

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	02/10/2021 11:07 (SGT)
Date of Accident	01/10/2021 20:15 (SGT)
Exact Location of Accident	Mandai Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB2700U
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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) +65-90222343
Alternative Phone No	(Office) +65-65508768

VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	Ae ioniq
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	1580

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	KOH CHONG HENG
NRIC No	SXXXX095A

Date Of,Birth	15/04/1950
Occupation	Outdoor
Date Of Driving Pass	01/07/1969
Driving experience	52 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90222343
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLK 389 YISHUN AVENUE 6 #07-1036
Address complement	-
Postcode	760389
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 - Cross Junction
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 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?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

ON 01/10/2021 AT AROUND 2015HRS, I WAS DRIVING MY VEHICLE A (SHB2700U) ALONG MANDAI ROAD TOWARDS MANDAI AVENUE WHEN SUDDENLY VEHICLE B (SLR8461M) MADE A RIGHT TURN AT THE CONTROLLED JUNCTION HEADING TOWARDS BKE(SLE). TRAFFIC LIGHT WAS GREEN IN MY DIRECTION. I WAS NOT ABLE TO STOP MY VEHICLE IN TIME AND THE FRONTAL PORTION OF VEHICLE B COLLIDED ONTO THE FRONTAL RIGHT PORTION OF VEHICLE A. I FEEL SOME BACK PAIN.

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	SLR8461M
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private hire

Name of Driver	-
Contact Number	(Phone) +65-97472125
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	KOH CHONG HENG
Gender	Male
Phone No	(Phone) +65-90222343
Address	BLK 389 YISHUN AVENUE 6 #07-1036
Address Complement	-
Post Code	760389
Approximate Age Years Old	-
Injuries Sustained	PAIN ON BACK
Injured person in which vehicle?	SHB2700U
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No



SINGAPORE POLICE FORCE



T/20211002/7003

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 3

Report No. T/20211002/7003

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 02/10/2021 08:04		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: KOH CHONG HENG			Address: 389 YISHUN AVENUE 6 #07-1036 SINGAPORE 760389		
ID Type / ID No.: NRIC NO / S1080095A			Contact No.: Home/Office: Mobile: 90222343		
Nationality: SINGAPORE CITIZEN			Email: kohtw@hotmail.sg		
Sex: Male	Age: 71	Date of Birth: 15/04/1950	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation:			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: 01/10/2021 20:15	Type of Location: T-Junction
Location: MANDAI ROAD				
Weather: Raining		Road Surface: Wet		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Faulty		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SHB2700U	Car					0
SLR8461M	Car	HONDA	Vezel	Grey	Seriously Damaged	2



**SINGAPORE
POLICE FORCE**



T/20211002/7003

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20211002/7003

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	KOH CHONG HENG	ID No.	S1080095A
Related Vehicle	SHB2700U (Car)	Contact No.	90222343
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	01/10/2021	Date	NIL
No. of Days granted Medical Leave	05	Degree of	Serious

Brief Details.

I was travelling home along Mandai road, the traffic light is on my favour as I know there's a red light camera at this junction so I maintain my safety speed while crossing the junction all of a sudden an vehicle came directly onto my driver side and bang directly onto my vehicle. I lost controlled and we came to an collision and ended my vehicle onto the kerb. Both parties alight and agreed with insurance claim. Traffic police attended too. After the accident I felt back and neck aching and my son fetch me to consult doctor at Hougang Blk 210 intemedical kovan clinic and was given 5days MC.



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T/20211002/7003

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Tel No: 65470000

3 of 3

Report No. T/20211002/7003

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPHQ /
MARIAH BINTE ZAKARIA
Contact No.: 65476433

Signature Of Informant:
The identity of the person making this report has
been authenticated by Singpass. No signature is
required.

Date/Time:
02/10/2021 08:04

Classification Of Case:

SKETCH PLAN**IMPORTANT NOTICE**

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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")

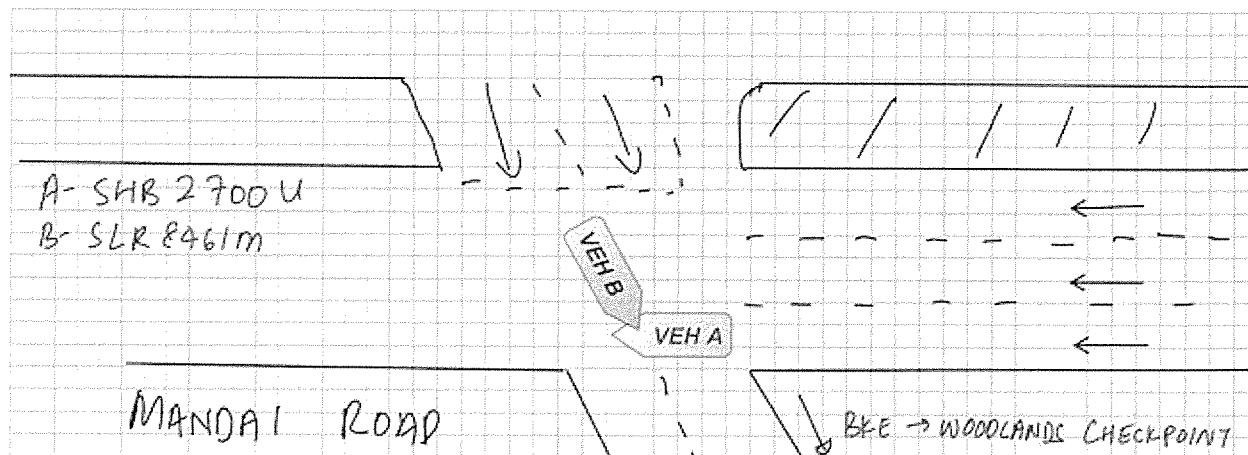
(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

(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 1/10/21 22:00

Witnessed by Reporting Centre Personnel KHAIKUN

Sketch Plan

Describe Circumstances of the Accident

ON 01/10/2021 AT AROUND 2015HRS, I WAS DRIVING MY VEHICLE A SHB2700U ALONG MANDAI ROAD TOWARDS MANDAI AVENUE WHEN SUDDENLY VEHICLE B SLR8461M MADE A RIGHT TURN AT THE CONTROLLED JUNCTION HEADING TOWARDS BKE(SLE). TRAFFIC LIGHT WAS GREEN IN MY DIRECTION. I WAS NOT ABLE TO STOP MY VEHICLE IN TIME AND THE FRONTAL PORTION OF VEHICLE B COLLIDED ONTO THE FRONTAL RIGHT PORTION OF VEHICLE A. I FEEL SOME BACK PAIN.

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 *KHAIKAL*