

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 Actual 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	16/08/2022 17:38 (SGT)
Reported by	Driver
Date of Accident	16/08/2022 09:45 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	BEFORE LORNIE ROAD EXIT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC7262D
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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) +65-98188711
Alternative Phone No	(Office) +65-65508768

VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	I40
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	1685

INSURANCE COMPANY

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

DRIVER

Name of Driver	NG CHING SOON
NRIC No	SXXXX302C
Date Of Birth	31/07/1957
Occupation	Outdoor

Date Of Driving Pass	18/09/1976
Driving experience	45 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98188711
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLK 207 PETIR ROAD #09-573
Address complement	-
Postcode	2367
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	Raining
Road Surface	Wet

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
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)	2
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	-

PASSENGER 1

Name	UNKNOWN
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Bedok Division Headquarters
Police Station Phone No	(Phone) +65-18002440000
Alt. Police Station Phone No	(Fax) +65-64443009
Police Station Address	30 Bedok North Road Singapore 469676
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

ON 16/08/2022 AT ABOUT 0945HRS I WAS DRIVING VEHICLE A (SHC7262D) ALONG PIE TOWARDS CHANGI ON LANE 1. THE WEATHER WAS RAINING AND ROAD WAS WET. THE TRAFFIC FLOW WAS HEAVY. WHILE THE TRAFFIC WAS STOPPING SUDDENLY VEHICLE B (SLJ7462J) REAR ENDED VEHICLE A. I CAME OUT TO CHECKED AND IT APPEAR TO BE CHAIN COLLISION INVOLVING 3 VEHICLE WHERE VEHICLE C (SLN7757M) WAS THE FIRST CAR TO REAR ENDED VEHICLE B AND CAUSE VEHICLE B TO REAR ENDED VEHICLE A. I WAS INJURED DURING THE TIME OF ACCIDENT, HAVING BACK AND NECK PAIN. I WAS ALSO CONVEYED TO HOSPITAL TAN TOCK SENG. NOBODY ELSE WAS CONVEYED. I WAS ALSO GIVEN 5 DAYS OF MC AND POLICE REPORT HAD BEEN DONE AS WELL. POLICE REPORT NO. G/20220816/7053.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
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Was there any video captured by Car Camera?
Reasons for not uploading a video of the accident

Yes
FILE IS NOT SUITABLE

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLJ7462J
Vehicle Manufacturer	Toyota
Vehicle Model	Harrier
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	ZHANG YAJUN
NRIC No	SXXXX666G
Contact Number	-
Address	-
Address complement	52 LAKESIDE DRIVE #10-11
Postcode	648316
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SLN7757M
Vehicle Manufacturer	Mazda
Vehicle Model	3
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	NA / Unknown
Name of Driver	LOH DONG CHERNG, MAVERICK
Contact Number	-
Address	-
Address complement	65 NEW UPPER CHANGI ROAD #04-1142
Postcode	460065
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	NG CHING SOON
Gender	Male
Phone No	(Phone) +65-98188711
Address	207 PETIR ROAD #09-573
Address Complement	-
Post Code	670207
Approximate Age Years Old	65
Injuries Sustained	BACK AND NECK PAIN
Injured person in which vehicle?	SHC7262D
Were seat belts worn?	Yes
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' 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.

[Signature]

[Signature]

Policyholder's Signature / Date & Time

Driver's Signature (if driver is not the policyholder) / Date & Time
16/08/2022 1625HRS

Witnessed by Reporting Centre Personnel
FRO NAZREEN

Sketch Plan



PIE CHANGI BEFORE
LORNIE ROAD EXIT

A - SHC7262D

B - SLJ7462J

C - SLN7757M

Describe Circumstances of the Accident

ON 16/08/2022 AT ABOUT 0945HRS I WAS DRIVING VEHICLE A (SHC7262D) ALONG PIE TOWARDS CHANGI ON LANE 1. THE WEATHER WAS RAINING AND ROAD WAS WET. THE TRAFFIC FLOW WAS HEAVY. WHILE THE TRAFFIC WAS STOPPING SUDDENLY VEHICLE B (SLJ7462J) REAR ENDED VEHICLE A. I CAME OUT TO CHECKED AND IT APPEAR TO BE CHAIN COLLISION INVOLVING 3 VEHICLE WHERE VEHICLE C (SLN7757M) WAS THE FIRST CAR TO REAR ENDED VEHICLE B AND CAUSE VEHICLE B TO REAR ENDED VEHICLE A. I WAS INJURED DURING THE TIME OF ACCIDENT, HAVING BACK AND NECK PAIN. I WAS ALSO CONVEYED TO HOSPITAL TAN TOCK SENG. NOBODY ELSE WAS CONVEYED. I WAS ALSO GIVEN 5 DAYS OF MC AND POLICE REPORT HAD BEEN DONE AS WELL. POLICE REPORT NO. G/20220816/7053.

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 16/08/2022 1625HRS



Witnessed by Reporting Centre Personnel FRO NAZREEN