

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	08/01/2021 09:23 (SGT)
Date of Accident	07/01/2021 13:25 (SGT)
Exact Location of Accident	Near Opp Queensway Shop Ctr, Singapore
Additional Location Information	ALONG ALEXANDRA RD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC7075C
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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) +65-65508768
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	-
Are you claiming under your own insurance policy for repair to your vehicle?	No - Reporting only
Vehicle Category	Taxi

INSURANCE COMPANY

Name of Insurance Company	Axa
Type of Coverage	ThirdPartyFireTheft
Fleet Policy	Yes
Policy Number	VFX/P2419140
Cover Note Number	-

DRIVER

Name of Driver	LIM HAN JOO
NRIC No	S1330877B
Date Of Birth	04/03/1958
Occupation	Outdoor

Date Of Driving Pass	07/07/1978
Driving experience	42 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98233564
Alt. Phone Number	-
Email Address	FLEETSAFETY@CDGTAXI.COM.SG
Address	APT BLK 680B JURONG WEST CENTRAL 1 #11-64
Address complement	-
Postcode	642680
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	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 material 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	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Jurong East Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18008999999
Alt. Police Station Phone No	(Fax) +65-66655791
Police Station Address	No. 92 Boon Lay Way Singapore 609962
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT T/20210107/2097

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBF3108Z
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	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	FBF3108Z
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes

SKETCH PLAN**IMPORTANT NOTICE**

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7. By the lodgment 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

 Policyholder's Signature
 Date & Time:

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

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













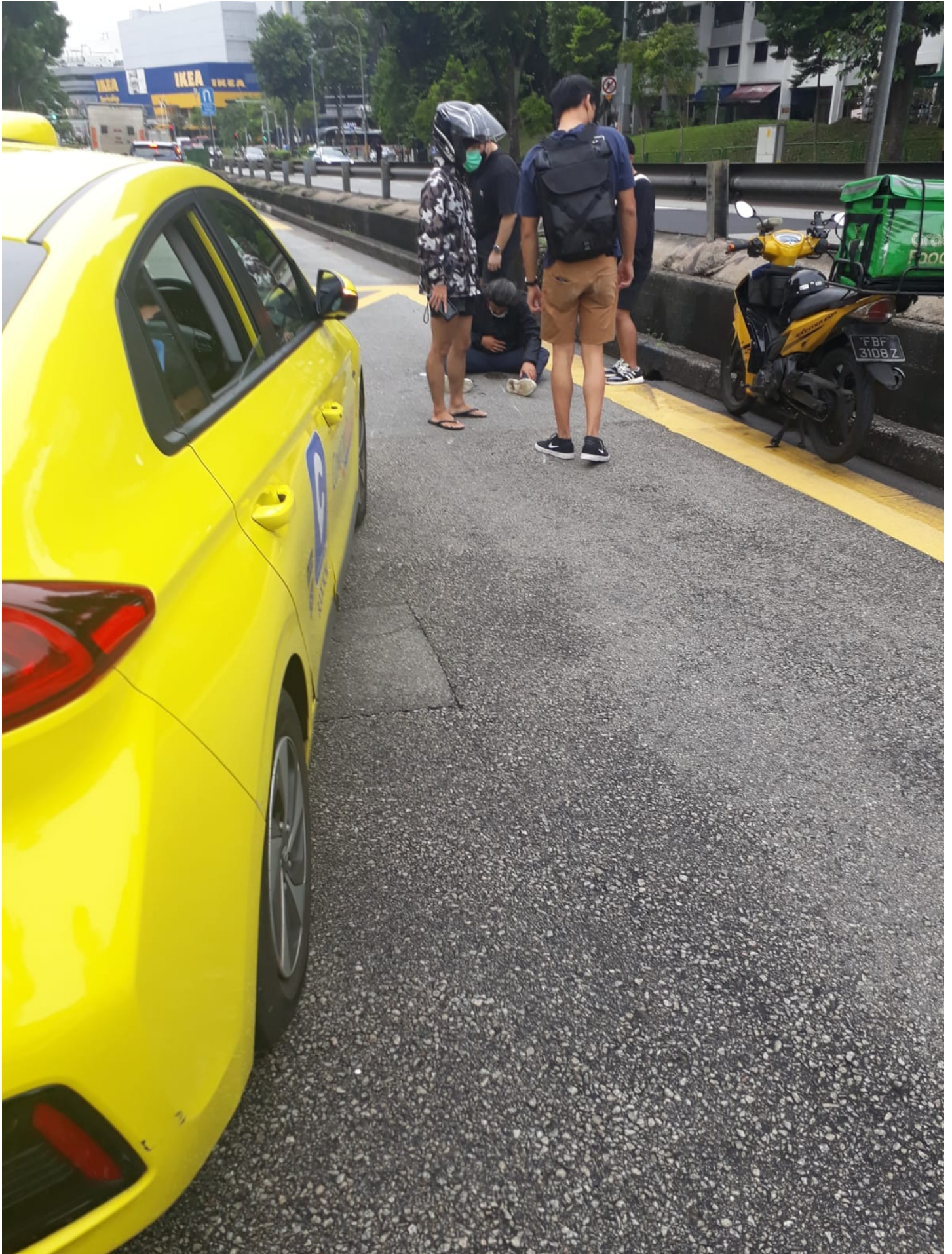


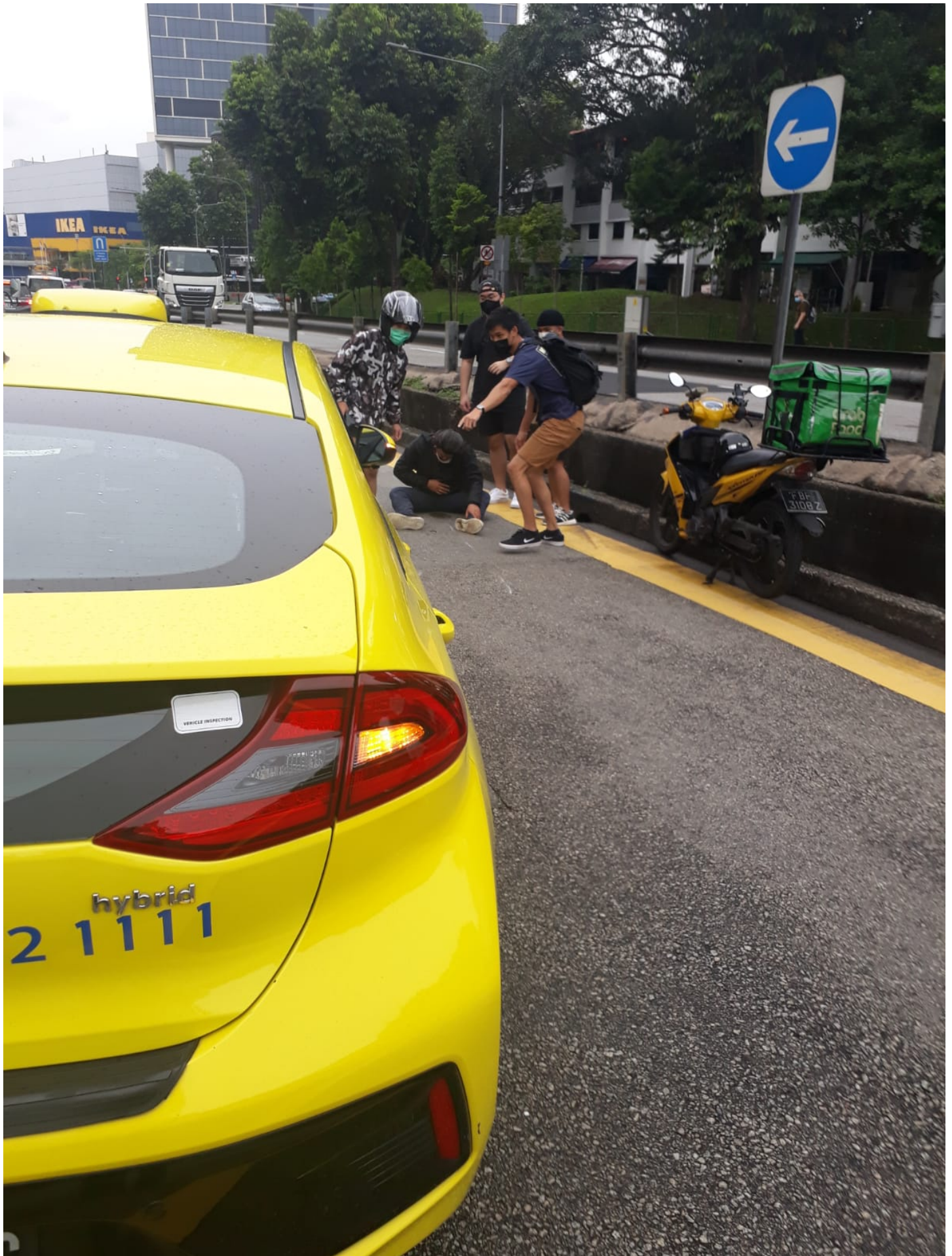
















**SINGAPORE
POLICE FORCE**



T/20210107/2097

Police Station Of Origin:
Jurong East N.P.C
92 Boon Lay Way SINGAPORE 609962
Tel No: 1800-8999999

1 of 3

Report No. T/20210107/2097

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 07/01/2021 15:57		Vide Report No.: D/20210107/0065		Station Diary No.: 57	
Informant's Particulars					
Name of Informant: LIM HAN JOO			Address: APT BLK 680B JURONG WEST CENTRAL 1 #11-64 SINGAPORE 642680		
ID Type / ID No.: NRIC NO / S1330877B			Contact No.: Home/Office: Mobile: 98233564		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 62	Date of Birth: 04/03/1958	Type of Informant: Driver		
Race: Chinese			Language: Chinese		Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: 3,4,5		Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 07/01/2021 13:25	Type of Location: Straight Road
Location: ALEXANDRA ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBF3108Z	Motorcycle			Yellow	No Damage	0
SHC7075C	Car	HYUNDAI		Yellow	No Damage	1

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



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Report No. T/20210107/2097

CONTINUATION OF REPORT

Driver			
Name	LIM HAN JOO	ID No.	S1330877B
Related Vehicle	SHC7075C (Car)	Contact No.	98233564
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3,4,5 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 07/01/2021, at about 1325hrs, I was driving my Yellow Hyundai Comfortdelgro Taxi, SHC7075C, along Alexandra Road, from AYE, towards Ganges Ave, on the 2nd lane from the right with one passenger seated at left rear seat. When nearing to the junction of Alexandra Road and Jalan Bukit Merah, there were vehicles stopped at the junction and I was preparing to lane change to the 1st lane from the right to form up into the correct lane to make a right turn. While in the yellow box outside of Alexandra Hospital exit, I switched on my signal, checked my right side mirror and my blindspot and did not see any vehicle. I then proceeded to make the lane change however just as I started tilting my vehicle slightly, a motorcycle came from the rear and hit into my vehicle's right side mirror. I then saw the rider fall off his motorbike. I immediately stopped my vehicle and got out of my vehicle to make a check on the rider. Multiple onlookers then came over as well to assist the rider as well as assist to call for ambulance and police assistance. Some onlookers assisted to push his bike to the right side while myself and a few others checked on the rider. The rider informed us, after he got up, that he was feeling pain in his right leg.

Subsequently, ambulance and traffic police arrived. Ambulance made a check on the rider and informed that he will be conveyed. Traffic police passed the rider his personal items and spoke to him before he was conveyed by ambulance. Traffic police did their investigations and advised me to lodge a Traffic accident report. They also took the SD card of my in-car camera from me.

My passenger left not long after the accident as happened as he said that he was in a rush so I do not have his details.



SINGAPORE
POLICE FORCE



T/20210107/2097

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92 Boon Lay Way SINGAPORE 609962
Tel No: 1800-8999999

3 of 3

Report No. T/20210107/2097

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 /

Sgt 1 TENG JIUN SAI, PRESTON

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

07/01/2021 15:57

Officer In Charge Of Case:

TP / GIT /

Sgt 3 MUHAMMAD ZICKIE BIN AHMAD
SUYUTI

Contact No.: 65476904

Classification Of Case:

Authentication Stamp

NP168





V2
SHC 7075C
Hyundai Taxi / Yellow
comfortable gro

**SINGAPORE POLICE FORCE
ACKNOWLEDGEMENT SLIP**

Ref: Report No:

0/00010107/0065

I, _____

Sgt TOGSAJ JALAPAI

(Recipient's Name, Contact No. / NRIC or Passport No. / Rank and No.)

of _____

TRAFFIC POLICE HQ

(Address / Police Station / NPC / NPP)

hereby acknowledge receipt of the below mentioned items of:

1

ONE DANKING 6498 MORE IN CARD

2

3

4

5

6

7

8

9

10

from _____

LIM HAN JOO S1330877B

(Name, NRIC or Passport No. / Rank and No.)

of _____

81K 6608

JALAPAI WAT CTRL / #11-67, S642680

on _____

07/01/2021

(Address / Police Station / NPC / NPP)

at _____

(Date)

(Time)

Witnessed by / * Handed over by:

(* Delete if applicable)

98233564

(Signature)

LIM HAN JOO S1330877B

(Name, NRIC or Passport No. / Rank and No.)

Received by:

(Signature)

Sgt TOGSAJ JALAPAI

(Name, Contact No. / NRIC or Passport No. / Rank and No.)

Other Remarks:

7D 10 INCHING
20 SYAFFIAH: 65476367
LOGE ACCOUNT REPORT