

# 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 ..... 12/12/2022 09:25 (SGT)  
Reported by ..... Driver  
Date of Accident ..... 11/12/2022 02:50 (SGT)  
Exact Location of Accident ..... 231 Bain St, Singapore 180231  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SHA8258X

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... CITYCAB PTE LTD  
Company Reg No ..... 199502839G  
Email Address ..... fleetsafety@cdgtaxi.com.sg  
Mobile Phone No ..... (Phone) +65-97624099  
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 ..... Private car  
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 ..... YEO CHYE BENG  
NRIC No ..... S6805779E  
Date Of Birth ..... 06/02/1968  
Occupation ..... Outdoor

Date Of Driving Pass .....	05/05/1998
Driving experience .....	24 YEARS AND 7 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-97624099
Alt. Phone Number .....	-
Email Address .....	fleetsafety@cdgtaxi.com.sg
Address .....	BLK 894D WOODLANDS DR 50 #09-33
Address complement .....	-
Postcode .....	7333894
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 .....	Side Swipe
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? .....	No
Was any injured conveyed to hospital by ambulance? .....	-
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 .....	Woodlands East Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18007679999
Police Station Address .....	3 Woodlands Drive 63 Singapore 737890
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT NO T/20221211/2009

#### 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 .....	SMP3041Z
Vehicle Manufacturer .....	Toyota
Vehicle Model .....	-
Vehicle Variant .....	-

Vehicle Colour .....	-
Vehicle Category .....	Private hire
Name of Driver .....	LAW
Contact Number .....	(Phone) +65-81611059
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	1

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

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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' 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 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' 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**

FRO ZIKRUL



Policyholder's Signature / Date & Time

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

11/12/22 0600HRS

Witnessed by Reporting Centre Personnel

**Sketch Plan**

Describe Circumstances of the Accident

REFER TO POLICE REPORT NO T/20221211/2009

Declaration

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



FLASH ACCIDENT  
REPORTING OFFICER

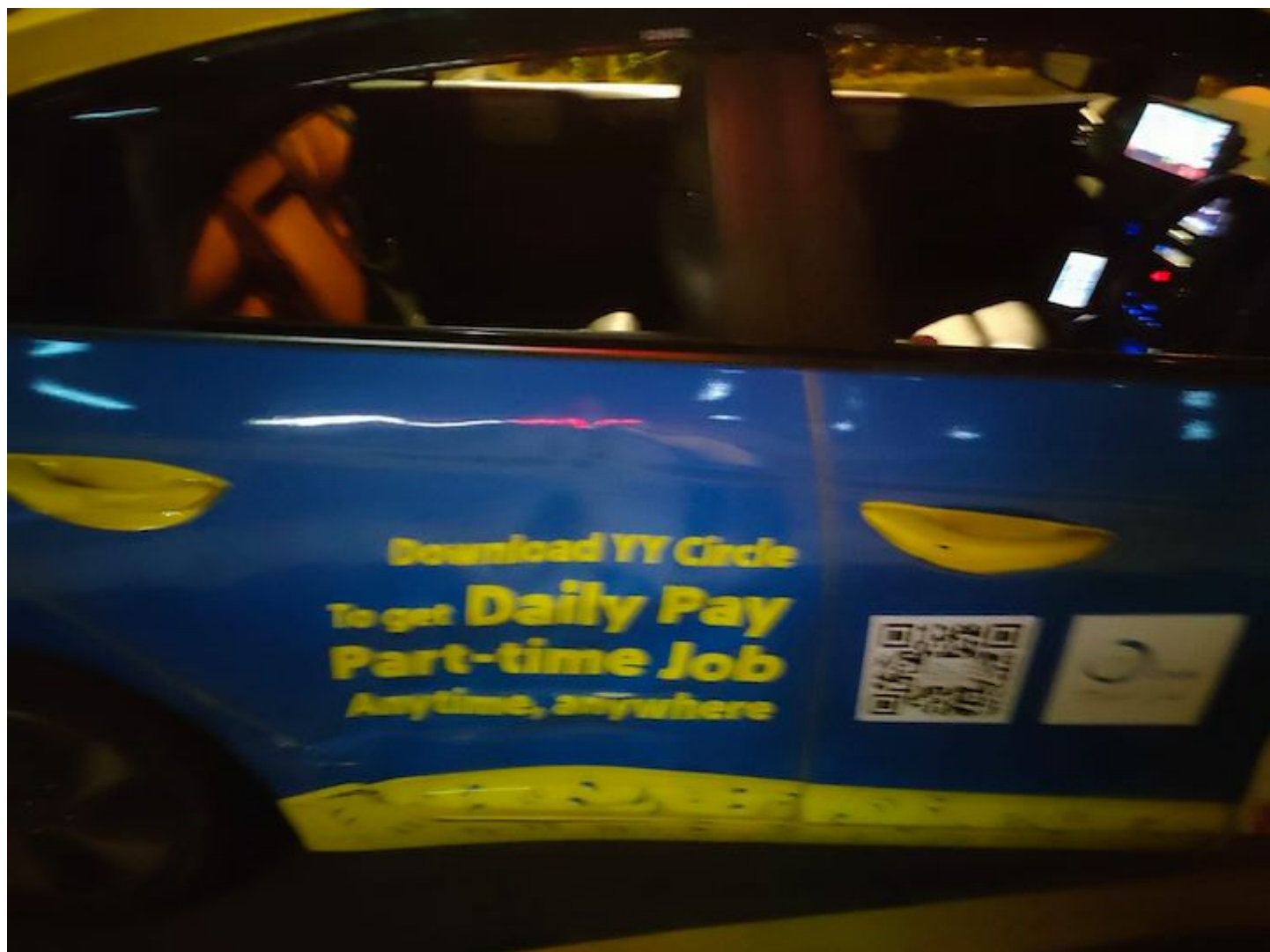
FRO ZIKRUL



Policyholder's Signature / Date &  
Time

Driver's Signature (If driver is not the policyholder) / Date  
& Time 11/12/22 0600HRS

Witnessed by Reporting Centre  
Personnel












**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Woodlands East N.P.C.  
3 Woodlands Drive 63 SINGAPORE 737890  
Tel No: 1800-7679999



T/20221211/2009

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Report No. T/20221211/2009

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made:  
11/12/2022 03:52

Vide Report No.:

Station Diary No.:  
19

**Informant's Particulars**

Name of Informant:  
YEO CHYE BENG

Address:  
APT BLK 894D WOODLANDS DRIVE 50 #09-33 SINGAPORE  
733894

ID Type / ID No.:  
NRIC NO / S6805779E

Contact No.:  
Home/Office: Mobile: 97624099

Nationality:  
SINGAPORE CITIZEN

Email:

Sex: Age: Date of Birth:  
Male 54 06/02/1968

Type of Informant:  
Driver

Race:  
Chinese

Language:

Institution / School Name:

Occupation:  
Taxi driver

Driving Licence Information:  
Class: 3,4

Date of Expiry:

**General Information of the Accident**

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 11/12/2022 02:50	Type of Location: Straight Road
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Location:

BAIN STREET

Weather:  
Clear

Road Surface:  
Dry

Road Speed Limit:

Traffic Flow:  
One Way

Traffic Control:  
Not Controlled

Traffic Volume:

Type of Collision:  
BETWEEN MOVING VEHICLE - REAR TO SIDE

Anyone conveyed by ambulance:  
No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHA8258X	Car				Slightly Damaged	0
SMP3041Z	Car				Slightly Damaged	0

**Details of Person Involved**

Any Pedestrian Involved: No

No. of Pedestrians Injured: NIL

Use of Pedestrian Crossing: NA



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3 Woodlands Drive 63 SINGAPORE 737890  
Tel No: 1800-7679999



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Report No. T/20221211/2009

**CONTINUATION OF REPORT**

Driver Name	YEO CHYE BENG	ID No.	S6805779E
Related Vehicle	SHA8258X (Car)	Contact No.	97624099
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3,4 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver Name	LAW TC	ID No.	NIL
Related Vehicle	SMP3041Z (Car)	Contact No.	81611059
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.**

I am working as a taxi driver, SHA8258X.

On 11/12/2022 at about 0250hrs, I am travelling along Victoria Street and wanted to enter Bain Street.

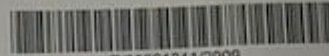
Before I turned in, I noticed that there was a car, SMP3041Z which was parked along Victoria street beside Bras Basah Complex. The car was near to the entrance of Bain Street.

When I signaled and turn right into Bain Street, out of a sudden, the car began reversing and collided onto my taxi. The rear of the car had hit onto the right side of my taxi.

I got in car camera on my taxi. No one was injured. No traffic police had come down. There is a dent on the right side of my taxi.

**SINGAPORE  
POLICE FORCE**

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3 Woodlands Drive 63 SINGAPORE 737890  
Tel No: 1800-7679999



T/20221211/2009

1 of 3

Report No. T/20221211/2009

**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:

L /  
SR STAFF SGT MUHAMMAD  
SYAZWAN BIN SHAMSUDIN

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
11/12/2022 03:52

Officer In Charge Of Case:  
TP / GIA /  
SI ANG YI TING, STEPHANIE  
Contact No.: 65476414

Classification Of Case:

NP168