

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	22/10/2022 14:40 (SGT)
Reported by	Driver
Date of Accident	22/10/2022 09:00 (SGT)
Exact Location of Accident	Yishun Ave 1, Singapore 769130
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA8352G
-----------------------------	----------

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) +65-97971012
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	NEO AH HOON
NRIC No	SXXXX484Z
Date Of Birth	28/05/1955
Occupation	Outdoor

Date Of Driving Pass	08/02/1979
Driving experience	43 YEARS AND 8 MONTHS
Gender	Female
Mobile Number	(Phone) +65-97971012
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	419D NORTHSHORE DRIVE #24-669
Address complement	-
Postcode	824419
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	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	5
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	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

ON 22/10/2022 AT AROUND 0900HRS, I WAS DRIVING VEHICLE A (SHA8352G) ALONG YISHUN DAM, YISHUN AVENUE 1. WHILE SLOWING DOWN DUE TO A VEHICLE THAT BRAKED AHEAD OF ME, VEHICLE B (GBL8502D) SUDDENLY REAR ENDED VEHICLE A. SHORTLY AFTER, VEHICLE C (SME9014X) THEN REAR ENDED VEHICLE B AND THEN VEHICLE D (GBK5911G) REAR ENDED VEHICLE C. LASTLY, VEHICLE E (FBN9675X) REAR ENDED VEHICLE D. RIDER OF VEHICLE E WAS CONVEYED TO THE HOSPITAL. THERE WERE NO OTHER VEHICLES INVOLVED IN THE CHAIN COLLISION.

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	GBL8502D
Vehicle Manufacturer	Citroen
Vehicle Model	Berlingo
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	MUNIASAMY MURUGAN
Passport No/FIN	GXXXXX833X
Contact Number	(Phone) +65-82165020
Address	-
Address complement	84 TOH GUAN ROAD EAST #04-10
Postcode	608501
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	2

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SME9014X
Vehicle Manufacturer	Mitsubishi
Vehicle Model	Attrage
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	UNKNOWN
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	GBK5911G
Vehicle Manufacturer	Toyota
Vehicle Model	Hiace
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
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)	2

DETAILS OF OTHER VEHICLE PROPERTY 4

Vehicle Registration Number	FBN9675X
Vehicle Manufacturer	Brixton
Vehicle Model	Bx125
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
Name of Driver	UNKNOWN
Contact Number	-
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	UNKNOWN
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	FBN9675X
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes

SKETCH PLANIMPORTANT 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.

**FLASH ACCIDENT
REPORTING OFFICER**
FRO SUFIYAN

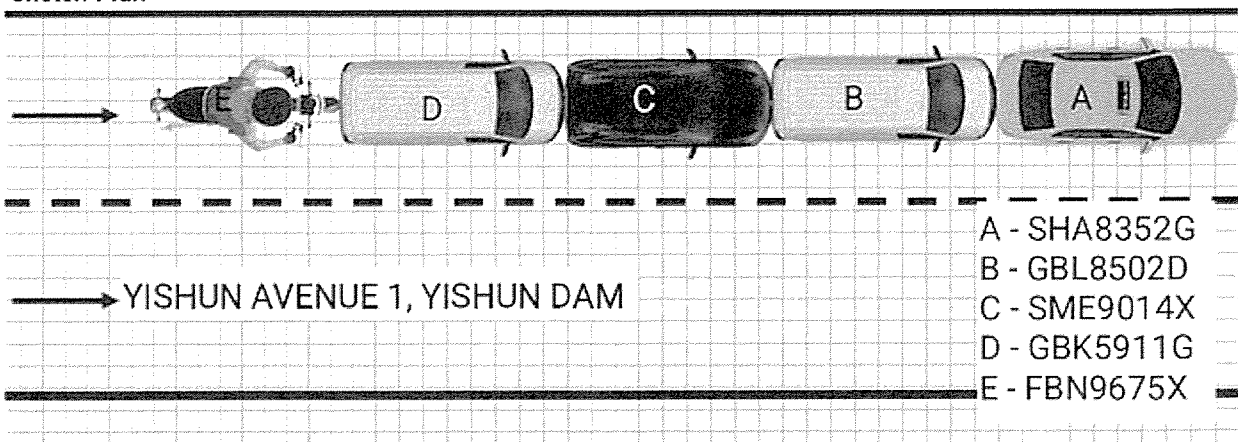


Policyholder's Signature / Date & Time

Driver's Signature (If driver is not the policyholder) / Date & Time

22/10/2022 1400HRS

Witnessed by Reporting Centre Personnel

Sketch Plan

Describe Circumstances of the Accident

ON 22/10/2022 AT AROUND 0900HRS, I WAS DRIVING VEHICLE A (SHA8352G) ALONG YISHUN DAM, YISHUN AVENUE 1. WHILE SLOWING DOWN DUE TO A VEHICLE THAT BRAKED AHEAD OF ME, VEHICLE B (GBL8502D) SUDDENLY REAR ENDED VEHICLE A. SHORTLY AFTER, VEHICLE C (SME9014X) THEN REAR ENDED VEHICLE B AND THEN VEHICLE D (GBK5911G) REAR ENDED VEHICLE C. LASTLY, VEHICLE E (FBN9675X) REAR ENDED VEHICLE D. RIDER OF VEHICLE E WAS CONVEYED TO THE HOSPITAL. THERE WERE NO OTHER VEHICLES INVOLVED IN THE CHAIN COLLISION.

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

22/10/2022 1400HRS

FLASH ACCIDENT
REPORTING OFFICER

FRO NAZREEN



Witnessed by Reporting Centre Personnel



SINGAPORE POLICE FORCE



T/20221022/7030

1 of 3

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20221022/7030

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 22/10/2022 14:41		Vide Report No.: E/20221022/0082		Station Diary No.:	
Informant's Particulars					
Name of Informant: NEO AH HOON			Address: 419D NORTHSORE DRIVE #24-669 SINGAPORE 824419		
ID Type / ID No.: NRIC NO / S1124484Z			Contact No.: Home/Office: Mobile: 97971012		
Nationality: SINGAPORE CITIZEN			Email: ESFANEO@GMAIL.COM		
Sex: Female	Age: 67	Date of Birth: 28/05/1955	Type of Informant: Driver		
Race: Chinese		Language: English		Institution / School Name:	
Occupation:		Driving Licence Information: Class: Date of Expiry:			

General Information of the Accident				
Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 22/10/2022 09:00	Type of Location: Y-Junction
Location: YISHUN AVENUE 1				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 60 Km/h
Traffic Flow: Two Way		Traffic Control: Not Controlled		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	Conditio	No of
SHA8352G	Car					0

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



SINGAPORE POLICE FORCE



T/20221022/7030

2 of 3

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20221022/7030

CONTINUATION OF REPORT

Driver				
Name	NEO AH HOON		ID No.	S1124484Z
Related Vehicle	SHA8352G (Car)		Contact No.	97971012
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL		Date	NIL
No. of Days granted Medical Leave	NIL		Degree of	NIL

Brief Details.

At around 9 am, I was driving Vehicle A (SHA8352G) along Yishun Dam, Yishun Ave 1. While slowing down due to a vehicle that braked ahead of me, Vehicle B (GBL8502D) suddenly rear ended Vehicle A. Shortly after, Vehicle C (SMF9014X) then rear ended Vehicle B and then Vehicle D (GBK5911G) rear ended Vehicle C. Lastly, Vehicle E (FBN9675X) rear ended Vehicle D. Rider of Vehicle E was conveyed to the hospital. There was no other vehicles involved in the chain collision.



**SINGAPORE
POLICE FORCE**



T/20221022/7030

3 of 3

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20221022/7030

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
GOH WEI LI
Contact No.: 65476394

Signature Of Informant:
The identity of the person making this report has
been authenticated by Singpass. No signature is
required.

Date/Time:
22/10/2022 14:41

Classification Of Case:

