

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 28/11/2022 17:06 (SGT)
Reported by Driver
Date of Accident 27/11/2022 05:00 (SGT)
Exact Location of Accident Teban Gardens Rd, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHB3084H

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) +65-97548849
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 SIONG TECK
NRIC No S1458849C
Date Of Birth 17/02/1961
Occupation Outdoor

Date Of Driving Pass	25/06/1998
Driving experience	24 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97548849
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	537 JURONG WEST AVENUE 1 #08-1020
Address complement	-
Postcode	640537
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?	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	Jurong West Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18002689999
Alt. Police Station Phone No	(Fax) +65-62672438
Police Station Address	700 Corporation Road Singapore 649818
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT.

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	FBU2125B
Vehicle Manufacturer	Yamaha
Vehicle Model	Aerox

Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
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

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	PILLION
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	FBU2125B
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes

SKETCH PLAN**IMPORTANT NOTICE**

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

**FLASH ACCIDENT
REPORTING OFFICER**

FRO LATIFF

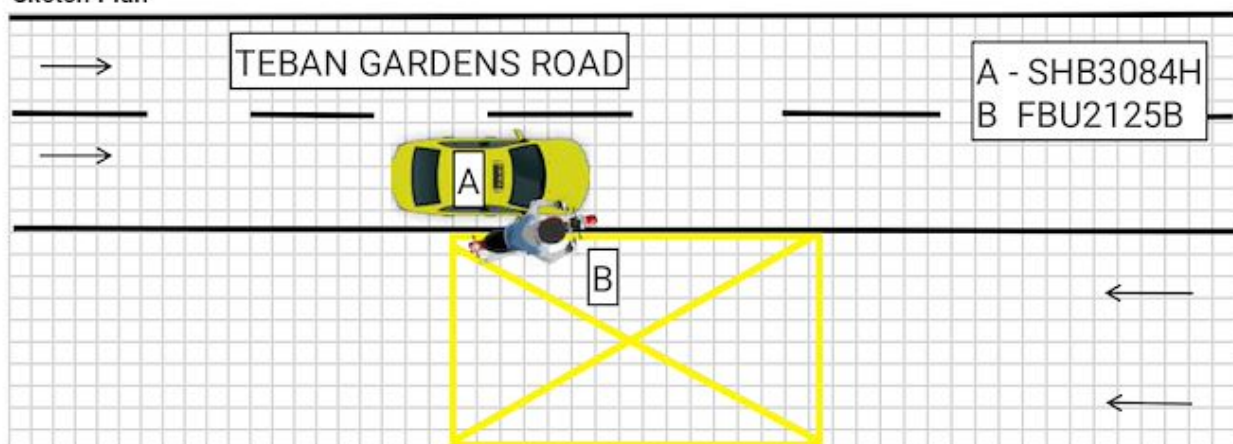


Policyholder's Signature / Date & Time

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

28/11/2022 1200hrs

Witnessed by Reporting Centre Personnel

Sketch Plan

Describe Circumstances of the Accident

PLEASE REFER TO POLICE REPORT.

Declaration

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



**FLASH ACCIDENT
REPORTING OFFICER**

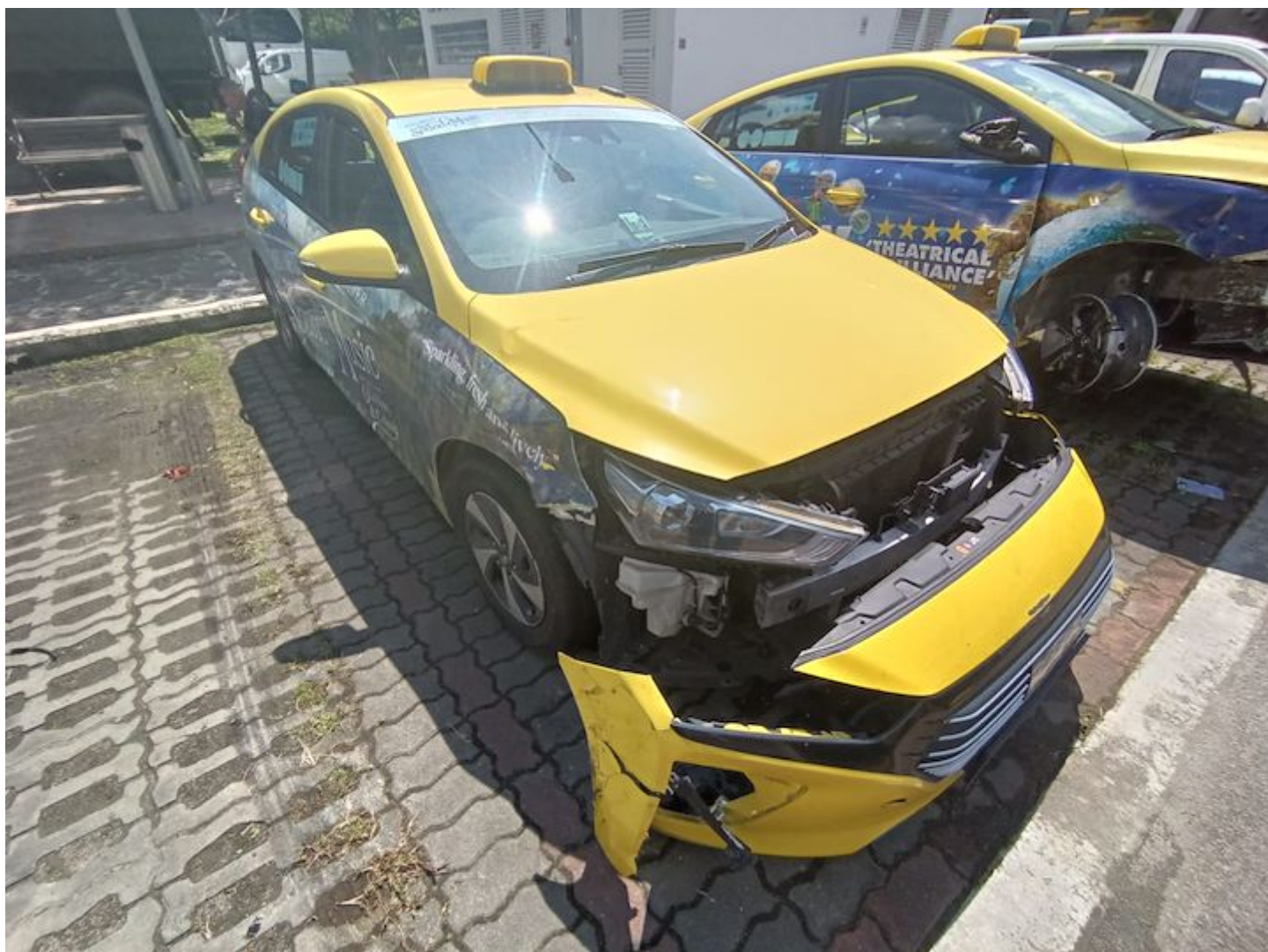
FRO LATIFF

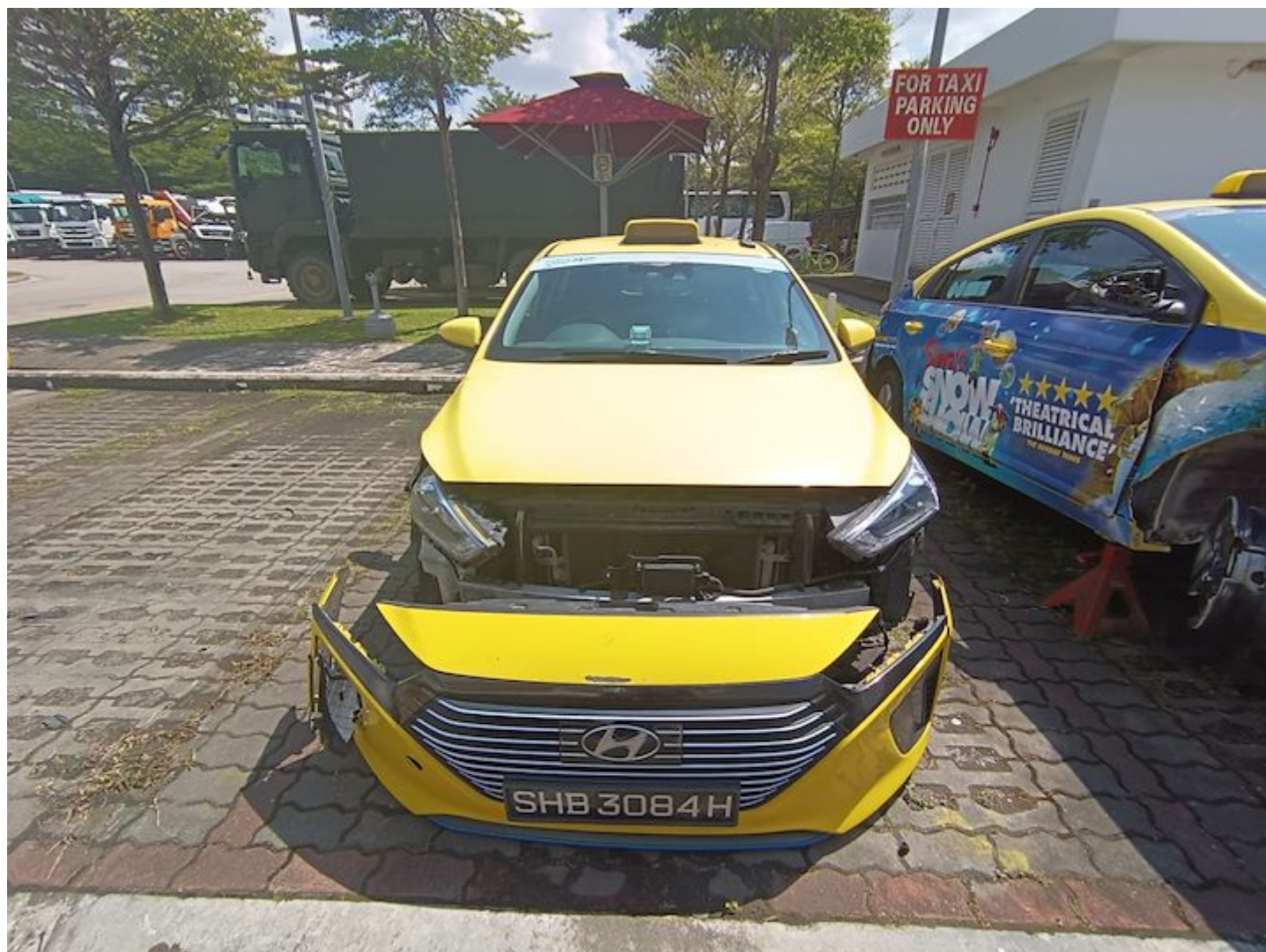


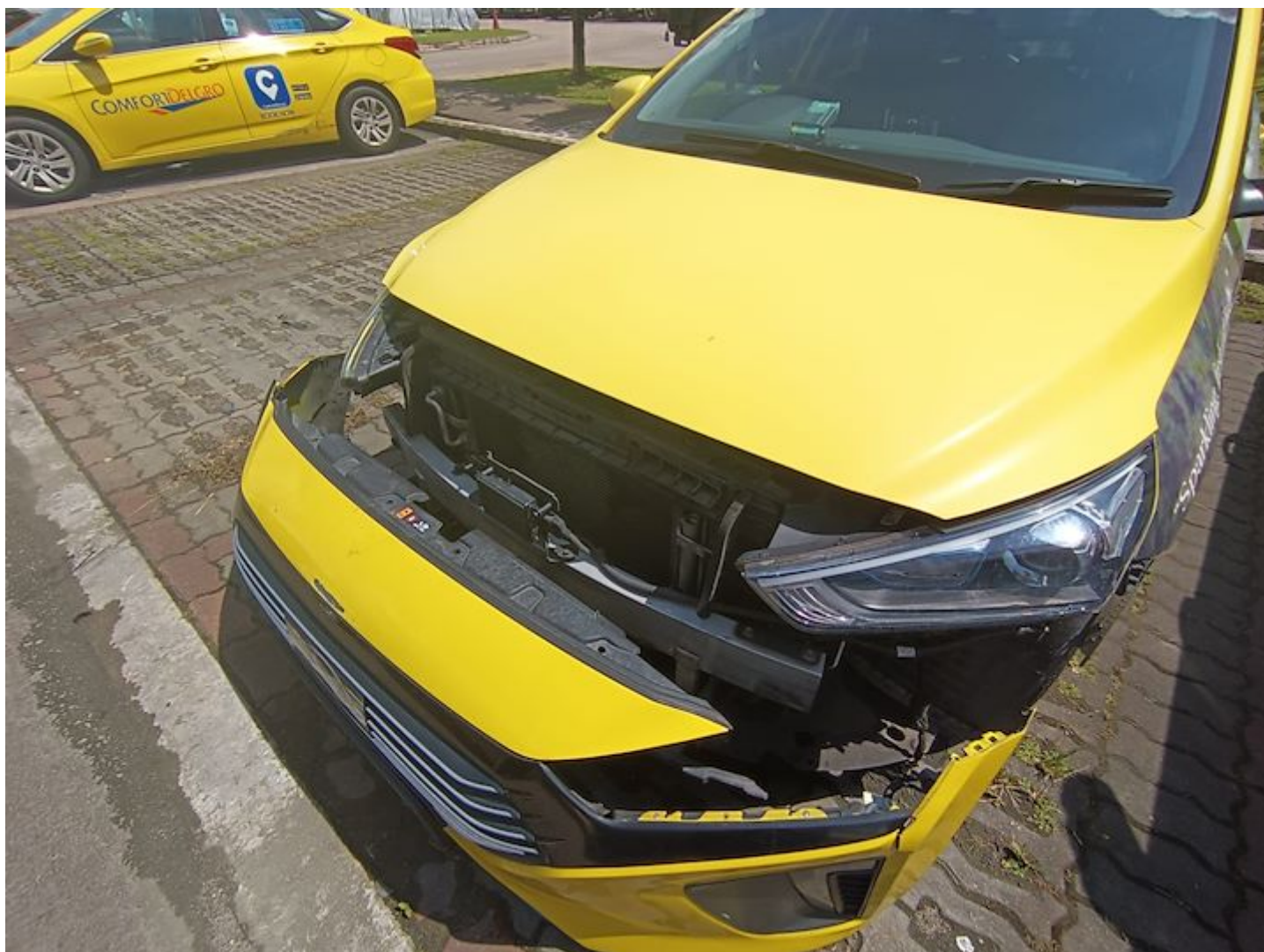
Policyholder's Signature / Date &
Time

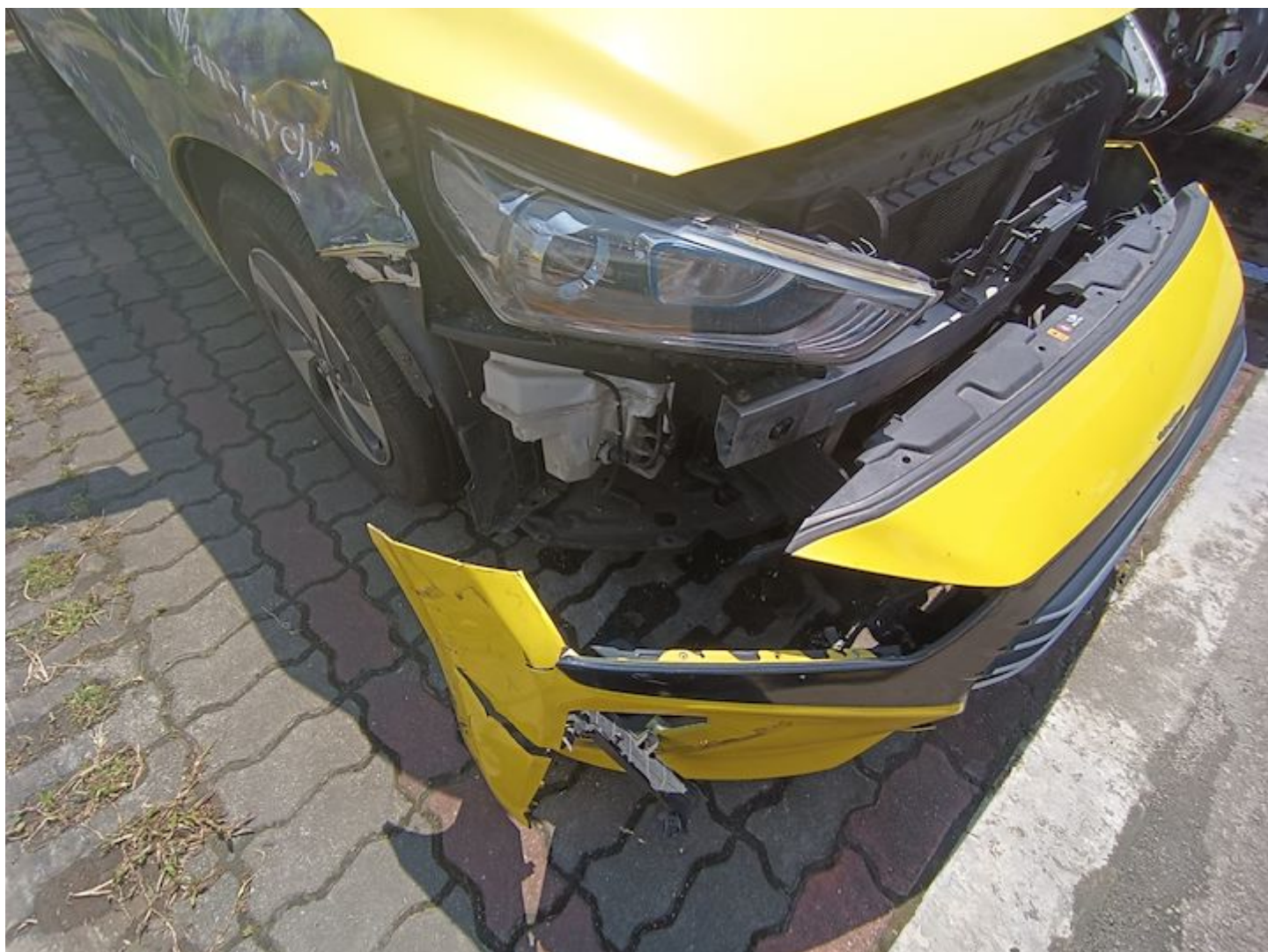
Driver's Signature (If driver is not the policyholder) / Date
& Time **28/11/2022 1200hrs**

Witnessed by Reporting Centre
Personnel

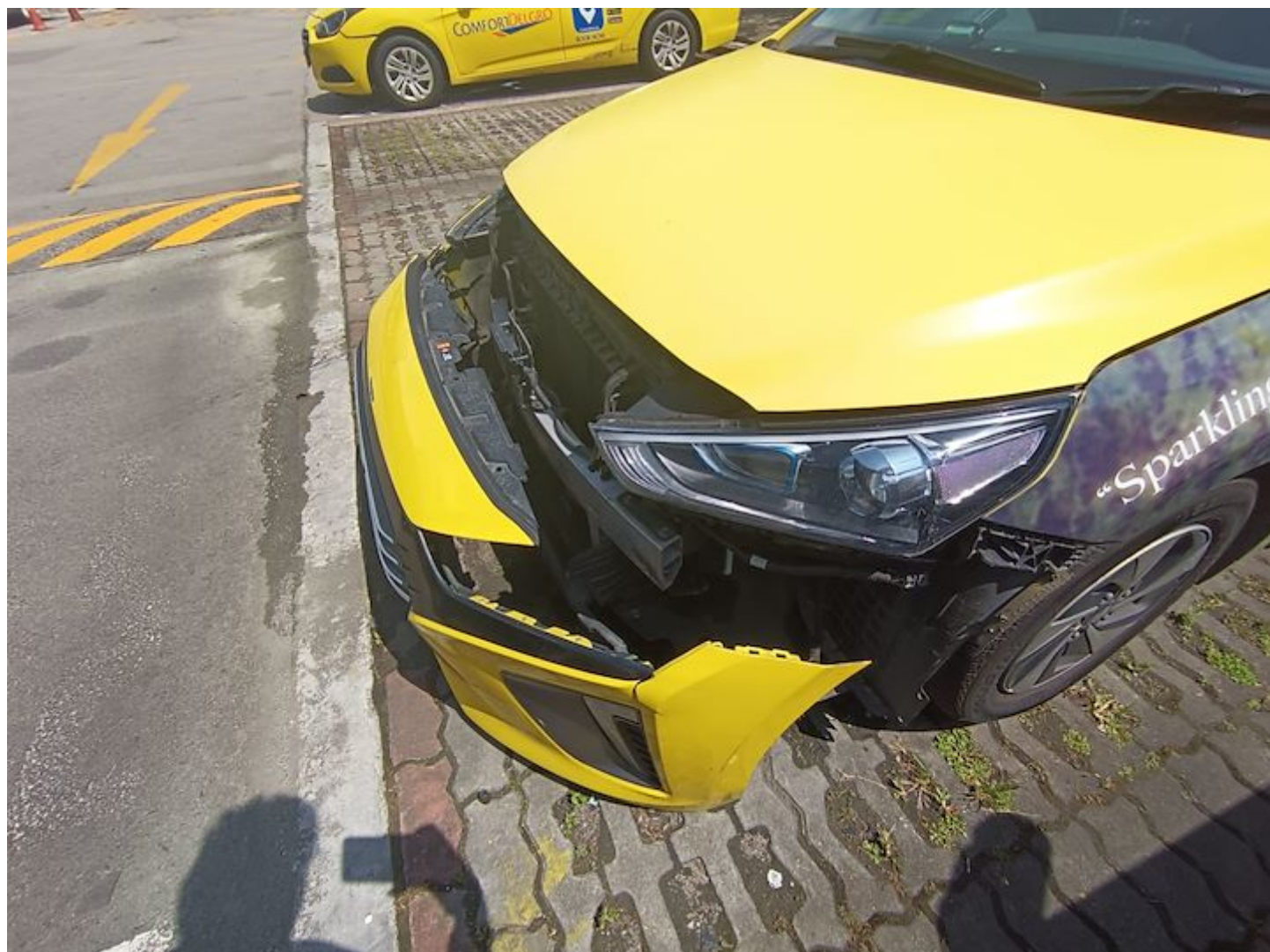






















SINGAPORE POLICE FORCE



T/20221127/2014

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Report No. T/20221127/2014

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 27/11/2022 09:32	Vide Report No.:	Station Diary No.: 34
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Informant's Particulars

Name of Informant: GOH SIONG TECK	Address: APT BLK 537 JURONG WEST AVENUE 1 #08-1020 SINGAPORE 640537		
ID Type / ID No.: NRIC NO / S1458849C	Contact No.:	Mobile: 97548849	
Nationality: SINGAPORE CITIZEN	Home/Office:	Email:	
Sex: Male	Age: 61	Date of Birth: 17/02/1961	Type of Informant: Driver
Race: Chinese	Language:	Institution / School Name:	
Occupation: TAXI DRIVER	Driving Licence Information: Class: 3	Date of Expiry:	

General Information of the Accident

General Information of the Accident:				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 27/11/2022 05:00	Type of Location: T-Junction
Location: TEBAN GARDENS ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control:	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBU2125B	Motorcycle	YAMAHA	AEROX155 CVT	Black		1
SHC3084C	Car	HYUNDAI	SONATA NF 2.0 CRDI AT ABS 2WD 4DR TURBO	Blue		0



SINGAPORE POLICE FORCE



T/20221127/2014

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Report No. T/20221127/2014

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	GOH SIONG TECK	ID No.	S1458849C
Related Vehicle	SHC3084C (Car)	Contact No.	97548849
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 27 November 2022 at about 0500 hrs, I was on Teban Gardens Rd wanting to make a right turn into Blk 49 Teban Gardens Rd. I signaled right and watch for oncoming vehicle. Just before I wanted to turn right, suddenly a motorcycle (FBU2125B) overtook me from the right and hit my vehicle front right bumper. The damage on my vehicle is the front bumper got removed from the vehicle. The motorcycle fell together with rider and pillion. I immediately called for Ambulance. Moments later Ambulance and Traffic Police came to scene. Traffic Police took my SD card and issued me an acknowledgement form. The pillion was conveyed to the hospital. My car is equipped with in-car camera. I am lodging this Comfort Delgro actions.

**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999



T/20221127/2014

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Report No. T/20221127/2014

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:

J /

SCSGT(1) QAMARUL RIDZWAN
BIN JOHAN

Signature Of Informant:

Signature Of Interpreter:
Not applicableDate/Time:
27/11/2022 09:32Officer In Charge Of Case:
TP / GIT /
SGT 3 MUHAMMAD ISMAIL BIN AMZAH
Contact No.: 65476185

Classification Of Case:

NP168

