

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 29/04/2022 10:47 (SGT)
Date of Accident 28/04/2022 16:00 (SGT)
Exact Location of Accident PIE, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHB3513L

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) +65-83398507
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 ONG LEK LEONG
NRIC No S1191966I

Date Of Birth	16/05/1956
Occupation	Outdoor
Date Of Driving Pass	10/05/1977
Driving experience	44 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-83398507
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	335 CLEMENTI AVE 2 #08-06
Address complement	-
Postcode	120335
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	Chain Collision
Weather Conditions	Clear
Road Surface	Wet

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	4
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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	UNKNOWN
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Clementi Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18008729999
Alt. Police Station Phone No	(Fax) +65-68728039
Police Station Address	No. Singapore 129858
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

AS PER POLICE REPORT No.T20220428/2126

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	SKP4830E
-----------------------------------	----------

Vehicle Manufacturer	Mercedes
Vehicle Model	C180
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SDY6269Z
Vehicle Manufacturer	Nissan
Vehicle Model	Sunny
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	SMH6193R
Vehicle Manufacturer	Honda
Vehicle Model	Fit
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
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	FONG
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	UNSURE
Injured person in which vehicle?	SHB3513L
Were seat belts worn?	Yes

Was this injured conveyed to hospital by ambulance? -

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.
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. 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)**

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")

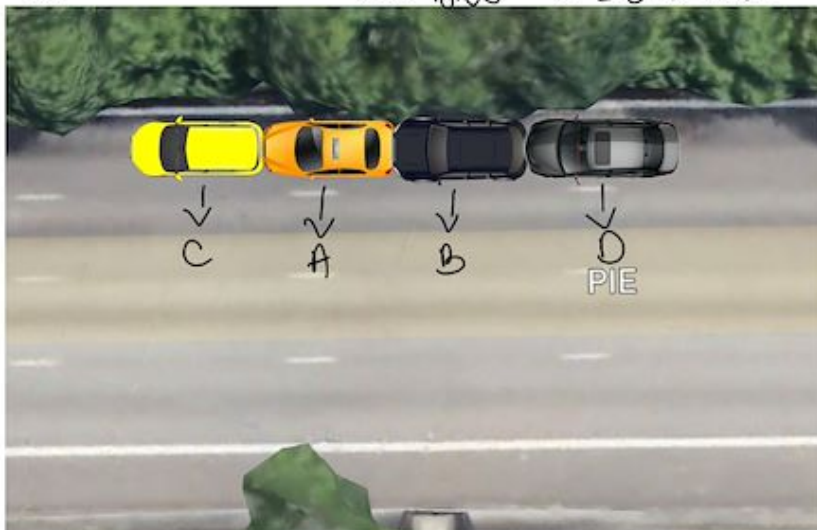
(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

(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 18:00 28.04.22

Witnessed by Reporting Centre Personnel MD NAZRIN



A - SHB3513L
B - SKP4830E
C - SDY6269Z
D - SMH6193R

Describe Circumstances of the Accident

ON 28/04/2022 AT ABOUT 16:00HRS, I WAS DRIVING VEHICLE A, SHB3515L TRAVELLING ALONG PIE TOWARDS TUAS AT THE MOST RIGHT LANE. VEHICLE C MAKE A SUDDEN BRAKE. I IMMEDIATELY STEPPED ONTO MY FOOTBRAKE AND I MANAGED TO STOP IN TIME. SUDDENLY I FELT AN IMPACT COMING FROM MY REAR AND I REALISED VEHICLE B HAS REAR ENDED MY VEHICLE AND CAUSED MY VEHICLE TO MOVE FORWARD AND HIT ONTO VEHICLE C. WHEN I ALIGHTED FROM MY VEHICLE TO CHECK AND I REALISED THIS WAS A CHAIN COLLISION ACCIDENT.

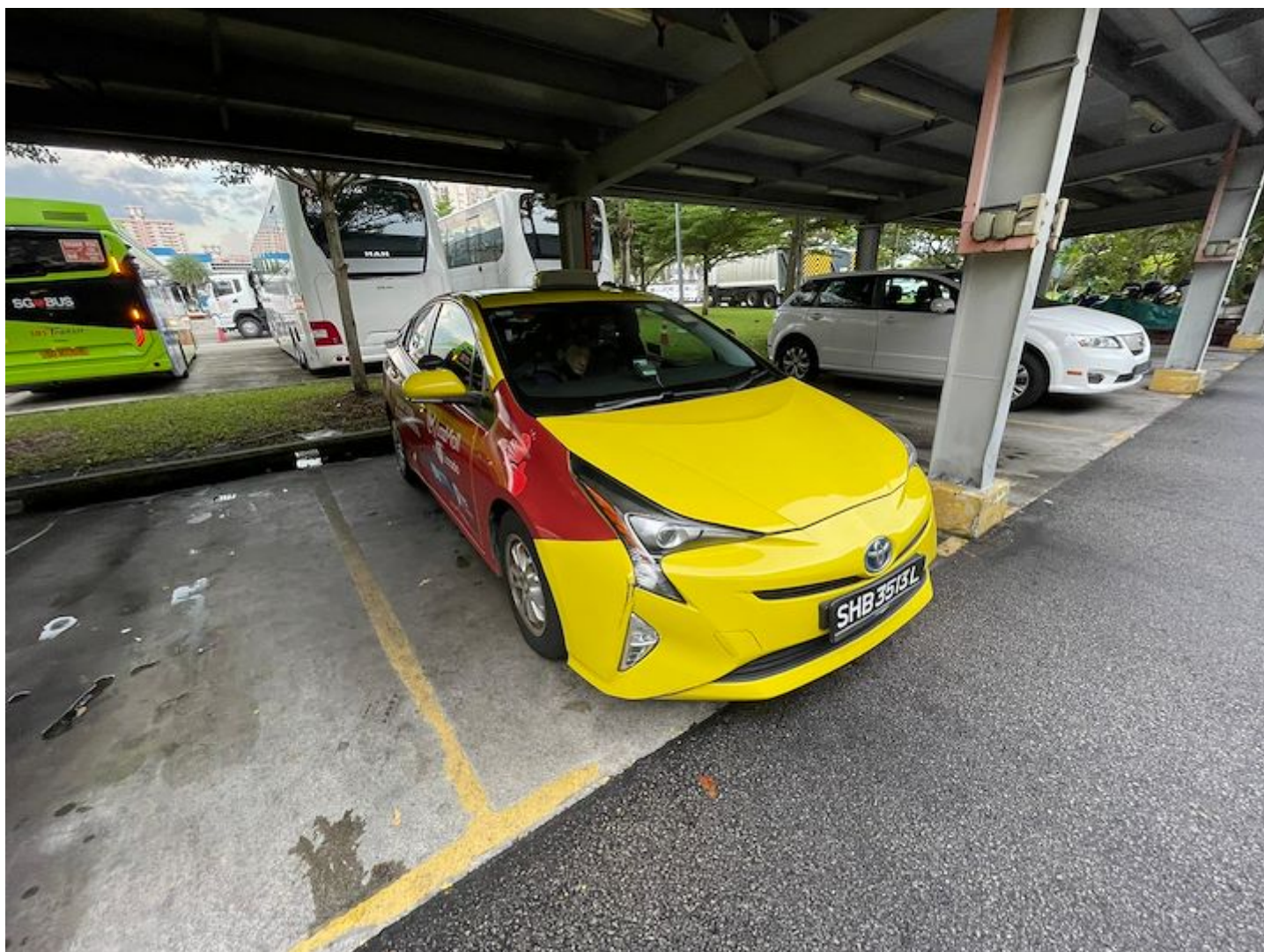
Declaration

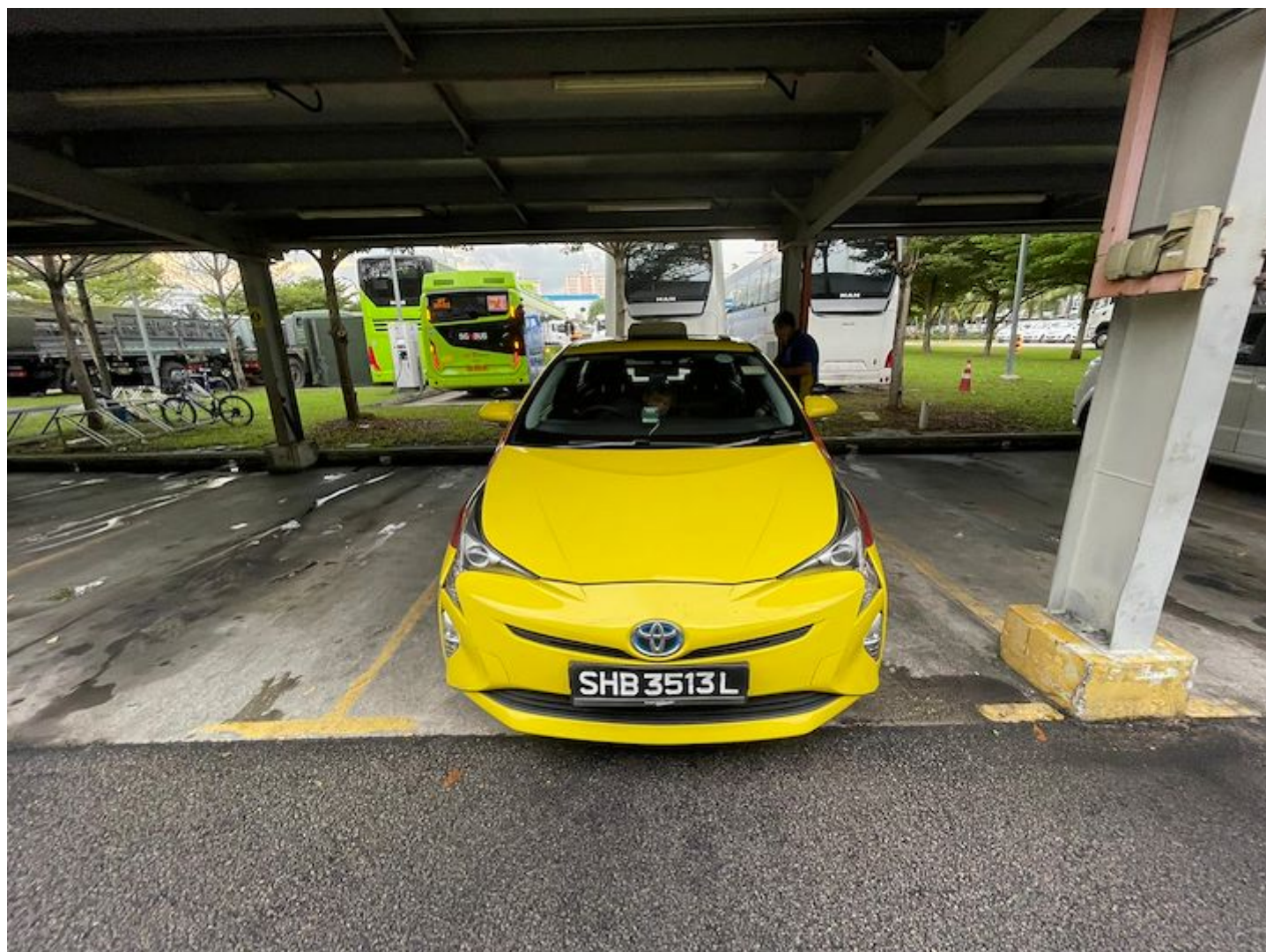
I/We declare the foregoing particulars are true in every respect.

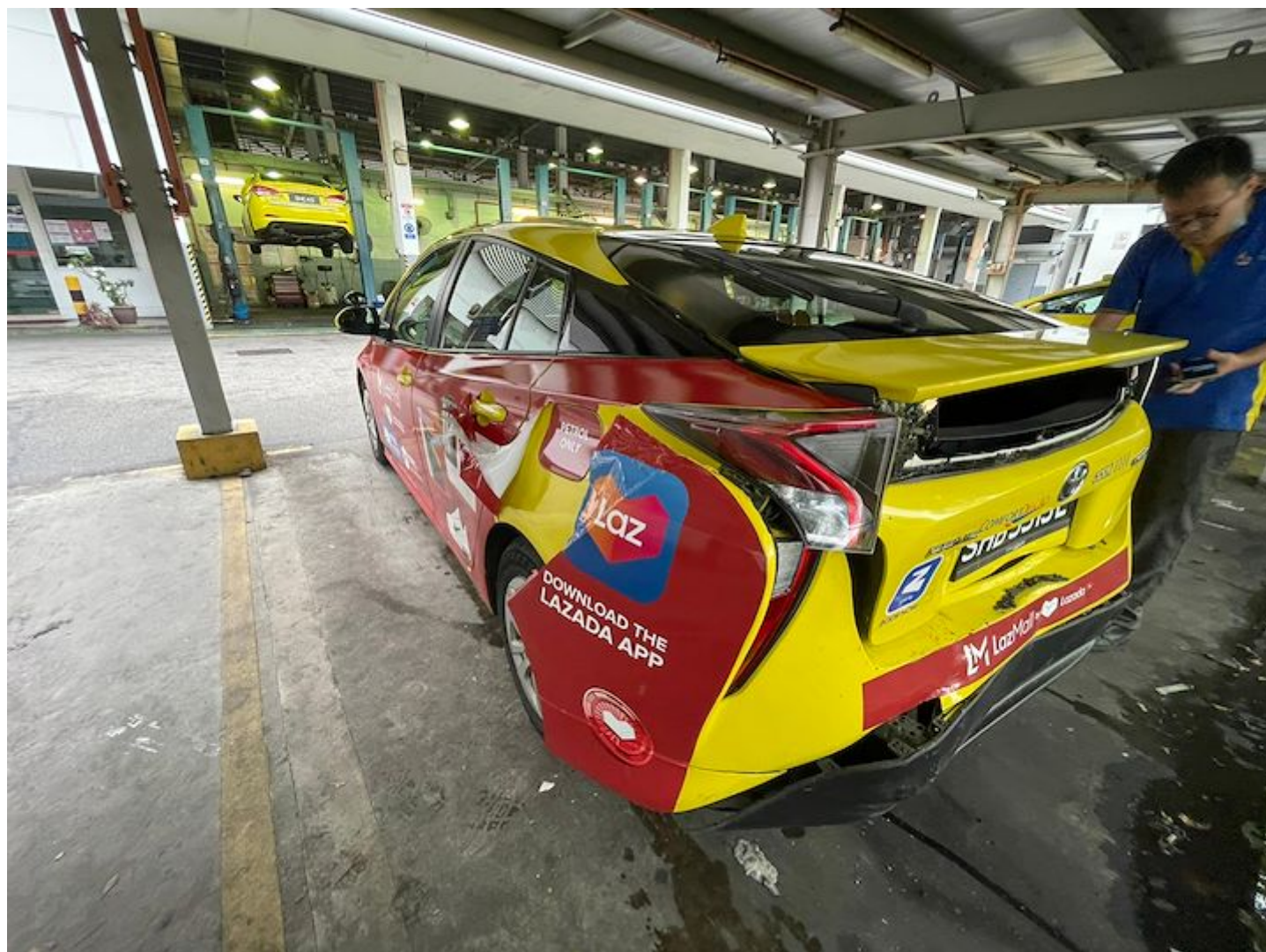
Policyholder's Signature / Date & Time

Driver's Signature (If driver is not the policyholder) / Date & Time 18:00 28.04.22

Witnessed by Reporting Centre Personnel MD NADZIN



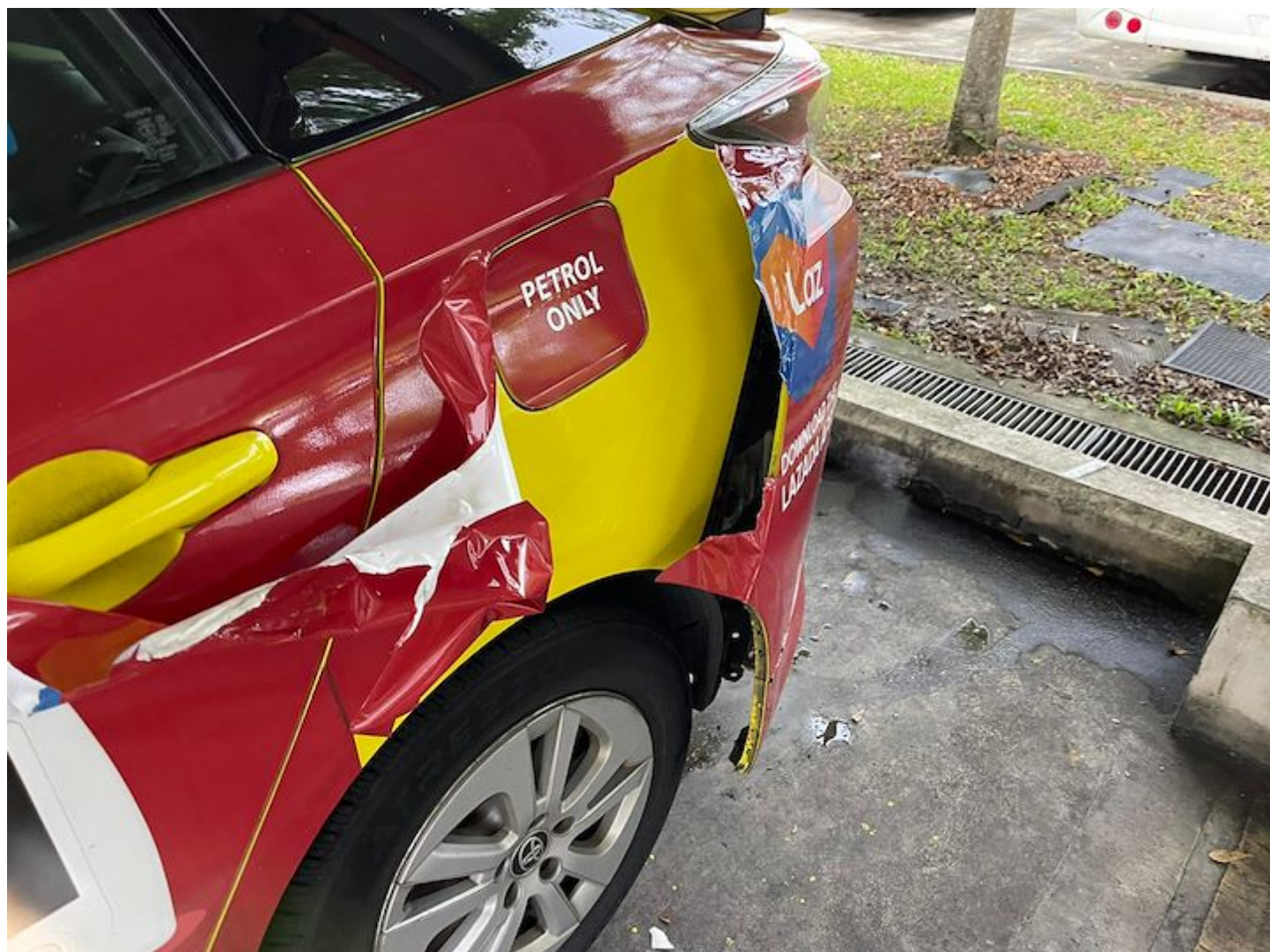


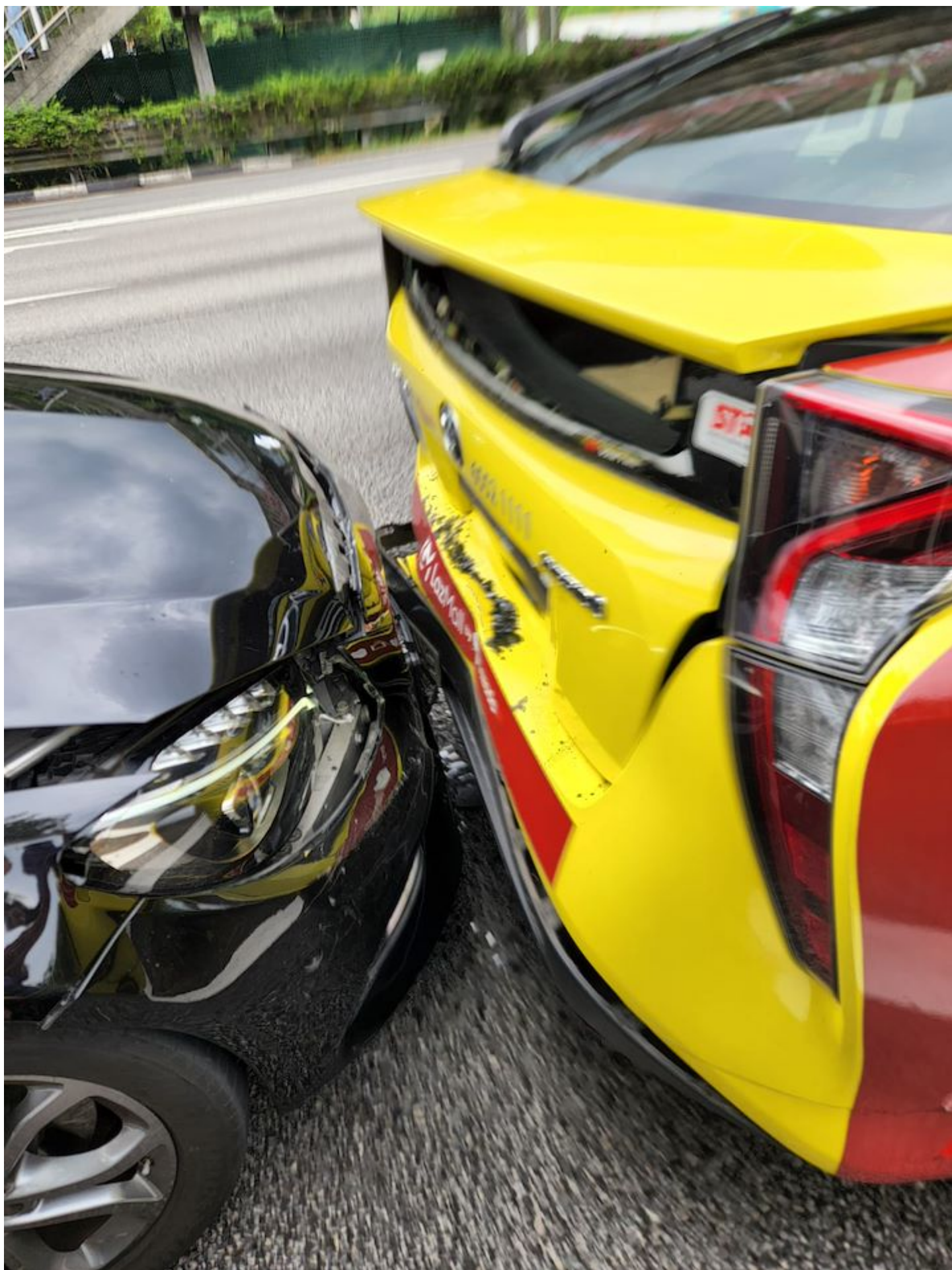


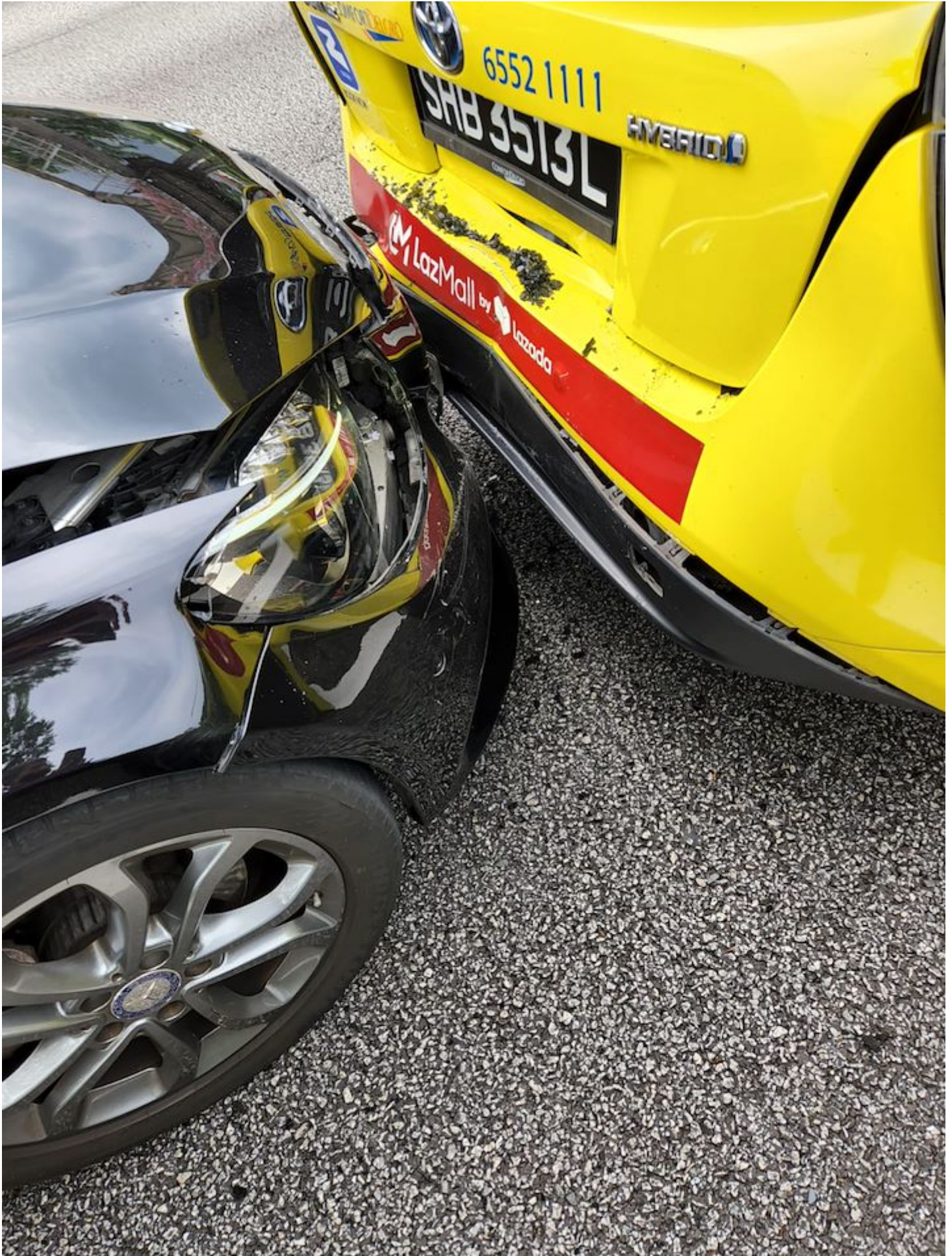





















**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999



T/20220428/2126

1 of 3

Report No. T/20220428/2126

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:
28/04/2022 20:31

Vide Report No.:

Station Diary No.:
138

Informant's Particulars

Name of Informant:
ONG LEK LEONG

Address:
APT BLK 335 CLEMENTI AVENUE 2 #08-06 SINGAPORE
120335

ID Type / ID No.:
NRIC NO / S1191966I

Contact No.:
Home/Office: Mobile: 83398507

Nationality:
SINGAPORE CITIZEN

Email:

Sex: Age: Date of Birth:
Male 65 16/05/1956

Type of Informant:
Driver

Race:
Chinese

Language:
English

Institution / School Name:

Occupation:
Taxi driver

Driving Licence Information:
Class: 3

Date of Expiry:

General Information of the Accident

Type of
Accident:

Injury
Others

Drink
Drive:
No

Date/Time of
Accident:
28/04/2022 16:00

Type of Location:

Location:

PAN-ISLAND EXPRESSWAY

Weather:
Cloudy

Road Surface:
Dry

Road Speed Limit:
90 Km/h

Traffic Flow:
One Way

Traffic Control:
Not Controlled

Traffic Volume:
Moderate

Type of Collision:

Between Moving Vehicles - Head To Rear

Anyone conveyed by
ambulance:
No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SDY6269Z		NISSAN	SUNNY 1.6EXA		Slightly Damaged	0
SHB3513L		TOYOTA	PRIUS 5DR HATCHBAC K (AUTO)	Yellow	Slightly Damaged	1
SKP4830E		MERCEDES BENZ	C180 AVANTGAR DE (R17 LED)		Slightly Damaged	0


**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999



T/20220428/2126

2 of 3

Report No. T/20220428/2126

CONTINUATION OF REPORT

Details of Vehicle Involved						No of Passenger
Vehicle No.	Type	Make	Model	Color	Condition	
SMH6193R		HONDA	FIT 1.3GF CVT	Black	Slightly Damaged	0

Details of Person Involved			
Any Pedestrian Involved: No		Use of Pedestrian Crossing: NA	
No. of Pedestrians Injured: NIL			
Driver Name	ONG LEK LEONG	ID No.	S11919661
Related Vehicle	SHB3513L	Contact No.	83398507
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	Slight

Brief Details.

On 28/04/2022 at about 1600hrs, I was dropping off a passenger namely Mr Fong at Tai Seng. While driving along PIE (Changi) after Old Police Academy at lane one, one vehicle SDY6269Z suddenly brake and came to a stop. After seeing the vehicle in front of me stop, I then manage to stop my vehicle in time.

The vehicle behind me SKP4830E did not manage to stop in time and knocked the back of my vehicle which caused my vehicle to move forward and hit vehicle SDY6269Z. Another vehicle behind SKP4830E also did not manage to stop in time thus knocking into SKP4830E rear. The vehicle behind SKP4830E is SMH6193R.

After the accident, Mr Fong complained of back pain. Mr Fong then requested me to go to the nearest hospital which I then sent him to Mount Avenia Hospital. After sending Mr Fong to the Hospital, I went back to my Taxi Company and they advised me to lodge a report.

I wish to state that I will be visiting the doctor tomorrow as I am having slight back pain.

The vehicles involved in the accident as follows.

- 1) SMH6193R (Honda)
- 2) SKP4830E (Mercedes Benz)
- 3) SHB3513L (Toyota)
- 4) SDY6269Z (Nissan)

**SINGAPORE
POLICE FORCE**

T/20220428/2126

3 of 3

Police Station Of Origin:
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999

Report No. T/20220428/2126

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:

D /

Other RYAN HO

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

28/04/2022 20:31

Officer In Charge Of Case:

TP / AEIT /

INSP (1) BOON YEN KIAN

Contact No.: 65476172

Classification Of Case:

NP168

