

# 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 ..... 20/07/2022 17:05 (SGT)  
Reported by ..... Driver  
Date of Accident ..... 19/07/2022 19:35 (SGT)  
Exact Location of Accident ..... Yishun Ave 6, Singapore  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SHB4972M

### 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) +65-87610355  
Alternative Phone No ..... -

### 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 - Reporting only  
Vehicle Category ..... Taxi  
Transmission ..... Auto  
CC ..... 1798

### INSURANCE COMPANY

Name of Insurance Company ..... AXA Insurance Pte Ltd  
Policy Number / Cover Note Number ..... VFX/P2419140

### DRIVER

Name of Driver ..... LEE CHUAN YEONG  
NRIC No ..... S2693057Z  
Date Of Birth ..... 15/03/1961  
Occupation ..... Outdoor

Date Of Driving Pass .....	15/07/1994
Driving experience .....	28 YEARS
Gender .....	Male
Mobile Number .....	(Phone) +65-87610355
Alt. Phone Number .....	-
Email Address .....	fleetsafety@cdgtaxi.com.sg
Address .....	504 BUKIT BATOK STREET 52 #05-47
Address complement .....	-
Postcode .....	650504
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 .....	Collision - Change/cross lane
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
Translator's name .....	-
Translator's ID .....	-
Translator's phone number .....	-
Translator's email .....	-
Original language used in the statement .....	-

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Hong Kah North Neighbourhood Police Post
Police Station Phone No .....	(Phone) +65-18005679999
Alt. Police Station Phone No .....	(Fax) +65-65652508
Police Station Address .....	Blk 370 Bukit Batok Street 31 #01-201 Singapore 650370
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

AS PER POLICE REPORT No.T/20220719/2118

#### 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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	FBS7779S
Vehicle Manufacturer .....	Yamaha
Vehicle Model .....	-

Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Motorcycle
Name of Driver .....	MUHAMMAD RIDWAN BIN AHMAD
NRIC No .....	S9822823C
Contact Number .....	(Phone) +65-87745617
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	1

#### INJURED PERSONS DETAILS

##### INJURED 1

Name of injured person .....	MUHAMMAD RIDWAN BIN AHMAD
Gender .....	Male
Phone No .....	(Phone) +65-87745617
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	FBS7779S
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	Yes

**SKETCH PLAN****IMPORTANT NOTICE**

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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")

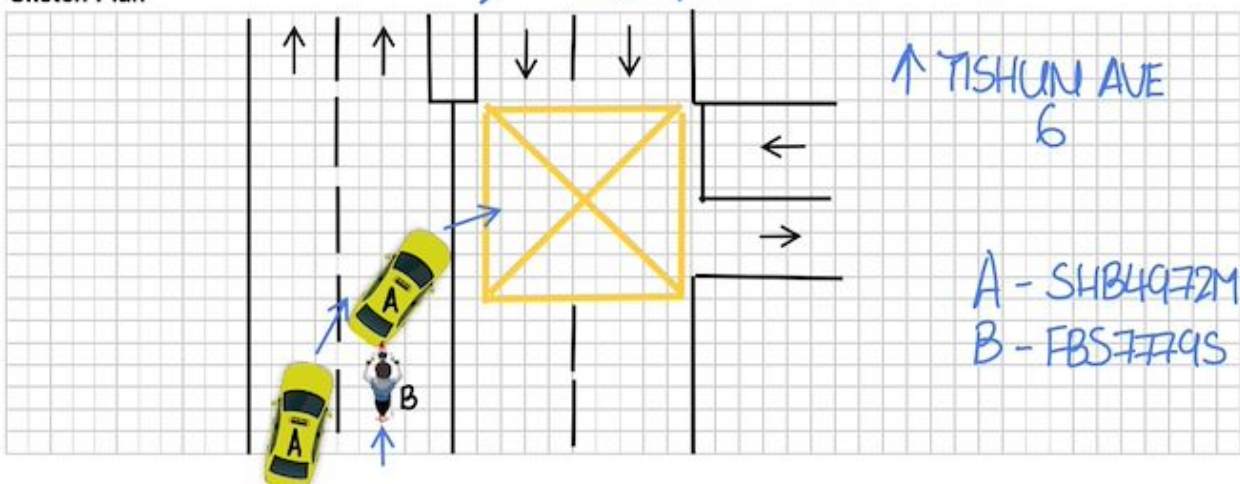
(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

(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

Witnessed by Reporting Centre Personnel

**Sketch Plan**

Describe Circumstances of the Accident

PLEASE REFER TO POLICE REPORT T/20220719/2118

**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

20/07/22

1200

\_\_\_\_\_  
Witnessed by Reporting Centre  
Personnel























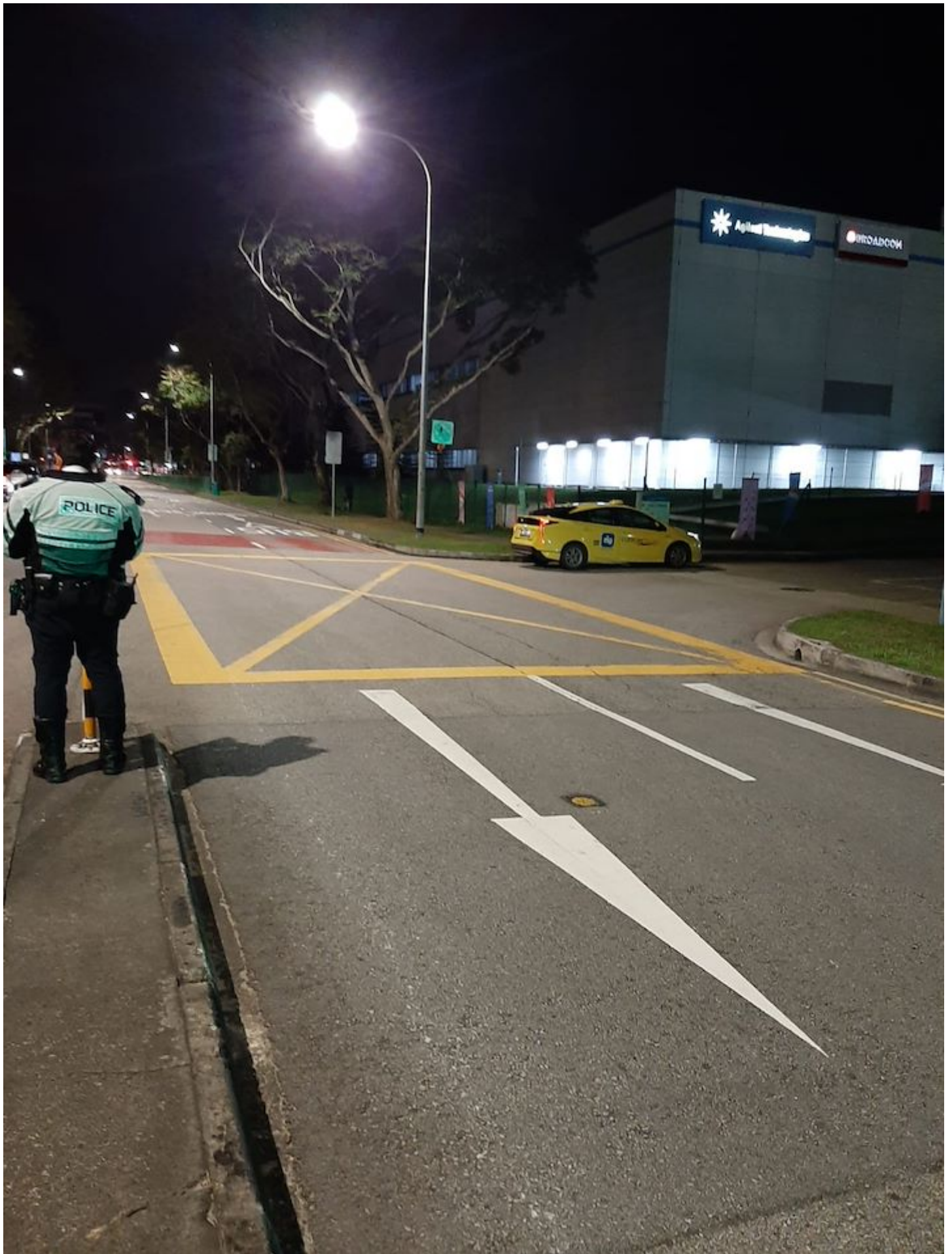






















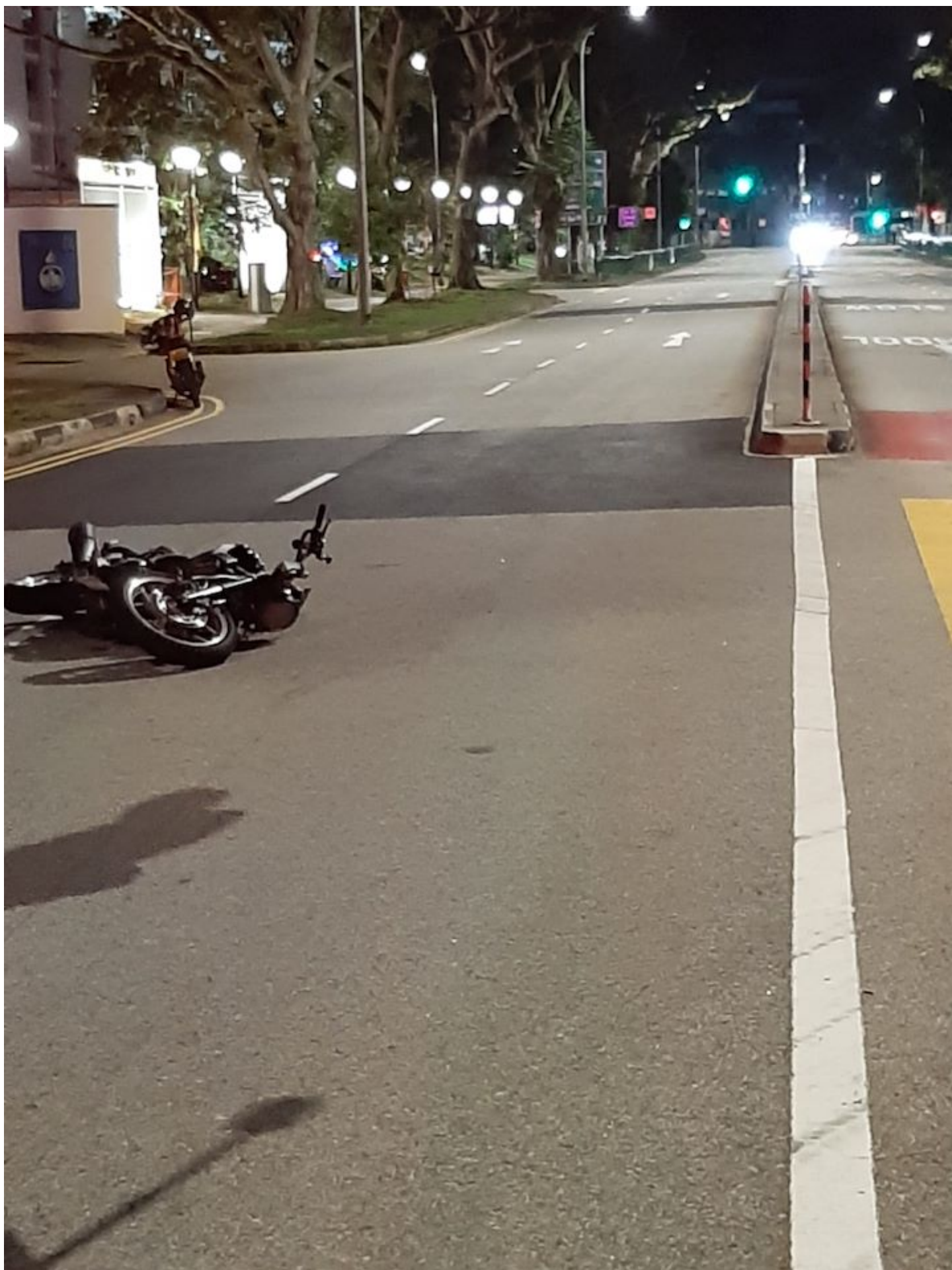




























# SINGAPORE POLICE FORCE



T/20220719/2118

Police Station Of Origin:  
Hong Kah North NPP  
370 Bukit Batok Street 31 #01-201  
SINGAPORE 650370  
Tel No: 1800-5679999

1 of 3

Report No. T/20220719/2118

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 19/07/2022 21:58	Vide Report No.: L/20220719/0082	Station Diary No.: 73
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## Informant's Particulars

Name of Informant: LEE CHUAN YEONG			Address: APT BLK 504 BUKIT BATOK STREET 52 #02-47 SINGAPORE 650504	
ID Type / ID No.: NRIC NO / S2693057Z			Contact No.: Home/Office: Mobile: 87610355	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 61	Date of Birth: 15/03/1961	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: 2B,3 Date of Expiry:	

## General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 19/07/2022 19:35	Type of Location: T-Junction
Location:  YISHUN AVENUE 6				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

## Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBS7779S	Motorcycle	YAMAHA			Slightly Damaged	0
SHB4972M	Car	TOYOTA	PRIUS	Yellow	Slightly Damaged	0

## Details of Person Involved

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





**SINGAPORE  
POLICE FORCE**



T/20220719/2118

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Report No. T/20220719/2118

**CONTINUATION OF REPORT**

<b>Rider</b>			
Name	Muhammad Ridwan Bin Ahmad	ID No.	S9822823C
Related Vehicle	FBS7779S (Motorcycle)	Contact No.	87745617
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
<b>Driver</b>			
Name	LEE CHUAN YEONG	ID No.	S2693057Z
Related Vehicle	SHB4972M (Car)	Contact No.	87610355
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,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 the 19 June 2022 at about 1935hrs, I was driving my taxi, SHB4972M, along Yishun Avenue 6, Initially I was on the left side of the lane, however as I needed to make lane switch as I wanted to make a right turn into the road leading to YS-One Building, I made a right turn signal to show my intention and check for any on-coming traffic. Seeing that it was clear, I proceeded to make the lane switch to the right lane.

There was also no on-coming traffic from the opposite side of the road, therefore I proceeded to make a right turn into the road leading to YS-One Building. However, as my taxi was making the right turn. I felt and heard a loud impact coming from the rear of my taxi.

Upon hearing the impact, I stopped my vehicle and proceeded to make a check and realized that a motorcycle, FBS7779S had hit onto the rear of my taxi. The rider had fell on the road due to the impact. The rider called for the assistance and shortly after the Traffic Police and Ambulance arrived.

The rider was shortly conveyed to hospital by the ambulance. I was asked by the Traffic Police to lodge a report about this accident reference: L/20220719/0082. My SD card was also seized by the Traffic Police Officer. Due to the impact, the rear right bumper of my taxi was damaged, I am unsure of the damages of the motorcycle.



**SINGAPORE  
POLICE FORCE**



T/20220719/2118

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SINGAPORE 650370  
Tel No: 1800-5679999

3 of 3

Report No. T/20220719/2118

**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:

J/

SR STAFF SGT LEE JUN XIANG

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

19/07/2022 21:58

Officer In Charge Of Case:

TP / GIT /

STAFF SGT MOHAMED SUFIAN BIN

MOHAMED JUNID

Contact No.: 65476247

Classification Of Case:

NP168

