

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 28/12/2021 16:12 (SGT)
Date of Accident 28/12/2021 08:55 (SGT)
Exact Location of Accident Bendemeer Rd, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHB4811U

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) +65-98305589
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 LEOW HOCK SIONG
NRIC No SXXXX164G

Date Of Birth	22/11/1960
Occupation	Outdoor
Date Of Driving Pass	05/11/1982
Driving experience	39 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-98305589
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	628 HOUGANG AVENUE 8 #02-102
Address complement	-
Postcode	530628
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	Side Swipe
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)	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	Tampines Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18005871999
Alt. Police Station Phone No	(Fax) +65-65871699
Police Station Address	6 Tampines Ave 4 Singapore 529682
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

AS PER POLICE REPORT No.T/20211228/2027

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	EB2288D
Vehicle Manufacturer	Toyota
Vehicle Model	Prius
Vehicle Variant	-
Vehicle Colour	-

Vehicle Category	Private car
Name of Driver	YAU TOW TONG
NRIC No	SXXXX715G
Contact Number	(Phone) +65-96386678
Address	-
Address complement	308 SHUNFU ROAD #12-161
Postcode	570308
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	LEOW HOCK SIONG
Gender	Male
Phone No	(Phone) +65-98305589
Address	628 HOUGANG AVENUE 8 #02-102
Address Complement	-
Post Code	530628
Approximate Age Years Old	61
Injuries Sustained	5DAYS MC
Injured person in which vehicle?	SHB4811U
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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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 28/12/2024 1400

DAHNIAL

Witnessed by Reporting Centre Personnel

Sketch Plan



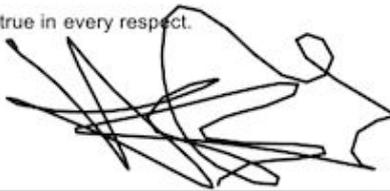
A - SHB 4811 U
B - EB 2288 D

Describe Circumstances of the Accident

PLEASE REFER TO POLICE REPORT

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 28/12/2021 1400



DAHNIAL

Witnessed by Reporting Centre
Personnel









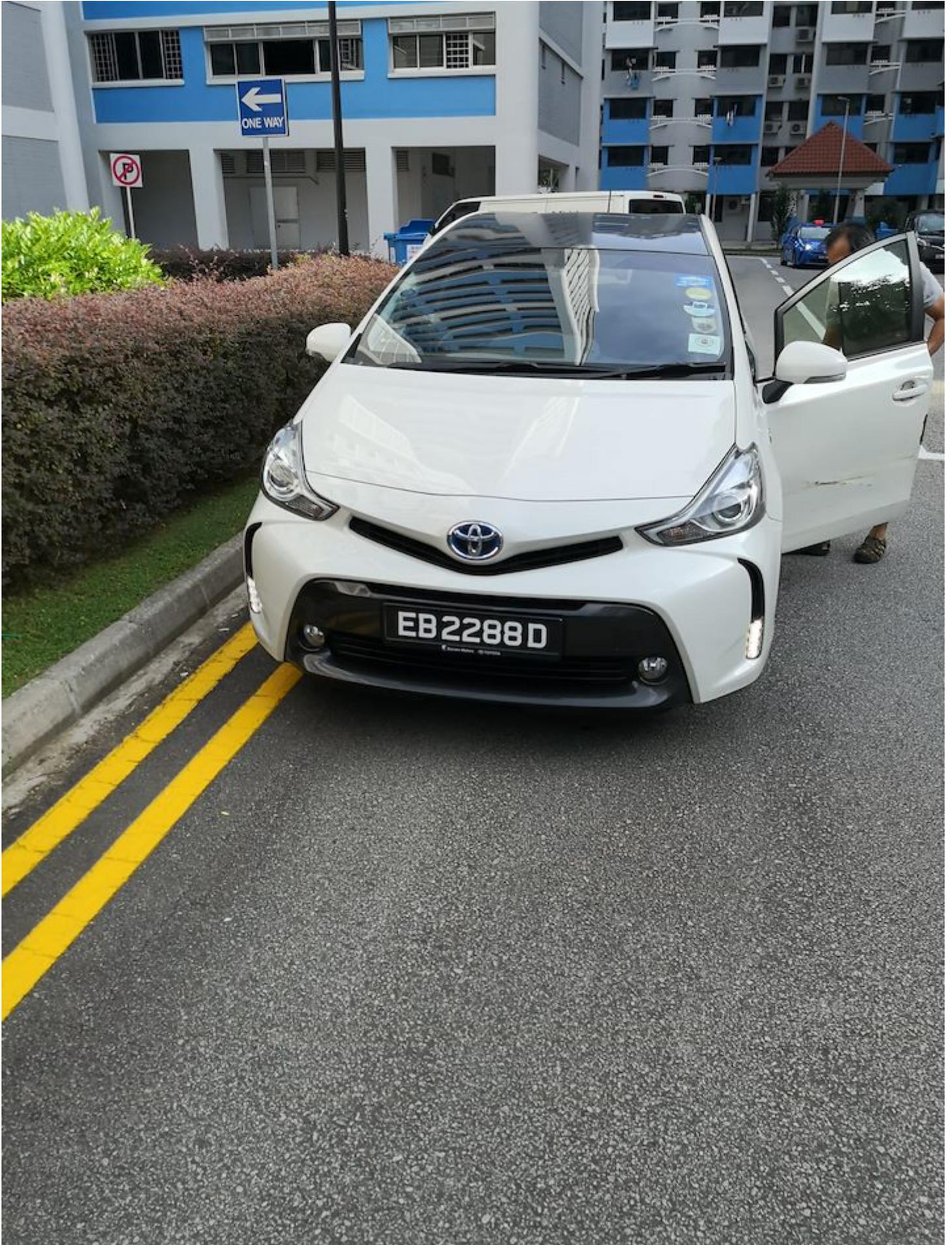




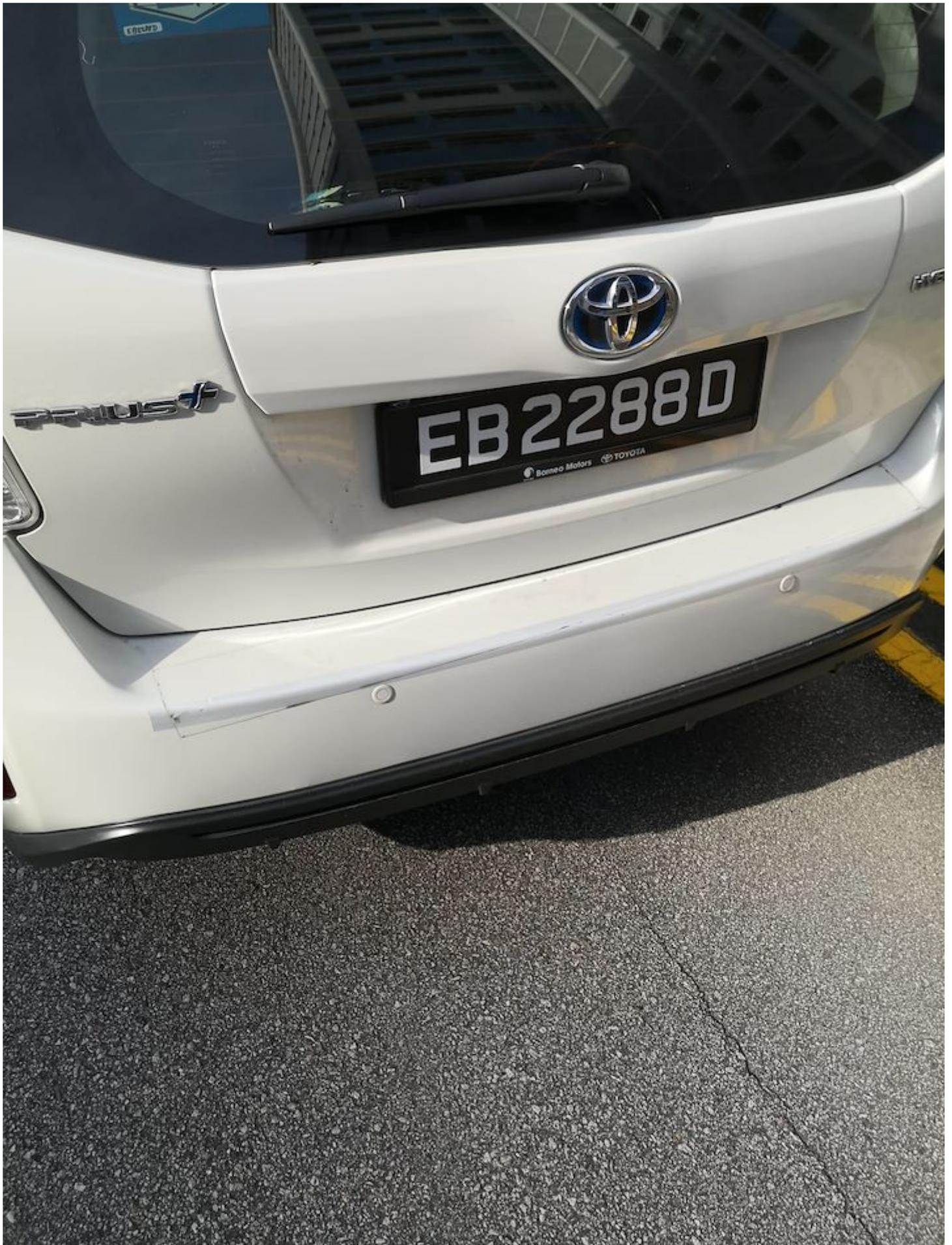
















**SINGAPORE
POLICE FORCE**



T/20211228/2027

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

1 of 3

Report No.: T/20211228/2027

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 28/12/2021 12:15	Vide Report No.:	Station Diary No.: 43
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Informant's Particulars

Name of Informant: LEOW HOCK SIONG		Address: APT BLK 628 HOUGANG AVENUE 8 #02-102 SINGAPORE 530628	
ID Type / ID No.: NRIC NO / S1446164G		Contact No.: Home/Office: Mobile: 98305589	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 61	Date of Birth: 22/11/1960	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: Taxi driver		Driving Licence Information: Class: Date of Expiry:	

General Information of the Accident

Type of Accident: Non-Injury	Drink Drive: No	Date/Time of Accident: 28/12/2021 08:55	Type of Location: Car Park
Location: BENDEMEER ROAD			
Weather:	Road Surface:	Road Speed Limit:	
Traffic Flow:	Traffic Control:	Traffic Volume:	
Type of Collision:			Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
EB2288D	Car					0
SHB4811U	Car					0

Details of Person Involved

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



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6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

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Report No. T/20211228/2027

CONTINUATION OF REPORT

Driver			
Name	YAU TOW YONG	ID No.	S6834715G
Related Vehicle	EB2288D (Car)	Contact No.	96386678
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	LEOW HOCK SIONG	ID No.	S1446164G
Related Vehicle	SHB4811U (Car)	Contact No.	98305589
Hospital/Clinic	Y M CHAN CLINIC & SURGERY	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	28/12/2021	Date Discharge	NIL
No. of Days granted Medical Leave	05	Degree of Injury	NIL

Brief Details.

On 28/12/21 at around 0855 hours I was in the open car park of 48 BENDEMEER ROAD and I stopped my vehicle on the junction of the 1 way carriage road and about to turn right when the other vehicle overtook me from the right and drove on the incoming vehicle lane. As such both our vehicles collide as he overtook me while I was making the right turn. We then exchange particulars and I visited the doctor and received 5 days in MC. The incident was capture by my front in car camera.



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POLICE FORCE**



T/20211228/2027

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

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Report No. T/20211228/2027

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 GAN JIAN CAI, DARREN

Signature Of Informant:

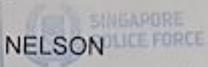
Signature Of Interpreter:
Not applicable

Date/Time:
28/12/2021 12:15

Officer In Charge Of Case:
TP / GIA /
DSP (2) YIP YEW SENG NELSON
Contact No.: 65476182

Classification Of Case:

Authentication Stamp
NP168



SIGNATURE

