

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 18/10/2021 17:46 (SGT)
Date of Accident 18/10/2021 09:00 (SGT)
Exact Location of Accident Bukit Batok East Ave 6, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHC7578T

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) +65-81257686
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 - Reporting only
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 TOH CHENG LEONG
NRIC No S1123394E

Date Of Birth	22/06/1955
Occupation	Outdoor
Date Of Driving Pass	06/12/1976
Driving experience	44 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-81257686
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLK 309 YISHUN RING ROAD #08-1244
Address complement	-
Postcode	760309
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	RELIEF DRIVER
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	Collided into Motorcyclist
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	Yishun North Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18008529999
Alt. Police Station Phone No	(Fax) +65-68522299
Police Station Address	31 Yishun Central Singapore 768827
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

ON 18/10/2021 AT ABOUT 09:00HRS. I WAS DRIVING VEHICLE A, (SHC7578T) TRAVELLING ALONG BUKIT BATOK EAST AVE 6 AT THE MOST RIGHT LANE. I WAS APPROACHING AN CONTROLLED CROSS JUNCTION AND THE LIGHT WAS GREEN. I STOPPED AT THE RIGHT TURNING POCKET FOR ONCOMING TRAFFIC. I CHECKED THERE WAS NO ONCOMING TRAFFIC, I SLOWLY INCHED OUT. SUDDENLY VEHICLE B WHO WAS A RIDER FROM ONCOMING TRAFFIC RODE SO FAST AND HIT ONTO MY VEHICLE. I ALIGHTED FROM MY VEHICLE TO CHECK AND THE RIDER WAS UNCONSCIOUS. AMBULANCE AND TP CAME DOWN TO SCENE AND CONVEYED RIDER TO NUH.

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	FBR8338E
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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	UNKNOWN
Injured person in which vehicle?	FBR8338E
Were seat belts worn?	No
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.

Tah

Policyholder's Signature / Date & Time

Driver's Signature (If driver is not the policyholder) / Date & Time 10:10 18-10-21

Witnessed by Reporting Centre Personnel *MD NAZIQ*



A - SHC7578P
B - FBR8338E

Describe Circumstances of the Accident

ON 18/10/2021 AT ABOUT 09:00HRS. I WAS DRIVING VEHICLE A, SHC7578T TRAVELLING ALONG BUKIT BATOK EAST AVE 6 AT THE MOST RIGHT LANE. I WAS APPROACHING AN CONTROLLED CROSS JUNCTION AND THE LIGHT WAS GREEN. I STOPPED AT THE RIGHT TURNING POCKET FOR ONCOMING TRAFFIC. I CHECKED THERE WAS NO ONCOMING TRAFFIC, I SLOWLY INCHED OUT. SUDDENLY VEHICLE B WHO WAS A RIDER FROM ONCOMING TRAFFIC RODE SO FAST AND HIT ONTO MY VEHICLE. I ALIGHTED FROM MY VEHICLE TO CHECK AND THE RIDER WAS UNCONSCIOUS. AMBULANCE AND TP CAME DOWN TO SCENE AND CONVEYED RIDER TO NUH.

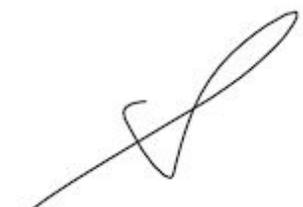
Declaration

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 10:10 18.10.21



Witnessed by Reporting Centre Personnel MD NAZRIN























**SINGAPORE
POLICE FORCE**

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

RECEIVED
19 OCT 2021
BY: *[Signature]*



T/20211018/2067

1 of 3

Report No. T/20211018/2067

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 18/10/2021 16:34	Vide Report No.: J/20211018/0040	Station Diary No.: 47
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Informant's Particulars

Name of Informant: TOH CHENG LEONG		Address: APT BLK 309 YISHUN RING ROAD #08-1244 SINGAPORE 760309	
ID Type / ID No.: NRIC NO / S1123394E		Contact No.: Home/Office: Mobile: 81257686	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 66	Date of Birth: 22/06/1955	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: Taxi driver		Driving Licence Information: Class: 2B,2A,2,3 Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 18/10/2021 09:00	Type of Location: X-Junction
Location: BUKIT BATOK EAST AVENUE 2				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head On				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBR8338E	Motorcycle	HONDA	ADV150	Black	Seriously Damaged	0
SHC7578T	Taxi	HYUNDAI	AE IONIQ	Yellow	Seriously Damaged	0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20211018/2067

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

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Report No. T/20211018/2067

CONTINUATION OF REPORT

Driver			
Name	TOH CHENG LEONG		ID No. S1123394E
Related Vehicle	NIL		Contact No. 81257686
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 18/10/2021 at about 0900hrs, I was driving my taxi plate number SHC7578T travelling along Bukit Batok East Ave 6 at the most right lane. I was approaching a controlled cross junction and the light was green. I stopped at the right turning pocket for oncoming traffic and I checked there was no oncoming traffic, I slowly inched out. Suddenly a motorcycle plate number FBR8338E from an oncoming traffic rode so fast and collided onto my vehicle. I alighted from my vehicle to checked and the rider was unconscious. Ambulance and TP came down to scene and the rider was conveyed to NUH.

The Traffic Police took my Samsung 128GB card from my front in-cam vehicle camera from my taxi. Taxi was towed away.



**SINGAPORE
POLICE FORCE**



T/20211018/2067

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

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Report No. T/20211018/2067

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 2 MUHAMMAD SAUFI BIN MOHD EBRAHIM 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 18/10/2021 16:34
Officer In Charge Of Case: TP / GIT / SI VILTON HIA WEE SIANG Contact No.: 65476232	Classification Of Case:  SN 085 Singapore Police Force
Authentication Stamp NP168	



IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SJ0421A|000E Vehicle Registration No: SHC7578T
 Name (as shown in NRIC): CityCab Pte Ltd NRIC/FIN/Passport No: 1XXXXX839G
 (*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
 Address: _____ Singapore ()
 Contact (Tel): _____ Mobile No.: _____
 Email Address: _____
 Date of Accident: 18/10/2021 Time of Accident: 0900HRS
 Place of Accident: Bukit Batok East Ave 6, Singapore
 Insurance Company: AXA Insurance Singapore Pte Ltd

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

- ADD POLICE REPORT



Policyholder / Driver's Signature
Date:

Kavi

Reporting Centre Personnel's Signature
Name: KAVI
NRIC/FIN No.:
Date: 19.10.2021

