

# 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 ..... 14/08/2021 17:52 (SGT)  
Date of Accident ..... 14/08/2021 10:40 (SGT)  
Exact Location of Accident ..... Bukit Batok East Ave 4, Singapore  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SHB2037B

### 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) +65-98569332  
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 - Reporting only  
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 ..... QUEK SIEOW CHEW  
NRIC No ..... S1303129J

Date Of Birth .....	03/03/1958
Occupation .....	Outdoor
Date Of Driving Pass .....	15/07/1978
Driving experience .....	43 YEARS AND 1 MONTH
Gender .....	Male
Mobile Number .....	(Phone) +65-98569332
Alt. Phone Number .....	-
Email Address .....	fleetsafety@cdgtaxi.com.sg
Address .....	BLK 255 ANG MO KIO AVENUE 4 #02-131
Address complement .....	-
Postcode .....	560255
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 - U-Turn
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) .....	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? .....	Yes
Police Station Name .....	Pasir Ris Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18005852999
Alt. Police Station Phone No .....	(Fax) +65-65855261
Police Station Address .....	1 Pasir Ris Drive 4 #01-01 Singapore 519457
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T /20210814/2027

#### 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 .....	FBR3214L
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-

Vehicle Category .....	Motorcycle
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) .....	-

## INJURED PERSONS DETAILS

### INJURED 1

Name of injured person .....	RIDER
Gender .....	Male
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	INJURY
Injured person in which vehicle? .....	FBR3214L
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	Yes

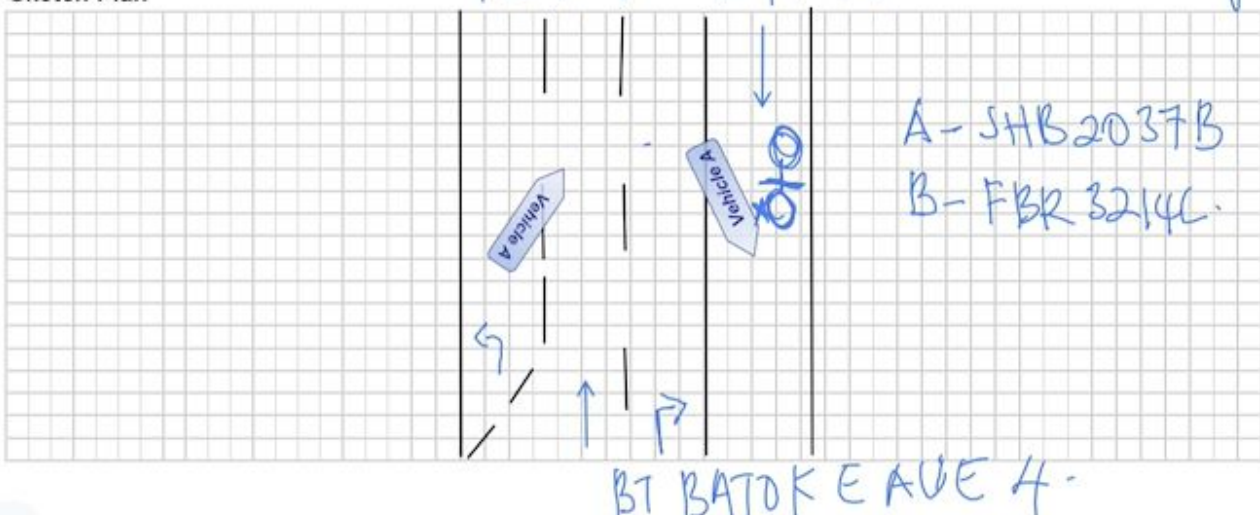
**SKETCH PLAN****IMPORTANT NOTICE**

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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 &amp; Time

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

Witnessed by Reporting Centre Personnel

**Sketch Plan**

## Describe Circumstances of the Accident

PLEASE REFER TO POLICE REPORT T /20210814/2027

## 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

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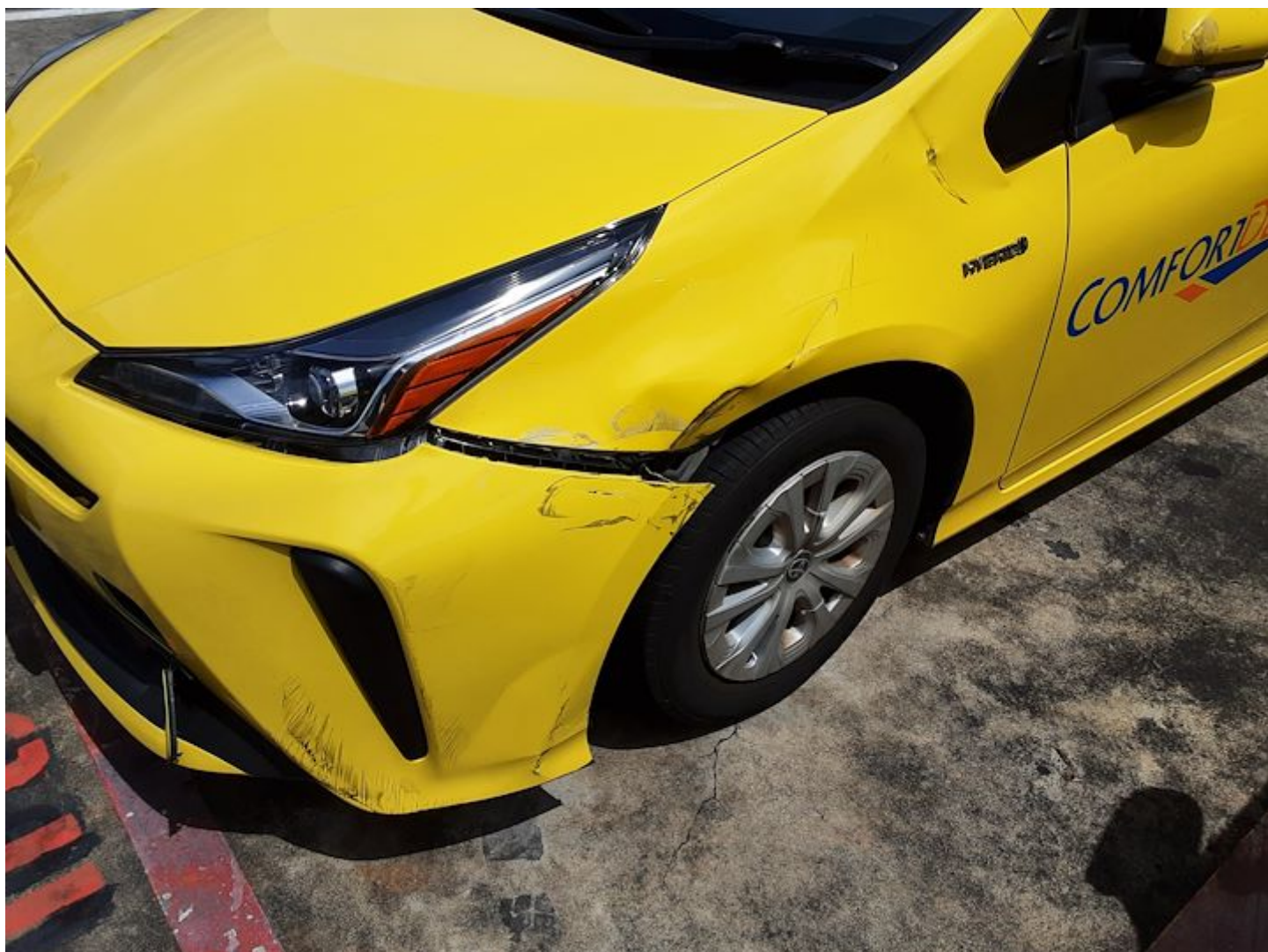






















































**SINGAPORE  
POLICE FORCE**



T/20210814/2027

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

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Report No. T/20210814/2027

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 14/08/2021 13:19		Vide Report No.: J/20210814/0056	Station Diary No.: 33
<b>Informant's Particulars</b>			
Name of Informant: QUEK SIEOW CHEW		Address: APT BLK 255 ANG MO KIO AVENUE 4 #02-131 SINGAPORE 560255	
ID Type / ID No.: NRIC NO / S1303129J		Contact No.: Home/Office: Mobile: 98569332	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 63	Date of Birth: 03/03/1958	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: 14/08/2021 10:40	Type of Location: Straight Road
Location:  BUKIT BATOK EAST AVENUE 4				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Not Controlled	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
FBR3214L	Motorcycle				Slightly Damaged	0
SHB2037B	Car	TOYOTA	PRIUS 5DR HATCHBAC K (AUTO)	Yellow	Slightly Damaged	0

**Details of Person Involved**

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



T/20210814/2027

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

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Report No. T/20210814/2027

## CONTINUATION OF REPORT

Driver			
Name	QUEK SIEOW CHEW		ID No. S1303129J
Related Vehicle	SHB2037B (Car)		Contact No. 98569332
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.**

I am a taxi driver with ComfortDelgro and my vehicle plate registration number is SHB2037B. On the 14/08/2021 at about 10.40am, I was driving along Bukit Batok East Avenue 4. At that point of time, I was on my way to pick up a booking passenger from Bukit Batok East Avenue 5. While travelling along the said road, I then decided to make U-Turn as I intended to proceed onto the opposite direction. As the said road is a two-way road, I slowed down my vehicle to the side and subsequently stopped to check for any incoming vehicles before making the U-Turn. After I confirmed that there was no incoming traffic, I then made a U-Turn and after doing so, a motorcycle with plate bearing FBR3214L collided onto the left side of my vehicle. I wish to state that before I made the U-Turn, there was no incoming traffic and I did not see any motorcycle approaching.

I immediately stopped my vehicle and rendered assistance to the injured motorcyclist. The police and ambulance were called in and the rider was subsequently conveyed by the ambulance. My vehicle does have in car camera and the police had seized the SD Card of the camera for investigation purposes.

I wish to inform the police that I have been driving since 1978 and this is the first, I encountered such accident.



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T/20210814/2027

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519457  
Tel No: 1800-5852999

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Report No. T/20210814/2027

**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 MUHAMMAD FIRDAUS BIN ABDULLAH  
SHAFI-IE

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
14/08/2021 13:19

Officer In Charge Of Case:

TP / GIT /  
Staff Sgt SYED MUHAMMAD ISA BIN OMAR  
ALHABSHEE  
Contact No.: 65476214

Classification Of Case:

Authentication Stamp  
NP168



SIGNATURE



