



## 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	23/06/2022 15:51 (SGT)
Reported by	Driver
Date of Accident	22/06/2022 21:35 (SGT)
Exact Location of Accident	West Coast Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC7918X
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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) +65-93880366
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 CHONG YEE
NRIC No	SXXXX048E
Date Of Birth	24/04/1968
Occupation	Outdoor



Date Of Driving Pass	08/12/1993
Driving experience	28 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93880366
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLOCK 115 BEDOK NORTH ROAD #08-311
Address complement	-
Postcode	460115
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 on 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	2
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)	1
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	-

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Bedok North Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18002449999
Alt. Police Station Phone No	(Fax) +65-62447258
Police Station Address	30 Bedok North Road Singapore 469676
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT T/20220623/2049

ATTACHMENT(S)

Are accident photos available for attachment?	No
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	SLB975J
Vehicle Manufacturer	Mazda
Vehicle Model	MAZDA2 5-DOOR HATCHBACK 1.5L SP 6EAT

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	GOH CHONG YEE
Gender	Male
Phone No	(Phone) +65-93880366
Address	BLOCK 115 BEDOK NORTH ROAD #08-311
Address Complement	-
Post Code	460115
Approximate Age Years Old	54
Injuries Sustained	NECK, SHOULDER,CHEST AND LOWER BACK
Injured person in which vehicle?	SHC7918X
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	Yes

SKETCH PLAN

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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 situated outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

Sketch Plan

A- SHC 7918X

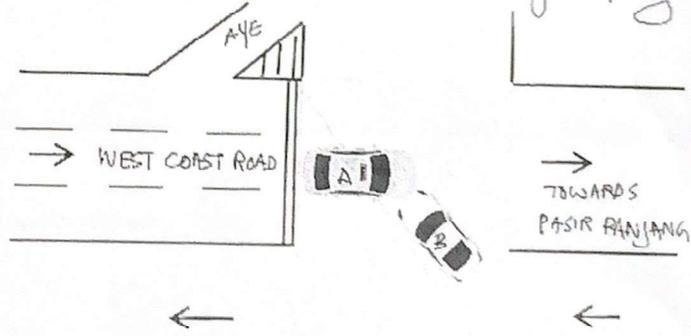
B- SLB975J

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

23-06-2022 1540HRS

Witnessed by Reporting Centre Personnel

Kyran Yong



Describe Circumstances of the Accident

REFER TO POLICE REPORT  
T/20220623/2049

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 23 06 2022 1545HRS

  
\_\_\_\_\_  
Witnessed by Reporting Centre  
Personnel *Ngan Young*


**SINGAPORE  
POLICE FORCE**


T/20220623/2049

1 of 3

Report No. T/20220623/2049

Police Station Of Origin:  
Bedok N.P.C  
30 Bedok North Road SINGAPORE 469676  
Tel No: 1800-2449999

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 23/06/2022 12:53	Vide Report No.: D/20220622/0110	Station Diary No.: 33
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**Informant's Particulars**

Name of Informant: GOH CHONG YEE		Address: APT BLK 115 BEDOK NORTH ROAD #08-311 SINGAPORE 460115	
ID Type / ID No.: NRIC NO / S6B15048E		Contact No.: Home/Office: Mobile: 93880366	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 54	Date of Birth: 24/04/1968	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: Taxi driver		Driving Licence Information: Class: 2B, 2A, 3 Date of Expiry:	

**General Information of the Accident**

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 22/06/2022 21:35	Type of Location: X-Junction
Location: WEST COAST ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control: Traffic Light - Working	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head On			Anyone conveyed by ambulance: Yes	

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHC7918X	Car	HYUNDAI		Yellow	Slightly Damaged	0

**Details of Person Involved**

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



**SINGAPORE  
POLICE FORCE**



T/20220623/2049

2 of 3

Report No. T/20220623/2049

Police Station Of Origin:  
Bedok N.P.C  
30 Bedok North Road SINGAPORE 469676  
Tel No: 1800-2449999

## CONTINUATION OF REPORT

Driver			
Name	GOH CHONG YEE	ID No.	S6815048E
Related Vehicle	SHC7918X (Car)	Contact No.	93880366
Hospital/Clinic	NATIONAL UNIVERSITY HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,3 Date of Expiry: NIL
Date Treatment	22/06/2022	Date Discharge	23/06/2022
No. of Days granted Medical Leave	04	Degree of Injury	Slight

**Brief Details.**

On 22/06/2022 at about 9.35pm, I was driving my taxi registration number SHC7918X along West Coast Road going towards Pasir Panjang Road. I had stopped my vehicle at the red traffic light junction of Clementi Road and West Coast Road. I was on the centre lane.

When the lights turned Green, I proceeded to move forward. I observed that the turning right vehicle from the opposite road were still stationary. However, there was a car turning right at a fast speed from the opposite side of the road. I immediately applied my brakes but could not avoid a collision with the other car. The front part of my taxi hit the front portion of the other said car. I felt dizzy and pain at the back area as such I called the police for assistance. I also called my company. I stayed inside the taxi till the arrival of ambulance. After making a check on me, and from advice of Traffic Police they then conveyed me to NUH.

I received 4 days of Medical leave. Our taxi has an in-car camera. I was then contacted by TP IO Wei Jie and advised to lodge a police report.





**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: SJ04226N000P Vehicle Registration No: SHC7918X  
 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: 22/08/2022 Time of Accident: 21:35  
 Place of Accident: West Coast Rd.  
 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:

Update company name to citycab  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



\_\_\_\_\_  
Policyholder / Driver's Signature  
Date:

seti  
 \_\_\_\_\_  
 Reporting Centre Personnel's Signature  
 Name: Seti  
 NRIC/FIN No.:  
 Date: 24 08 2022