

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 10/06/2022 10:57 (SGT)
Date of Accident 09/06/2022 00:40 (SGT)
Exact Location of Accident Bedok North Ave 3, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHA8047M

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) +65-94285888
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 PANG TUEE WEE (FENG TUIWEI)
NRIC No SXXXX445H

Date Of Birth	30/03/1974
Occupation	Outdoor
Date Of Driving Pass	16/11/1994
Driving experience	27 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-94285888
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLK 405B NORTHSORE DRIVE #08-128
Address complement	-
Postcode	822405
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	RELIEF
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 - Head to Rear
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?	No
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	UNKNOWN
Gender	Male

PASSENGER 2

Name	UNKNOWN
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Thomson Neighbourhood Police Post
Police Station Phone No	(Phone) +65-18004529999
Alt. Police Station Phone No	(Fax) +65-65535740
Police Station Address	Blk 25 Sin Ming Road #01-180 Singapore 570025
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

ON THE 10/06/2022 AT ABOUT 0040 HOURS, I WAS DRIVING VEHICLE A (SHA8047M) TURNING LEFT ON A SLIP ROAD FROM BEDOK NORTH AVENUE 3 TOWARDS NEW UPPER CHANGI ROAD WHEN I AM IN STATIONARY POSITION BEFORE A GIVE WAY LINE CHECKING FOR ONCOMING TRAFFIC APPROACHING FROM MY RIGHT TO CLEAR WHEN SUDDENLY VEHICLE B (SMQ5119R) REAR ENDED ME. I HAVE HAD A FEMALE PASSENGER ON BOARD, AND THE IMPACT CAUSE HER PHONE TO HIT HER FACE/HEAD AREA BUT SHE IS FINE. I WAS DOING A JOB USING TADA AT THE POINT OF ACCIDENT. I HAVE SUFFERED SOME DULL PAIN TO MY NECK AND BACK.

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	SMQ5119R
Vehicle Manufacturer	Volkswagen
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	AZMI BIN AHMAD
Contact Number	(Phone) +65-94870493
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	PANG TUEE WEE (FENG TUIWEI)
Gender	Male
Phone No	(Phone) +65-94285888
Address	BLK 405B NORTHSHORE DRIVE #08-128
Address Complement	-
Post Code	822405
Approximate Age Years Old	48
Injuries Sustained	NECK AND BACK
Injured person in which vehicle?	SHA8047M
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	-

INJURED 2

Name of injured person	PASSENGER
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	GIDDY
Injured person in which vehicle?	SHA8047M
Were seat belts worn?	-
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)

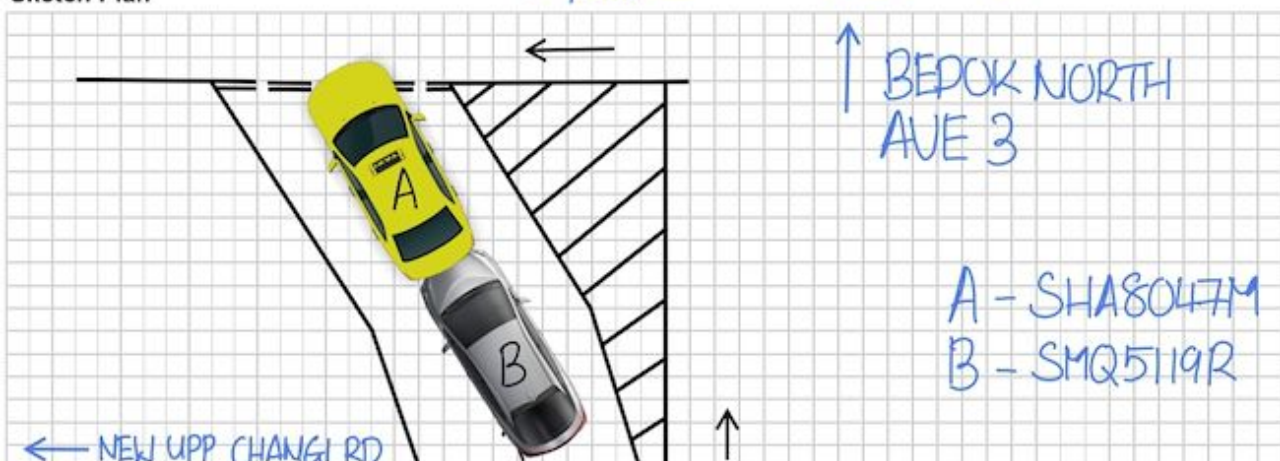
I understand, acknowledge, agree and consent that :

- (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

Witnessed by Reporting Centre Personnel

Sketch Plan

Describe Circumstances of the Accident

ON THE 10/06/2022 AT ABOUT 0040 HOURS, I WAS DRIVING VEHICLE A (SHA8047M) TURNING LEFT ON A SLIP ROAD FROM BEDOK NORTH AVENUE 3 TOWARDS NEW UPPER CHANGI ROAD WHEN I AM IN STATIONARY POSITION BEFORE A GIVE WAY LINE CHECKING FOR ONCOMING TRAFFIC APPROACHING FROM MY RIGHT TO CLEAR WHEN SUDDENLY VEHICLE B (SMQ5119R) REAR ENDED ME. I HAVE HAD A FEMALE PASSENGER ON BOARD, AND THE IMPACT CAUSE HER PHONE TO HIT HER FACE/HEAD AREA BUT SHE IS FINE. I WAS DOING A JOB USING TADA AT THE POINT OF ACCIDENT. I HAVE SUFFERED SOME DULL PAIN TO MY NECK AND BACK.

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

Witnessed by Reporting Centre
Personnel





















**SINGAPORE
POLICE FORCE**



T/20220610/2031

1 of 3

Police Station Of Origin:
Thomson NPP
25 Sin Ming Road #01-180 SINGAPORE
570025
Tel No: 1800-4529999

Report No. T/20220610/2031

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 10/06/2022 12:24	Vide Report No.:	Station Diary No.: 10
--	------------------	--------------------------

Informant's Particulars

Name of Informant: PANG TUEE WEE			Address: APT BLK 405B NORTHSHORE DRIVE #08-128 SINGAPORE 822405	
ID Type / ID No.: NRIC NO / S7411445H			Contact No.: Home/Office: Mobile: 94285888	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 48	Date of Birth: 30/03/1974	Type of Informant: Driver	
Race: Chinese			Language:	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 Others	Drink Drive: No	Date/Time of Accident: 10/06/2022 00:40	Type of Location: SLIP ROAD
Location: BEDOK NORTH AVENUE 3				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control: Pedestrian Crossing	Traffic Volume: No Traffic	
Type of Collision: MOVING VEHICLE AGAINST STATIONARY VEHICLE - HEAD TO REAR			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHA8047M	Car				Slightly Damaged	1
SMQ5119R	Car					0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20220610/2031

2 of 3

Police Station Of Origin:
Thomson NPP
25 Sin Ming Road #01-180 SINGAPORE
570025
Tel No: 1800-4529999

Report No. T/20220610/2031

CONTINUATION OF REPORT

Driver			
Name	PANG TUEE WEE	ID No.	S7411445H
Related Vehicle	SHA8047M (Car)	Contact No.	94285888
Hospital/Clinic	SIN MIN CLINIC	Class of Driving Licence & Expiry Date	Class: 3,4,5 Date of Expiry: NIL
Date Treatment	10/06/2022	Date Discharge	10/06/2022
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	AZMI BIN AHMAD	ID No.	S1515519A
Related Vehicle	SMQ5119R (Car)	Contact No.	94870493
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

Brief Details.

On the above mentioned date and time I was driving my taxi (SHA8047M) along Bedok North Ave 3 and was turning left on Bedok North Road on the slip road. There was one female passenger at the back seat.

There was a pedestrian crossing and after I crossed the pedestrian crossing, I stopped my vehicle for the oncoming traffic. Suddenly, I felt a collision coming from the rear of my vehicle. I observed that the vehicle behind me (SMQ5119R) had collided to the rear of my vehicle. I then turn and stopped my vehicle at the side of the road to check on my passenger and my vehicle. At that point of time my passenger said she was feeling giddy but does not require immediate medical attention. I exited my vehicle and made a check on my vehicle. The rear bumper of my vehicle suffered damages due to the collision. I exchanged particulars with the other party and left the location.

At about 1100hrs, I went to Sin Min Clinic to see a doctor as I felt pain on my back and neck. I received 3 days MC dated from 10/06/2022 until 12/06/2022.



**SINGAPORE
POLICE FORCE**



T/20220610/2031

Police Station Of Origin:
Thomson NPP
25 Sin Ming Road #01-180 SINGAPORE
570025
Tel No: 1800-4529999

3 of 3

Report No. T/20220610/2031

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:

E /
SGT 3 MUHAMMAD TAUFIQ BIN
ISHAK

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

10/06/2022 12:24

Officer In Charge Of Case:

TP / AEIT /
Other MUHAMMAD NOOR BIN ABDUL
RAHMAN
Contact No.: 65476219

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: SJ04226A0006 Vehicle Registration No: SHA8047M
 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: 09/08/2022 Time of Accident: 00:40
 Place of Accident: Bedok North Ave 3,
 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: 14.08.2022

GIARMC Addendum Form

