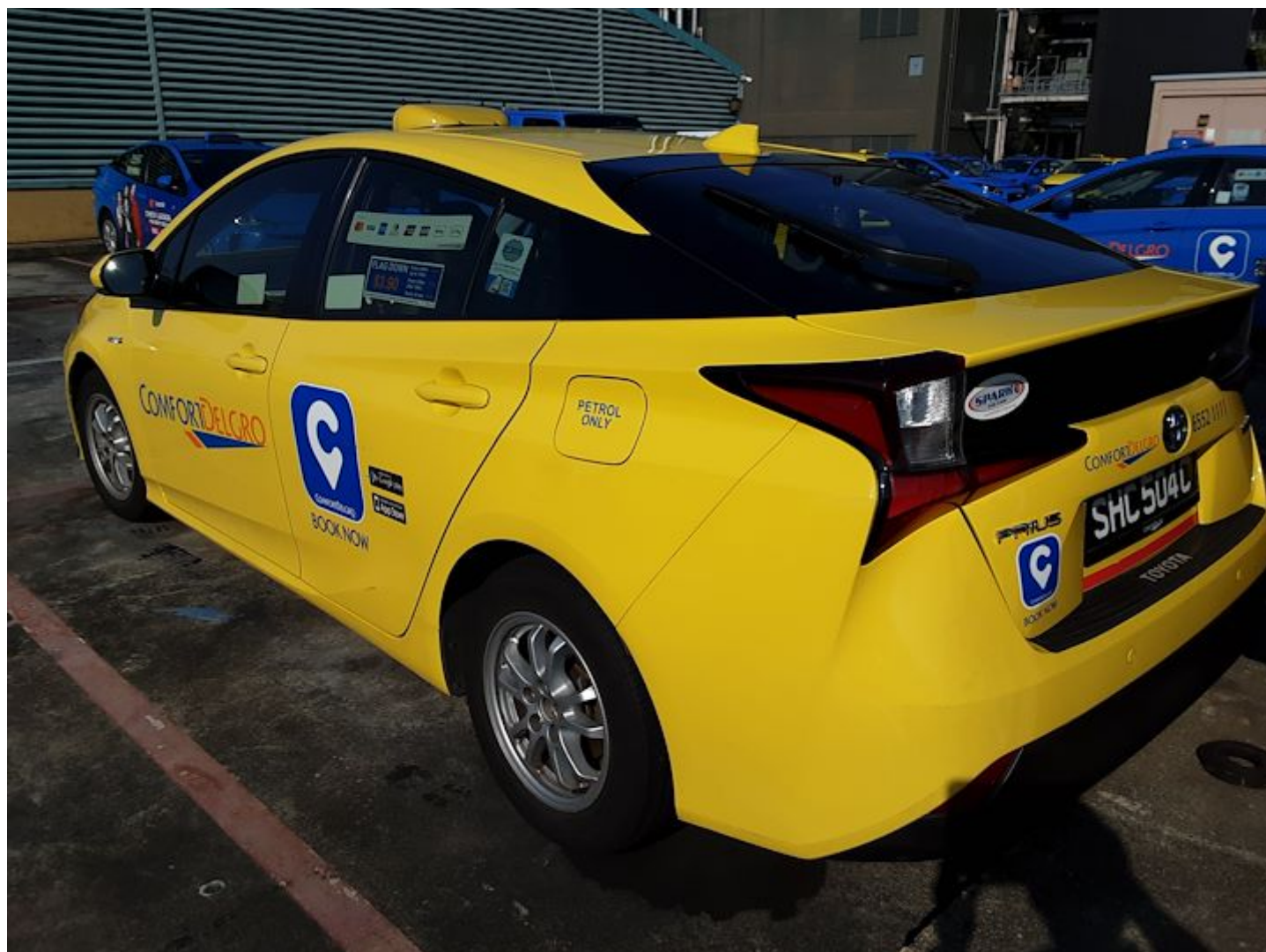




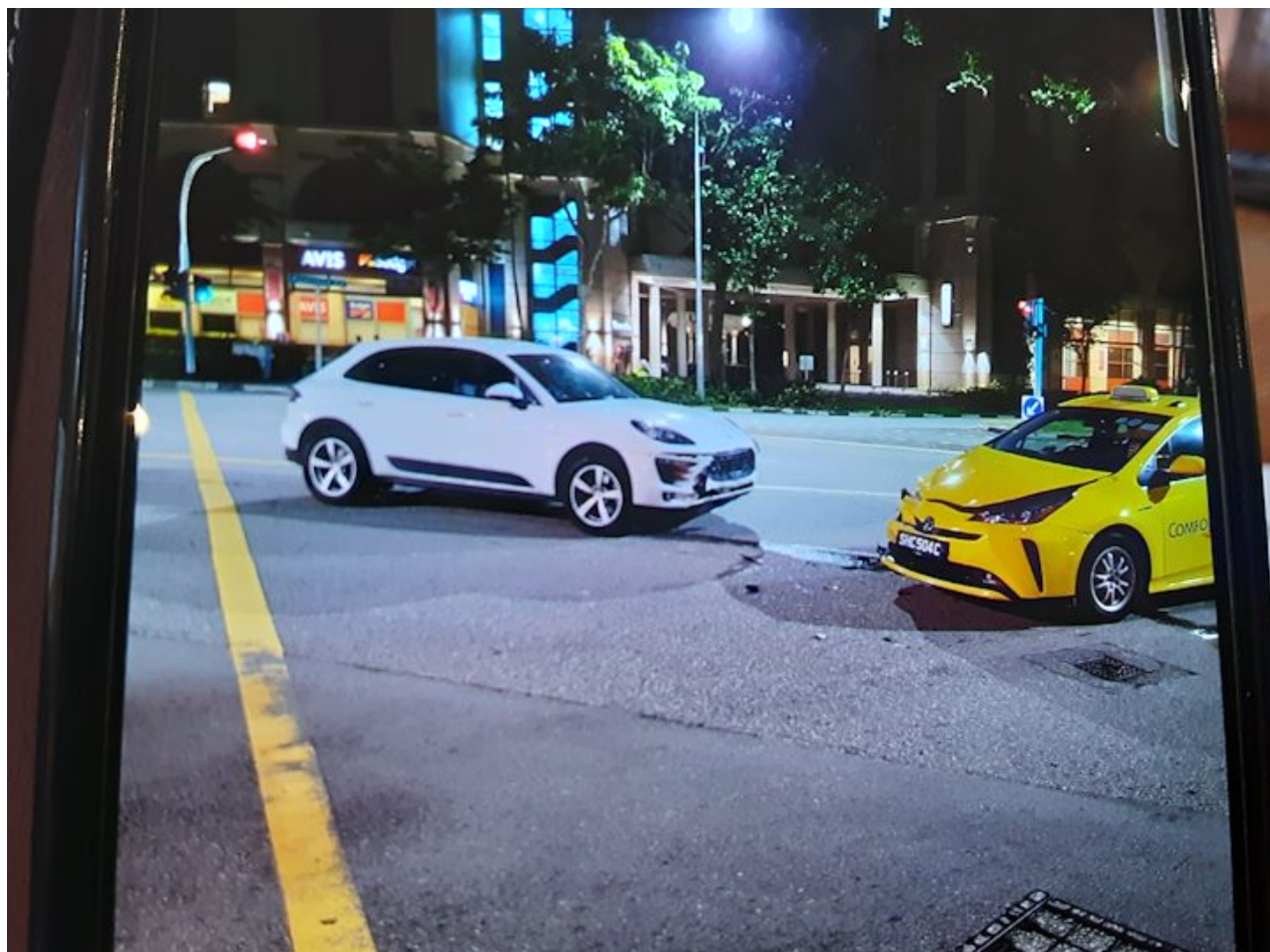




















**SINGAPORE
POLICE FORCE**



T/20210803/2037

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

1 of 3

Report No. T/20210803/2037

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 03/08/2021 14:15		Vide Report No.: A/20210802/0142	Station Diary No.: 16
Informant's Particulars			
Name of Informant: WOO CHONG MENG		Address: APT BLK 224A COMPASSVALE WALK #06-613 SINGAPORE 541224	
ID Type / ID No.: NRIC NO / S1302243G		Contact No.: Home/Office: Mobile: 92399340	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 62	Date of Birth: 28/09/1958	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: Taxi driver		Driving Licence Information: Class: 2B,3 Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 02/08/2021 23:35	Type of Location: X-Junction
Location: HAVELOCK ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHC504C	Taxi					1
SLQ336A	Car					0

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



**SINGAPORE
POLICE FORCE**



T/20210803/2037

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

2 of 3

Report No. T/20210803/2037

CONTINUATION OF REPORT

Driver			
Name	WOO CHONG MENG	ID No.	S1302243G
Related Vehicle	NIL	Contact No.	92399340
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

I am Woo Chong Meng, NRIC S1302243G, DOB 28/09/1958 residing at Block 224A Compassvale Walk #06-613 Singapore 541224. Contact number 92399340.

On 02/08/2021 at about 2335hrs, I was driving my taxi bearing the registration number SHC504C (V1) along Havelock Road towards Ganges Ave. I had a female passenger seated in the rear passenger seat at that point in time and she had took the ride via a booking and I do not have any of her details.

I wish to inform that I was on third lane of the 4 lane road. I wish to inform that the traffic light was showing green only, as such I procced ahead. After crossing the stop line, I saw another vehicle (V2), white in color, coming from the oncoming side, on my right about to make a turn into Outram Road. At that point in time, I was at the cross junction of Havelock Road, Outram Road and after Kim Seng Road.

Upon seeing, I applied my brakes however I was unable to stop in time to avoid the collision and I wish to inform that V2 had collided into the front right portion of my vehicle and it was badly damaged. I wish to inform that my spectacles dropped from the impact and I was unable to see clearly for a few moments.

It took some time and I then discovered that the said vehicle V2 bearing the registration number SLQ336A had collided into my vehicle however I see that there was a distance between my vehicle and V2 after the impact. There is also witnesses at the scene at that point in time.

My female passenger also complained of pain on her shoulder and was conveyed to the hospital from the scene. Myself and the other driver was not conveyed from scene. The Traffic police also seized my SD Card from the company in-car camera that may have captured the accident. I wish to inform that I still feel pain at my knee due to the accident howeve I have applied some ointment. I have yet to seek consultation from the clinic and will monitor if the pain gets worse. The damages and loss to my vehicle and me is yet to be determined. That is all.



**SINGAPORE
POLICE FORCE**



T/20210803/2037

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

3 of 3

Report No. T/20210803/2037

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:

F /

Sgt 3 MOHAMMED RAMDHAN BIN ROSELAN
PANE

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

03/08/2021 14:15

Officer In Charge Of Case:

TP / GIT /

Staff Sgt SYED MUHAMMAD ISA BIN OMAR
ALHABSHEE

Contact No.: 65476214

Authentication Stamp
NP168

Classification Of Case:

SN 168

