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 witholding 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 the control of this report will fee fee be made qualified to the proposition by interested parties. 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	06/12/2021 12:54 (SGT)
Date of Accident	05/12/2021 13:20 (SGT)
Exact Location of Accident	Orchard Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Hyundai

Vehicle Registration Number		SHA451G
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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) +65-97805187
Alternative Phone No	(Office) +65-65508768

VEHICLE PARTICULARS

Manufacturer

Model Variant	Ae ioniq
Exact purpose for which vehicle was being used at time of accident Are you claiming under your own insurance policy for repair to	Private hire
your vehicle? Vehicle Category	No - Claiming third party Taxi
Transmission CC	Auto 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	TAN DID YONG
NRIC No	S6840798B

Date Of Birth 30/10/1968 Occupation Outdoor Date Of Driving Pass 27/02/1989 Driving experience 32 YEARS AND 10 MONTHS Gender Mobile Number (Phone) +65-97805187 Alt. Phone Number Email Address fleetsafety@cdgtaxi.com.sg Address 74 WHAMPOA DRIVE #15-334 Address complement Postcode 320074 Is the driver the policyholder? Nο If No. Relationship of the Driver with the Insured **RELIEF DRIVER** Does Driver Own Other Vehicles? 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 - Opening Door of Vehicle Weather Conditions Clear Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident 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) 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 Whampoa Neighbourhood Police Post Police Station Phone No (Phone) +65-18002507999 Alt. Police Station Phone No (Fax) +65-63554314 Police Station Address Blk 29 Jalan Bahagia #01-368 Singapore 320029 Was notice of intended Prosecution given? Nο If yes, against whom? CIRCUMSTANCES OF ACCIDENT PLEASE REFER TO POLICE REPORT No.T/20211205/2051 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? **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number AJ890H Vehicle Manufacturer Yamaha

Vehicle Model
Vehicle Variant
Vehicle Colour

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SHC2726R Vehicle Manufacturer Tovota Vehicle Model Prius Vehicle Variant Vehicle Colour Vehicle Category Taxi Name of Driver TOH AI KEONG NRIC No S6927601F Contact Number (Phone) +65-90892228 Address Address complement Postcode Insurance Company Name Nature Of Damage Details of property damaged in accident No. Of Passenger (Including Driver) PASSENGER 1 Name MOHAMMED JASHIM Gender Male

INJURED PERSONS DETAILS

INJURED 1

Name of injured person MUHAMED FAZLI BIN MOHAMED Gender Male Phone No (Phone) +65-81269310 Address Address Complement Post Code Approximate Age Years Old Injuries Sustained ABRASION, LEFT LEG Injured person in which vehicle? AJ890H Were seat belts worn? No Was this injured conveyed to hospital by ambulance? No

SKETCH PLAN

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.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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. The 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.
- 8. Consent under the Personal Data Protection Act(PDPA)

Lunderstand, acknowledge, agree and consent that :

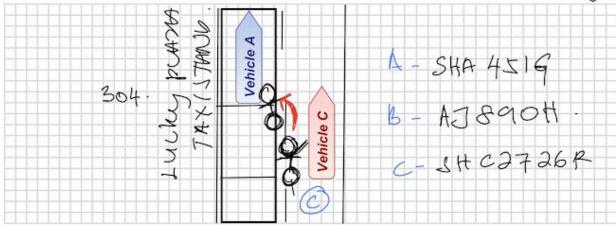
- (a) My insurer , my w orkshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) w ho have insured vehicle(s) involved in this accident (all insurer(s) w ho have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' law yers/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 w ith 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' law yers/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 law yers/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

Witnessed by Reporting Centre

Sketch Plan



Describe Circumstances of the Accident

PLEASE REFER TO	O POLICE REPORT T /20211205/2	2051
Declaration		
I/We declare the foregoing particula	ars are true in every respect.	Munder
	XXXXX	Municipal
Policyholder's Signature / Date & Time	Driver's Signature (If driver is not the policyholder) / Date & Time	Witnessed by Reporting Centre Personnel

Accident report SJ0421C6000I





















Police Station Of Origin: Whampoa NPP 29 Jalan Bahagia #01-368 SINGAPORE 320029 1 of 3 Report No. T/20211205/2051

Tel No: 1800-2507999

REPORT OF A TRAFFIC ACCIDENT

	ne Report N)21 15:27	Made:	Vide Report No.: Station Diar 21	
Informa	nt's Partic	ulars		
Name of TAN DID	Informant: YONG		Address: APT BLK 74 WHAMPOA DR	RIVE #15-334 SINGAPORE 320074
ID Type NRIC NO	/ ID No.: D / S684079	98B	Contact No.: Home/Office:	Mobile: 97805187
National SINGAP	ity: ORE CITIZ	EN	Email:	
Sex: Male	Age: 53	Date of Birth: 30/10/1968	Type of Informant: Driver	AT A TOTAL
Race: Chinese			Language: English	Institution / School Name:
Occupa Taxi dri		1 1	Driving Licence Information: Class: 3,4	Date of Expiry:

General Infor	mation of the Acciden	t	Day of Page 198	
Type of Accident:	Injury Foreign Vehicle	Drink Drive: No	Date/Time of Accident: 05/12/2021 01:20	Type of Location: Taxi stand area
Location: ORCHARD R	OAD		1320	
Weather: Clear		Road Surface: Dry		Road Speed Limit: 20 Km/h
Traffic Flow: One Way		Traffic Control: Pedestrian Crossi	ng	Traffic Volume: Heavy
Type of Collisi Between Movi	on: ng Vehicles - Head To	Side		Anyone conveyed by ambulance: No

Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenge
AJ890R AJ890H	Motorcycle				Slightly Damaged	0
SHA451G	Car				Slightly Damaged	0
SHC2726R	Car				Slightly Damaged	1

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



Tel No: 1800-2507999



2 of 3

Report No. T/20211205/2051

Police Station Of Origin: Whampoa NPP 29 Jalan Bahagia #01-368 SINGAPORE 320029

CONTINUATION OF REPORT

Name	TAN DID YONG		ID No		S6840798B
Related Vehicle	NIL		Conta	ct No.	97805187
Hospital/Clinic	NIL		Class Drivin Licent Expiry	g ce &	Class: 3,4 Date of Expiry: NIL
Date Treatment	NIL	Date Disch		NIL	
No. of Days grant	ed Medical Leave NI	Degree of			

Brief Details.

I am the Taxi driver for CityCab, bearing vehicle registration number SHA451G. I have been a Taxi driver for about 21 years.

On 05/12/2021 at about 0120hrs, my vehicle was stationary towards the left side of the Taxi Stand of 304 Orchard Road, Lucky Plaza, queuing to pick up passengers. Subsequently, a Blue ComfortDelgro Taxi bearing the vehicle registration number SHC2726R, Toh Ai Keong, S6927601G, HP: 90892228 had stopped at the rear of my right with about one car gap distance away, alighting his passenger, Uddin Mohammed Jashim, G7947871M, HP: 84271420.

The said passenger then opened the left rear passenger door as he wanted to alight from the Taxi. However, he did notice any oncoming vehicle approaching. As such, a motorcyclist bearing the vehicle registration number AJ890H, Muhamed Fazli Bin Mohamed, S8317147B, HP: 81269310 had collided onto the door of the Blue ComfortDelgro Taxi. The motorcyclist subsequently lost control of his vehicle and collided onto my vehicle causing some dents, cracks and scratches on my right rear bumper area.

I then alighted from my vehicle and noticed the motorcyclist had fallen down from his vehicle. I noticed there were some abrasions on his left leg area, however, he mentioned that he does not require any medical assistance. I wish to state that aside from the motorcyclist, no one else was injured and no government property was damaged.

I then exchanged particulars from all parties involved. I wish to state that I have in-car camera installed in my vehicle and it was on recording mode.

I am lodging this report as advised by my Taxi company for insurance claim.





Police Station Of Origin: Whampoa NPP 29 Jalan Bahagia #01-368 SINGAPORE 320029 Tel No: 1800-2507999 3 of 3 Report No. T/20211205/2051

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 <u>report number</u> as reference.

Signature of Officer Recording The Report E / Sgt 2 YEH CHEN HUI	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 05/12/2021 15:27
Officer In Charge Of Case: TP / AEIT / Sr Staff Sgt SYED ZAYID MUHAMMAD BIN SYED ABDUL WAHID ALHINDUAN Contact No.: 65476404	Classification Of Case:
	SIGNATURE

