

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 19/05/2022 16:30 (SGT)
Date of Accident 19/05/2022 02:20 (SGT)
Exact Location of Accident Stamford Rd, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHC813K

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) +65-81330799
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 GOH JOO CHAI
NRIC No SXXXX291I

Date Of Birth	14/12/1956
Occupation	Outdoor
Date Of Driving Pass	31/01/2011
Driving experience	11 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-81330799
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLK 779 PASIR RIS STREET 71 #16-572
Address complement	-
Postcode	510779
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	Hit and run / Vandalism / Damaged whilst parked
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?	No
Was any injured conveyed to hospital by ambulance?	-
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	Pasir Ris Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18005852999
Alt. Police Station Phone No	(Fax) +65-65855261
Police Station Address	1 Pasir Ris Drive 4 #01-01 Singapore 519457
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

ON 19.05.2022 AT ABOUT 0220HRS I WAS DRIVING MY VEHICLE A SHC813K ON THE 2ND LANE OF HILL STREET TOWARDS BUGIS. AT THE TRAFFIC JUNCTION OF STAMFORD ROAD, THERE WAS A CONVOY OF 4 OR 5 SPEEDING VEHICLES ON MY LEFT AND RIGHT. VEHICLE B SMY9559K ON THE 1ST LANE THEN CUT INTO MY LANE, SIDE SWIPED MY VEHICLE A RIGHT FRONT. VEHICLE B DID NOT STOP. MY PASSENGER IS NOT INJURED. NO SCENE PHOTOS

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 NOT SUITABLE
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMY9559K
Vehicle Manufacturer	Audi
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	LEFT
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

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 willful 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 forw arded 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' 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 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' 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's not the policyholder) / Date & Time
 19.05.2022 1000HRS

 Witnessed by Reporting Centre Personnel
 Ryan Yong

Sketch Plan

A - SHC 8131K
 B - SMY 9559K



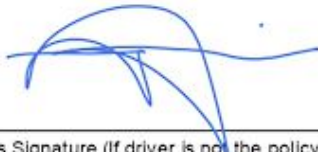
Describe Circumstances of the Accident

ON 19.05.2022 AT ABOUT 0220HRS I WAS DRIVING MY VEHICLE A SHC813K ON THE 2ND LANE OF HILL STREET TOWARDS BUGIS. AT THE TRAFFIC JUNCTION OF STAMFORD ROAD, THERE WAS A CONVOY OF 4 OR 5 SPEEDING VEHICLES ON MY LEFT AND RIGHT. VEHICLE B SMY9559K ON THE 1ST LANE THEN CUT INTO MY LANE, SIDE SWIPED MY VEHICLE A RIGHT FRONT. VEHICLE B DID NOT STOP. MY PASSENGER IS NOT INJURED. NO SCENE PHOTOS

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
 19.05.2022 1005HRS

 Witnessed by Reporting Centre Personnel



 Witnessed by Reporting Centre Personnel
 Ryan Young















**SINGAPORE
POLICE FORCE**

RECEIVED
20 MAY 2022



T/20220519/2040

BY:.....*24*.....

1 of 3

Report No. T/20220519/2040

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 19/05/2022 12:31	Vide Report No.:	Station Diary No.: 35
--	------------------	--------------------------

Informant's Particulars

Name of Informant: GOH JOO CHAI		Address: APT BLK 779 PASIR RIS STREET 71 #16-572 SINGAPORE 510779	
ID Type / ID No.: NRIC NO / S1203291I		Contact No.:	Mobile: 81330799
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 65	Date of Birth: 14/12/1956	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: Taxi driver		Driving Licence Information: Class: 3A	Date of Expiry:

General Information of the Accident

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 19/05/2022 02:20	Type of Location: X-Junction
Location: HILL STREET				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHC813K	Car	HYUNDAI	AE IONIQ	Yellow		1
SMY9559K	Car	AUDI		Red		0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20220519/2040

2 of 3

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

Report No. T/20220519/2040

CONTINUATION OF REPORT

Driver			
Name	GOH JOO CHAI		ID No. S1203291I
Related Vehicle	NIL		Contact No. 81330799
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 3A Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 19/05/2022 at about 0220hrs, I was driving my vehicle (SHC813K) on lane 2 along Hill Street towards Bugis. I had one male passenger in my vehicle. At the junction of Stamford Road, there were a convoy of 4 to 5 speeding vehicles on my left and right side. When suddenly, a vehicle (SMY9559K) from lane 1 cut across my lane turning left resulting in side swiping my vehicle at the front right portion. The lane that the vehicle is on is not supposed to be turning left.

After hitting my vehicle, the vehicle did not stop and continued on. After hitting onto me, I then moved forward and stopped at the side of the road to make a check on my vehicle. I also made a check on my passenger and he mentioned he is fine. I then continued on the journey sending my passenger to his destination.

Initially, I could not see the plate number of the vehicle. After making a report at my company and viewing the vehicle in-car camera, I managed to get the plate number. Currently, my vehicle is at the company's workshop. There are damages on my front right part of my vehicle.



**SINGAPORE
POLICE FORCE**



T/20220519/2040

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

3 of 3



Report No. T/20220519/2040

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 / Other MOHAMED HAZWAN BIN MOHAMED YASIN 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 19/05/2022 12:31
Officer In Charge Of Case: TP / HRT / Other KASMAWATI BTE SAMIAN Contact No.: 65476368	Classification Of Case:

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: SJ04225J000N Vehicle Registration No: SHC813K
 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: 19/05/2022 Time of Accident: 02:20
 Place of Accident: Stamford Rd,
 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:

ATTACHED POLICE REPORT



Policyholder / Driver's Signature
Date:

siti

Reporting Centre Personnel's Signature
Name: Siti
NRIC/FIN No.:
Date: 21.05.2022

GIARMC Addendum Form

