SJ0G22C30000 / JP Knights Pte Ltd ENTRY DATE & TIME: 03/12/2022 15:13 (SGT) SUBMITTED BY: Weine Chieng VERSION: 1 (03/12/2022 15:13 (SGT))

# SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

- IMPORTANT NOTICE

  Description of the accident to speed up the claims process.

  This Form must be completed by the Policyholder and/or the Actual Driver.

  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. But the second of the copies of the copy being made available aforesaid.
- 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 Reported by

Date of Accident

**Exact Location of Accident** 

Additional Location Information

Country/State of Loss

03/12/2022 15:13 (SGT)

Driver

02/12/2022 15:25 (SGT)

722 Bedok Reservoir Rd, Singapore 470722

Singapore

#### **DETAILS OF OWN VEHICLE**

Vehicle Registration Number

SHR2337K

INSURED/POLICYHOLDER

is company?

Name Of Registered Owner

Company Reg No

**Email Address** Mobile Phone No

Alternative Phone No

Yes

CITYCAB PTE LTD

1XXXXX839G

fleetsafety@cdgtaxi.com.sg (Phone) +65-83331426 (Office) +65-65508768

#### VEHICLE PARTICULARS

Manufacturer

Model

Variant

Exact purpose for which vehicle was being used at time of

accident

Are you claiming under your own insurance policy for repair to

your vehicle?

Vehicle Category

Transmission CC

Hyundai

Ae ioniq

Private hire

No - Claiming third party Taxi

Auto

1580

INSURANCE COMPANY

Name of Insurance Company

Policy Number / Cover Note Number

**AXA Insurance Pte Ltd** VFX/P2419140

DRIVER

Name of Driver

NRIC No

Date Of Birth Occupation

SEAH KIM HEE SXXXX795G 08/10/1961 Outdoor



Date Of Driving Pass Driving experience

Gender

Mobile 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

22/07/1980

42 YEARS AND 5 MONTHS

Male

(Phone) +65-83331426

fleetsafety@cdgtaxi.com.sg

BLK 142 PASIR RIS STREET 11 # 06 - 137

510142

No

Hirer

No

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident Weather Conditions Road Surface

Collision - Head to Rear

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

-33

No

Yes

Yes

Yes

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No

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DETAILS OF POLICE ACTION

Was the accident reported to the police?

Police Station Name

Police Station Phone No

Alt. Police Station Phone No

Police Station Address
Was notice of intended Prosecution given?

If yes, against whom?

res .

Pasir Ris Neighbourhood Police Centre

(Phone) +65-18005852999

(Fax) +65-65855261

1 Pasir Ris Drive 4 #01-01 Singapore 519457

No

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT T/20221202/2120

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

FBT5361X

-

Accident report SJ0G22C30000

## INJURED PERSONS DETAILS

INJURED 1

Name of injured person MOTORCYCLIST Gender Male Phone No Address Address Complement Post Code Approximate Age Years Old Injuries Sustained BODY Injured person in which vehicle? FBT5361X Were seat belts worn? Was this injured conveyed to hospital by ambulance? Yes

INJURED 2

Name of injured person SEAH KIM HEE Gender Male Phone No. Address Address Complement Post Code Approximate Age Years Old Injuries Sustained **NECK SHOULDER AND BACK** Injured person in which vehicle? SHB2337K Were seat belts worn? Yes Was this injured conveyed to hospital by ambulance? No

### 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
- 5. Any false reporting may be referred to the Police for investigation
- 6. The report will be forw arded 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)

lunderstand, acknowledge, agree and consent that

- (a) My insurer , my w orkshop 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) w ho have insured vehicle(s) involved in this accident (all insurer(s) w ho have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' law yers/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
- (ii) investigating the accident and/or my claims;
- (ii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
- (w) administering my claims (including the mailing of correspondence, statements, involces, 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
- (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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

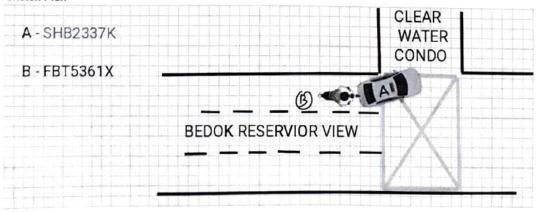
FLASH ACCIDENT REPORTING OFFICER KYMI YONG

Policyholder's Signature / Date & Time

Driver's Signature (if driver is not the policyholder) / Date & Time 03.12. 2022 0940HRS

Witnessed by Reporting Centre Personnel

Sketch Plan



tie.

Describe Circumstances of the Accident	
REFER TO POLICE REPORT T/20221202/2120	
Suith disable speaks speaks again to rife and attraction	
	(8)

## Declaration

I/We declare the foregoing particulars are true in every respect.

34

Driver's Signature (If driver is not the policyholder) / Date & Time 03.12.2022 0945HRS

FLASH ACCIDENT

Witnessed by Reporting Centre Personnel

Policyholder's Signature / Date & Time





1 of 3

Report No. T/20221202/2120

Police Station Of Origin: Pasir Ris N.P.C

1 Pasir Ris Drive 4 #01-01 SINGAPORE

519457

Tel No: 1800-5852999

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 02/12/2022 22:56		Made:	Vide Report No.: G/20221202/0115	Station Diary No.: 50	
Informa	nt's Partic	ulars	<b>用的设置</b>	<b>第一个人的</b>	
Name of SEAH K	f Informant: IM HEE		Address: APT BLK 142 PASIR RIS ST 510142	REET 11 #06-137 SINGAPORE	
ID Type / ID No.: NRIC NO / S1494795G		95G	Contact No.: Home/Office:	Mobile: 83331426	
National SINGAP	ity: ORE CITIZ	ŒN.	Email:	•	
Sex: Age: Date of Birth: Male 61 08/10/1961		Date of Birth: 08/10/1961	Type of Informant:		
Race: Chinese		9	Language:	Institution / School Name:	
Occupation: Taxi driver			Driving Licence Information:		

General Inform	nation of the Accident				
Type of Accident:	Injury Attended by Police Drink Drive: No		Date/Time of Accident: 02/12/2022 15:25		Type of Location: Straight Road
Location:					
BEDOK RESE	RVOIR VIEW				
Lamp Post Nu	mber: 6			12 12	9
Weather: Cloudy	* 0	Road Surface: Dry		Road	d Speed Limit:
Traffic Flow: Traffic Control: Two Way Not Controlled				Traffic Volume: No Traffic	
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved					A STATE OF THE STA	
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
FBT5361X	Motorcycle	YAMAHA	XMAX300	Grey	Slightly Damaged	0
SHB2337K	Car	HYUNDAI	IONIQ	Yellow	Slightly Damaged	0

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





7/20221202/2120

Police Station Of Origin: Pasir Ris N.P.C 1 Pasir Ris Drive 4 #01-01 SINGAPORE 519457

Report No. T/20221202/2120

Tel No: 1800-5852999

#### CONTINUATION OF REPORT

Driver	No. of the last	ALCOHOLD DE LA	TESTATORA MI	55 72 72 72	DESCRIPTION OF	CH102(4) (CH102(4))	
Name	SEAH KIM HEE			ID No		S1494795G	
Related Vehicle	SHB2337K (Car)			Conta	ct No.	83331426	
Hospital/Clinic	CHANGI GENERAL HOSPITAL			Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL	
Date Treatment	02/12/2022		Date Disc			2/2022	
No. of Days granted Medical Leave 05		05	Degree of		Sligh		

## Brief Details.

On the 2 December 2022 at about 1525hrs, I was driving my taxi bearing plate number SHB2337K along Bedok Reservoir View and I wanted to turn left to enter The Clearwater condo. As I was turning left, I realized a motorcycle bearing plate number FBT5361X had hit onto the rear right bumper of my taxi, which caused one part of the bumper to come off slightly. I then left my taxi and enquired with the rider whether he was okay and needed ambulance. He informed that he was okay at first but subsequently required ambulance as he was feeling some pain. The rider's motorcycle had fallen on the left side and his front mudguard had totally come off and there were some scratches on the motorcycle.

Shortly after, ambulance came and brought him over to hospital. One of the paramedics advised me to see a doctor as I was feeling okay but had some pain on my back as well, to which I did and was given a 5-days mc. Traffic police was also there to attend to the accident, and he informed me that I still had to go to the nearest police station to lodge a traffic accident report.





T/20221202/2120

3 of 3

Report No. T/20221202/2120

Police Station Of Origin: Pasir Ris N.P.C 1 Pasir Ris Drive 4 #01-01 SINGAPORE 519457 Tel No: 1800-5852999

## 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:	Signature Of Informant:
SGT 2 AHMAD KHAIRUN NAZMI BIN MOHAMAD ARIFF	200
Signature Of Interpreter: Not applicable	Date/Time: 02/12/2022 22:56
Officer In Charge Of Case: TP / GIT / STAFF SGT MOHAMED SUFIAN BIN MOHAMED JUNID Contact No.: 65476247	Classification Of Case:
NP168	