

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	19/04/2022 09:45 (SGT)
Date of Accident	17/04/2022 09:50 (SGT)
Exact Location of Accident	Upper Changi Rd E, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB3661S
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) +65-98534779
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	NG HWEE YONG DAVID, DAVID NG
NRIC No	SXXXX913D

Date Of Birth	01/12/1954
Occupation	Outdoor
Date Of Driving Pass	07/06/1973
Driving experience	48 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98534779
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLK 213 YISHUN STREET 21 #09-171
Address complement	-
Postcode	760213
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	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)	5
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	UNKNOWN
Gender	Male

PASSENGER 2

Name	UNKNOWN
Gender	Male

PASSENGER 3

Name	UNKNOWN
Gender	Female

PASSENGER 4

Name	UNKNOWN
Gender	Female

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 THE 17/04/2022 AT AROUND 0950HRS. I VEHICLE A BEARING REGISTRATION NUMBER SHB3661S WAS DRIVING ALONG UPPER CHANGI ROAD EAST ON THE LEFT LANE WITH FOUR PASSENGERS ON BOARD HEADING TOWARDS CHANGI BETHANY CHURCH. AS I SAW ROAD WORKS ON MY LANE AHEAD OF ME, I CHECKED AND CHANGE ONE LANE TO THE RIGHT. TRAFFIC LIGHT WAS GREEN IN MY FAVOUR AS I CONTINUE TO TRAVEL STRAIGHT.

SHORTLY AFTER, I FELT A HUGE IMPACT ON MY RIGHT SIDE BUMPER AND THE IMPACT CAUSED THE AIRBAGS TO BE DEPLOYED AND VEHICLE A ROLLED TOWARDS A KERB AND STOPPED THERE. TRAFFIC POLICE AND AMBULANCE ARRIVED ON SCENE AND ALL FOUR OF MY PASSENGERS WERE BEING CONVEYED TO CHANGI GENERAL HOSPITAL WITH THE CONTACT POINT BEING THE HUSBAND (MR LOI: 90043410).

VEHICLE A DAMAGES WERE SEVERED AND WAS BEING TOWED AWAY BY COMFORT TOWING AND VEHICLE B DAMAGES WERE SEVERED AS WELL, MULTIPLE INJURIES WERE REPORTED BY THE FOUR PASSENGERS ON BOARD VEHICLE A AS WELL AS THE DRIVER OF VEHICLE A WHICH WILL BE SEEKING MEDICAL ATTENTION SHORTLY.

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	SKU9784X
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	(Phone) +65-90081938
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	NG HWEE YONG DAVID, DAVID NG
Gender	Male
Phone No	(Phone) +65-98534779
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	MULTIPLE INJURIES
Injured person in which vehicle?	SHB3661S
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	PASSENGER
Gender	Male
Phone No	(Phone) +65-90043410
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	UNKNOWN
Injured person in which vehicle?	SHB3661S
Were seat belts worn?	Yes



Was this injured conveyed to hospital by ambulance? Yes

INJURED 3

Name of injured person PASSENGER
Gender Male
Phone No -
Address -
Address Complement -
Post Code -
Approximate Age Years Old -
Injuries Sustained UNKNOWN
Injured person in which vehicle? SHB3661S
Were seat belts worn? Yes
Was this injured conveyed to hospital by ambulance? Yes

INJURED 4

Name of injured person PASSENGER
Gender Female
Phone No -
Address -
Address Complement -
Post Code -
Approximate Age Years Old -
Injuries Sustained UNKNOWN
Injured person in which vehicle? SHB3661S
Were seat belts worn? Yes
Was this injured conveyed to hospital by ambulance? Yes

INJURED 5

Name of injured person PASSENGER
Gender Female
Phone No -
Address -
Address Complement -
Post Code -
Approximate Age Years Old -
Injuries Sustained UNKNOWN
Injured person in which vehicle? SHB3661S
Were seat belts worn? Yes
Was this injured conveyed to hospital by ambulance? Yes

SKETCH PLAN

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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.

[Handwritten Signature]

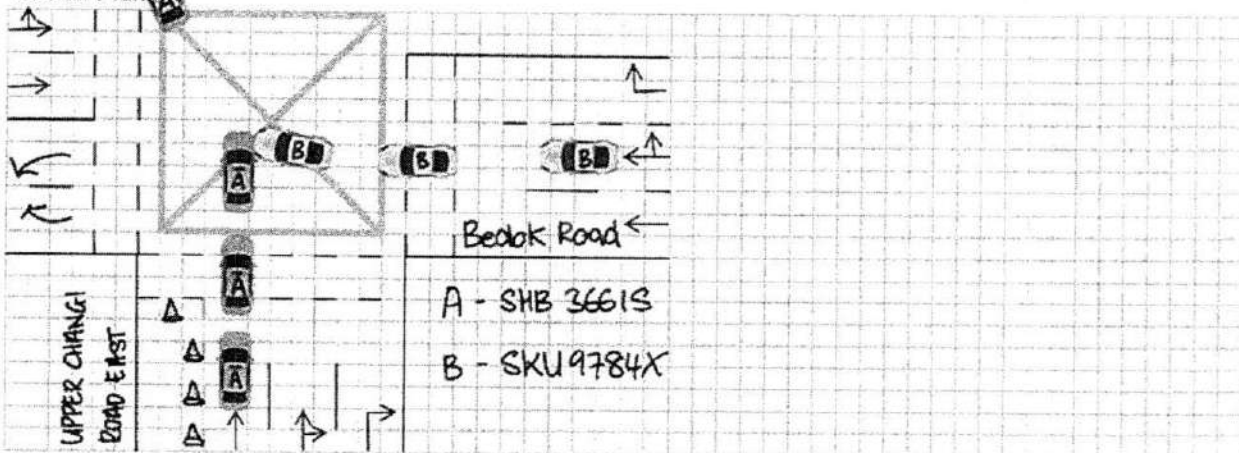
[Handwritten Signature]

Policyholder's Signature / Date & Time

Driver's Signature (If driver is not the policyholder) / Date & Time 17/04/2022 1500

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

ON THE 17/04/2022 AT AROUND 0950HRS. I VEHICLE A BEARING REGISTRATION NUMBER SHB3661S WAS DRIVING ALONG UPPER CHANGI ROAD EAST ON THE LEFT LANE WITH FOUR PASSENGERS ON BOARD HEADING TOWARDS CHANGI BETHANY CHURCH. AS I SAW ROAD WORKS ON MY LANE AHEAD OF ME, I CHECKED AND CHANGE ONE LANE TO THE RIGHT. TRAFFIC LIGHT WAS GREEN IN MY FAVOUR AS I CONTINUE TO TRAVEL STRAIGHT.

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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 17/04/2022 1600

Witnessed by Reporting Centre Personnel



**SINGAPORE
POLICE FORCE**



T/20220417/2055

3 of 3

Report No. T/20220417/2055

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

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:

L /
SGT 1 MUHAMMAD FAUZI BIN
ABDUL WAHAB

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
17/04/2022 16:28

Officer In Charge Of Case:
TP / GIT /
STAFF SGT ROIZMAN BIN MOHAMED
POSARI
Contact No.: 65476131

Classification Of Case: