SJ0G228T000Y / JP Knights Pte Ltd.
ENTRY DATE & TIME: 29/08/2022 15:07 (SGT)
SUBMITTED BY: Weine Chieng VERSION: 1 (29/08/2022 15:07 (SGT))

# **©** SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

Please report <u>correctly</u> 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 witholding 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

29/08/2022 15:07 (SGT) **Date of Submission** Reported by

27/08/2022 11:50 (SGT) Date of Accident KPE, Singapore **Exact Location of Accident** 

Additional Location Information Singapore Country/State of Loss

## DETAILS OF OWN VEHICLE

SHC1339 P Vehicle Registration Number

## INSURED/POLICYHOLDER

Yes Is company?

CITYCAB PTE LTD Name Of Registered Owner 1XXXXX839G Company Reg No **Email Address** fleetsafety@cdgtaxi.com.sg

Mobile Phone No (Phone) +65-81276660 (Office) +65-65508768 Alternative Phone No.

## VEHICLE PARTICULARS

Manufacturer Hyundai Ae ioniq Model

Variant Exact purpose for which vehicle was being used at time of Private hire

accident

Are you claiming under your own insurance policy for repair to No - Claiming third party your vehicle? 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

Occupation

Name of Driver LEE KUAY GUAN NRIC No SXXXX533G Date Of Birth 16/05/1958

Outdoor

Date Of Driving Pass
Driving experience

Gender Mobile Number Alt. Phone Number

Alt. Phone Number
Email Address
Address

Address complement

Postcode

Is the driver the policyholder?

If No, Relationship of the Driver with the Insured

Does Driver Own Other Vehicles?

Vehicle Registration Number of Other Vehicle Owned by Driver

Insurance Company of Other Vehicle Owned by Driver

07/06/1977

45 YEARS AND 2 MONTHS

Male

(Phone) +65-81276660

fleetsafety@cdgtaxi.com.sg

BLK 489A TAMIPINES STREET 45 #09-155

520489

No

Hirer

No

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GENERAL INFORMATION OF THE ACCIDENT

Type of Accident Weather Conditions

Road Surface

Chain Collision

Clear Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident? Number of vehicles involved in the accident

Was anybody injured in the Accident?

Was any injured conveyed to hospital by ambulance?

Was any other vehicle or property damaged?

Number of Passengers (Including Driver)

Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?

Translator's name

Translator's ID

Translator's phone number

Translator's email

Original language used in the statement

No

No

NO

Yes

1

No

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**DETAILS OF POLICE ACTION** 

Was the accident reported to the police? Was notice of intended Prosecution given?

If yes, against whom?

No No

31313

## **CIRCUMSTANCES OF ACCIDENT**

ON 27/08/2022 AT ABOUT 11:50HRS, I WAS DRIVING VEHICLE A (SHC133P) ALONG KPE TUNNEL ( CITY). AS I TRAVELLING STRAIGHT ON FIRST LANE, FRONT D ( SMP1145X) APPLY BRAKE AND STOP. I APPLY BRAKE BUT CAN'T STOP VEHICLE A STOP IN TIME HENCE REAR ENDED ONTO VEHICLE D. WHILE VEHICLE A WAS STATIONARY, I FELT AN IMPACT ONTO REAR OF VEHICLE A. ALIGHT AND REALISE VEHICLE B ( SJS1420X) COLLIDED ONTO VEHICLE A REAR BUMPER. VEHICLE C - ( SNF9878C) COLLIDED ONTO VEHICLE B REAR BUMPER. TOTAL 4 VEHICLES INVOLVED IN THIS ACCIDENT. NOBODY WAS INJURED AT THE TIME OF THE ACCIDENT.

## ATTACHMENT(S)

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

Yes

Yes

FILE IS NOT SUITABLE

# DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number Vehicle Manufacturer Vehicle Model

SJS1420X Suzuki



Vehicle Variant

Vehicle Colour Vehicle Category Name of Driver

**DIONG TIEW CHAI** NRIC No SXXXX785D Contact Number

Address

Address complement

Postcode

Insurance Company Name Nature Of Damage

Details of property damaged in accident

No. Of Passenger (Including Driver)

## DETAILS OF OTHER VEHICLE PROPERTY 2

Private car

(Phone) +65-91457226

SMP1145Z Vehicle Registration Number Vehicle Manufacturer Toyota Vehicle Model Camry Vehicle Variant Vehicle Colour

Vehicle Category Private car NG TIONG BENG Name of Driver NRIC No SXXXX612J

Contact Number (Phone) +65-98799552

Address Address complement Postcode

Insurance Company Name Nature Of Damage Details of property damaged in accident No. Of Passenger (Including Driver)

# **DETAILS OF OTHER VEHICLE PROPERTY 3**

Vehicle Registration Number SNF9878C Vehicle Manufacturer Mercedes

Vehicle Model Vehicle Variant

Vehicle Colour

Vehicle Category Private car

Name of Driver WENDY HENG JU JU NRIC No SXXXX712C

Contact Number (Phone) +65-96407335

Address Address complement

Postcode Insurance Company Name Nature Of Damage

Details of property damaged in accident No. Of Passenger (Including Driver)