

# 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	29/08/2022 18:56 (SGT)
Reported by	Driver
Date of Accident	28/08/2022 14:00 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	TOWARDS TUAS
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC2594D
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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) +65-87182720
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
Policy Number / Cover Note Number	VFX/P2419140

### DRIVER

Name of Driver	GOH KWANG SENG (WU GUANCHENG)
NRIC No	SXXXX362Z
Date Of Birth	19/06/1960
Occupation	Outdoor

Date Of Driving Pass	28/02/1984
Driving experience	38 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-87182720
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLK 356A ADMIRALTY DRIVE #07-88
Address complement	-
Postcode	751356
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	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
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

#### 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	Changi Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18005872999
Alt. Police Station Phone No	(Fax) +65-65872900
Police Station Address	9 Simei Street 2 Singapore 529914
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T /20220828/2106

#### ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes

## DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJU8253E
Vehicle Manufacturer	-
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	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

## INJURED PERSONS DETAILS

## INJURED 1

Name of injured person	TAXI PASSENGER
Gender	Female
Phone No	-
Address	BLK 356A ADMIRALTY DRIVE #07-88
Address Complement	-
Post Code	751356
Approximate Age Years Old	-
Injuries Sustained	NOT FEELING WELL
Injured person in which vehicle?	SHC2594D
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

## INJURED 2

Name of injured person	GOH KWANG SENG (WU GUANCHENG)
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BACK PAIN
Injured person in which vehicle?	SHC2594D
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

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

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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.



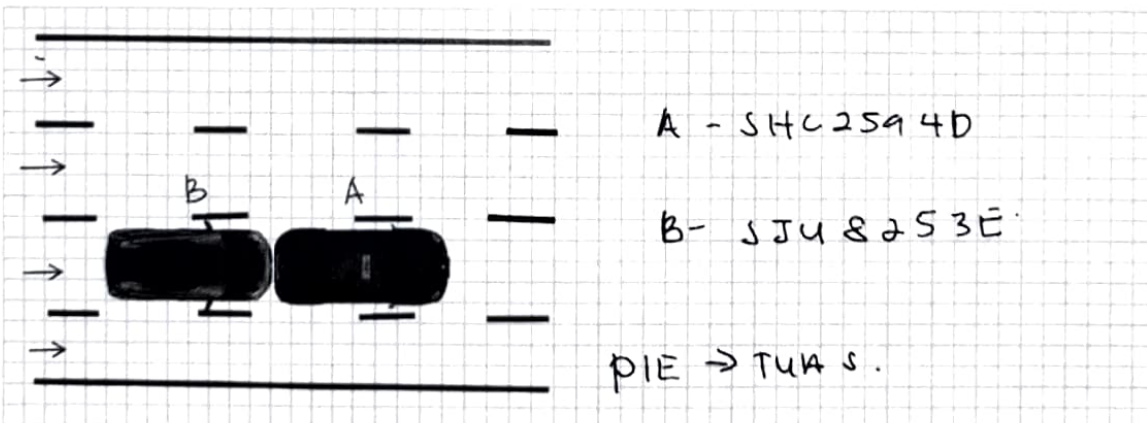
FLASH ACCIDENT  
REPORTING OFFICER

FRO KHAMARAJ

Policyholder's Signature / Date & Time

Driver's Signature (if driver is not the policyholder) / Date & Time 29/8/22 @ 1355H

Witnessed by Reporting Centre Personnel

**Sketch Plan**



Describe Circumstances of the Accident

PLEASE REFER TO POLICE REPORT T /20220828/2106

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 24/8/22 @ 1355h

FLASH ACCIDENT  
REPORTING OFFICER

FRO KHAMARAJ



Witnessed by Reporting Centre  
Personnel



# SINGAPORE POLICE FORCE



T/20220829/2106

Police Station Of Origin:  
Changi N.P.C  
9 Simei Street 2 SINGAPORE 529914  
Tel No: 1800-5872999

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Report No. T/20220829/2106

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 29/08/2022 10:56	Vide Report No.:	Station Diary No.: 15
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**Informant's Particulars**

Name of Informant: GOH KWANG SENG			Address: APT BLK 356A ADMIRALTY DRIVE #07-88 SINGAPORE 751356		
ID Type / ID No.: NRIC NO / S1449362Z			Contact No.: Home/Office: Mobile: 87182720		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 62	Date of Birth: 19/06/1960	Type of Informant: Driver		
Race: Chinese			Language:	Institution / School Name:	
Occupation: Taxi driver			Driving Licence Information: Class: 3 Date of Expiry:		

**General Information of the Accident**

General Information of the Accident:				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 28/08/2022 14:00	Type of Location: Straight Road
Location:  PAN-ISLAND EXPRESSWAY				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control:		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHC2594D	Car				Slightly Damaged	2
SJU8253E	Car					0

**Details of Person Involved**

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



**SINGAPORE  
POLICE FORCE**



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Police Station Of Origin:  
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Tel No: 1800-5872999

Report No. T/20220829/2106

**CONTINUATION OF REPORT**

<b>Driver</b>				
Name	GOH KWANG SENG		ID No.	S1449362Z
Related Vehicle	SHC2594D (Car)		Contact No.	87182720
Hospital/Clinic	SUNSHINE CLINIC FAMILY PRACTICE & SURGERY		Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	29/08/2022		Date Discharge	NIL
No. of Days granted Medical Leave	07		Degree of Injury	Slight
Name	Rozali Bin Ismail		ID No.	S6833992H
Related Vehicle	NIL		Contact No.	98776730
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 28/08/2022 at about 1400hrs, I was driving my taxi along PIE towards Tuas along the second lane, I had two passengers in my taxi at this point of time.

At one point after Adam's Road Exit, ahead of me there was tree cutting on going and the first lane was being blocked. As such, the cars about 500m ahead that were along the first lane started to change lane into the second lane. the traffic along my lane started to apply their breaks and I had to apply emergency breaks in order to avoid contact with the car in front of me. Upon coming to a stop, the vehicle that was behind my taxi collided into my vehicle's rear. Due to the congested traffic, we stop both our vehicle at that point and came out to exchange particulars.

No police or ambulance came to scene. The other driver and I agreed to settle the matter through our insurance. After sometime we left the scene. As I was leaving towards my passengers destination, they raised to my attention that one of them was not feeling well (About a 9-10yr old girl) and we proceeded to Ng Teng Fong Hospital's AnE.

On 29/08/2022 at about 0930hrs, I felt some soreness in my back, shoulders and neck as such I went to see a doctor. I was then given 7 days of MC from 29/08/2022 to 04/09/2022. My vehicle was damaged in the rear with the boot area caved in, number plate crushed and the bumper almost falling off.

I am lodging this report for my insurance claims.



**SINGAPORE  
POLICE FORCE**



T/20220829/2106

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Police Station Of Origin:

Changi N.P.C

9 Simei Street 2 SINGAPORE 529914

Tel No: 1800-5872999

Report No. T/20220829/2106

**CONTINUATION OF REPORT**





**SINGAPORE  
POLICE FORCE**



T/20220829/2106

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Police Station Of Origin:  
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Tel No: 1800-5872999

Report No. T/20220829/2106

**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 /

SGT 3 GIDEON LIM KAI-EN

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

29/08/2022 10:56

Officer In Charge Of Case:

TP / AEIT /

SI TAN JEOK LENG

Contact No.: 65476151

Classification Of Case: