

# 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 .....	10/06/2023 14:37 (SGT)
Reported by .....	Actual Driver
Date of Accident .....	09/06/2023 23:10 (SGT)
Exact Location of Accident .....	Commonwealth Ave W, Singapore
Additional Location Information .....	TOWARDS CLEMENTI AVENUE 4 SLIP ROAD
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SHB2232D
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### 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) +65-92215008
Alternative Phone No .....	(Office) +65-65508768

### VEHICLE PARTICULARS

Manufacturer .....	Toyota
Model .....	Prius
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 - Reporting only
Vehicle Category .....	Taxi
Transmission .....	Auto
CC .....	1798

### INSURANCE COMPANY

Name of Insurance Company .....	HSBC Life (Singapore) Pte. Ltd
Policy Number / Cover Note Number .....	VFX/P2419140

### DRIVER

Name of Driver .....	TEO TAU LENG
NRIC No .....	S1667965H
Date Of Birth .....	30/03/1964
Occupation .....	Outdoor

Date Of Driving Pass .....	25/06/1984
Driving experience .....	39 YEARS
Gender .....	Male
Mobile Number .....	(Phone) +65-92215008
Alt. Phone Number .....	-
Email Address .....	fleetsafety@cdgtaxi.com.sg
Address .....	BLK 639 JURONG WEST STREET 61#08-32
Address complement .....	-
Postcode .....	640639
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 .....	Collision - Head to Rear
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 NO T/20230610/2011

#### 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 .....	FBV904C
Vehicle Manufacturer .....	Yamaha
Vehicle Model .....	Czd300a

Vehicle Variant .....	-
Vehicle Colour .....	Blue
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) .....	-

## 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 .....	ABRASION ON HANDS AND LEGS
Injured person in which vehicle? .....	FBV904C
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	Yes

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

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7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the center 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.

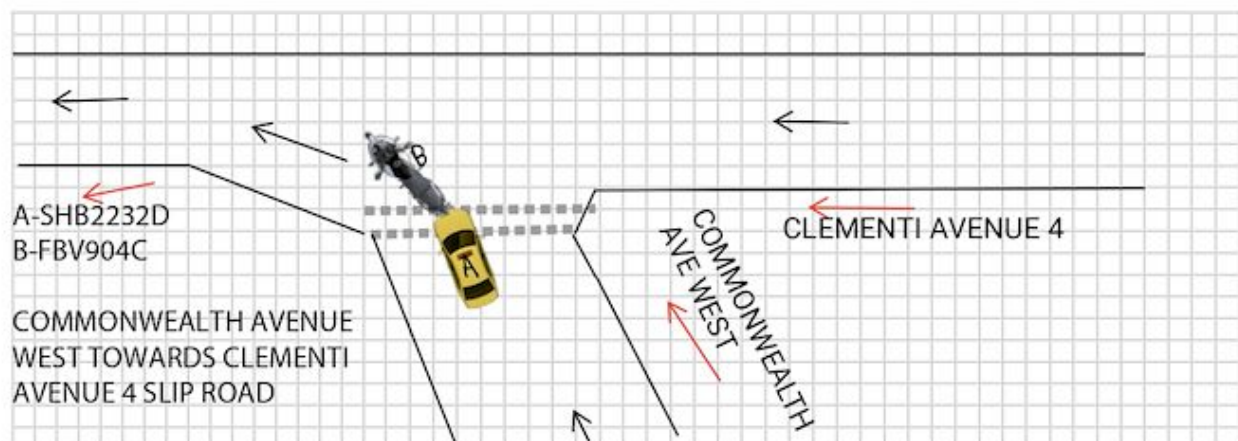
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

**Sketch Plan**

1200HRS 10062023



Describe Circumstances of the Accident

PLEASE REFER TO POLICE REPORT NO T/20230610/2011

**Declaration**

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



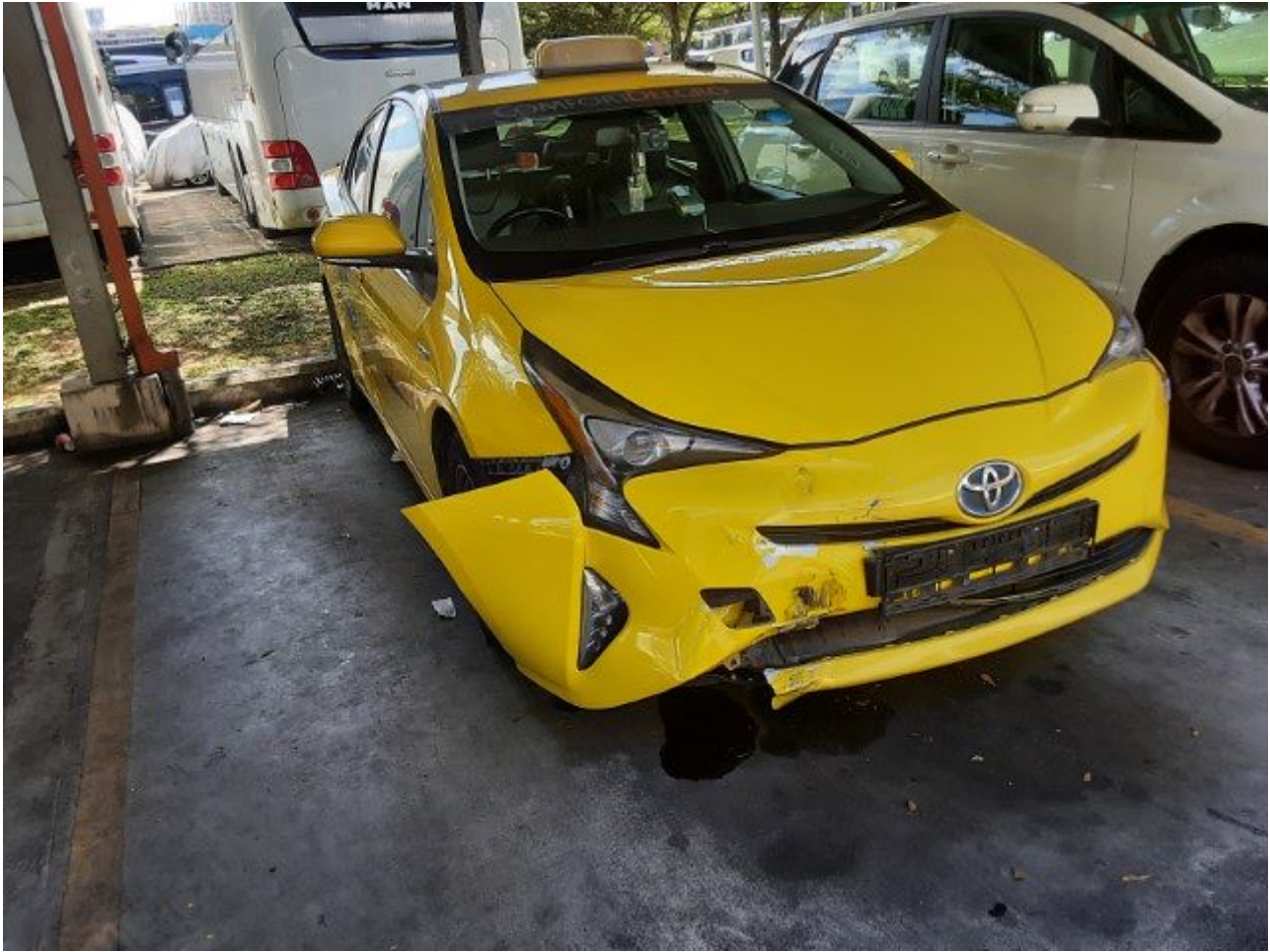
\_\_\_\_\_  
Policyholder's Signature / Date &  
Time

\_\_\_\_\_  
Driver's Signature (If driver is not the policyholder) / Date  
& Time  
10062023 1200HRS



\_\_\_\_\_  
Witnessed by Reporting Centre  
Personnel







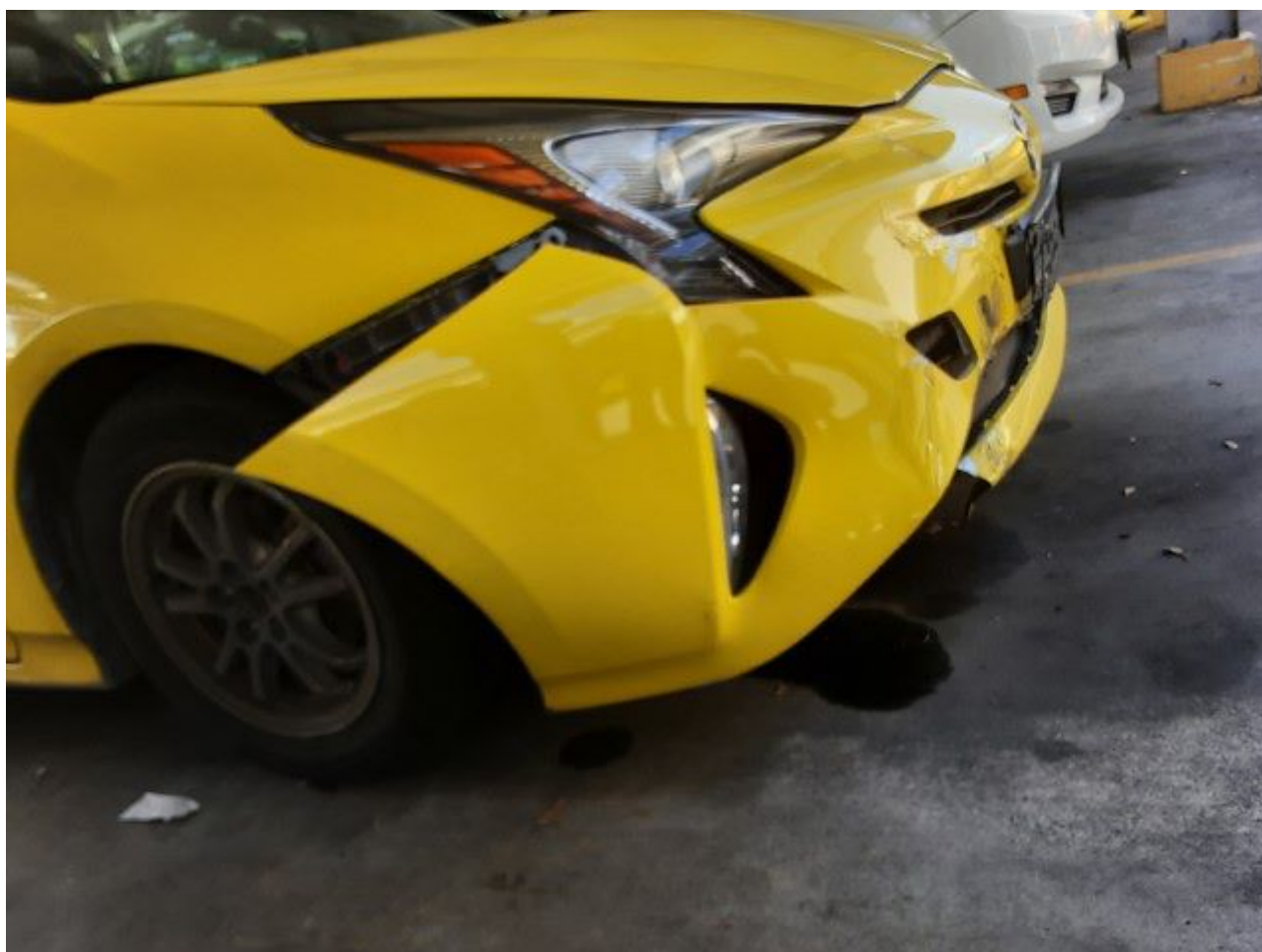








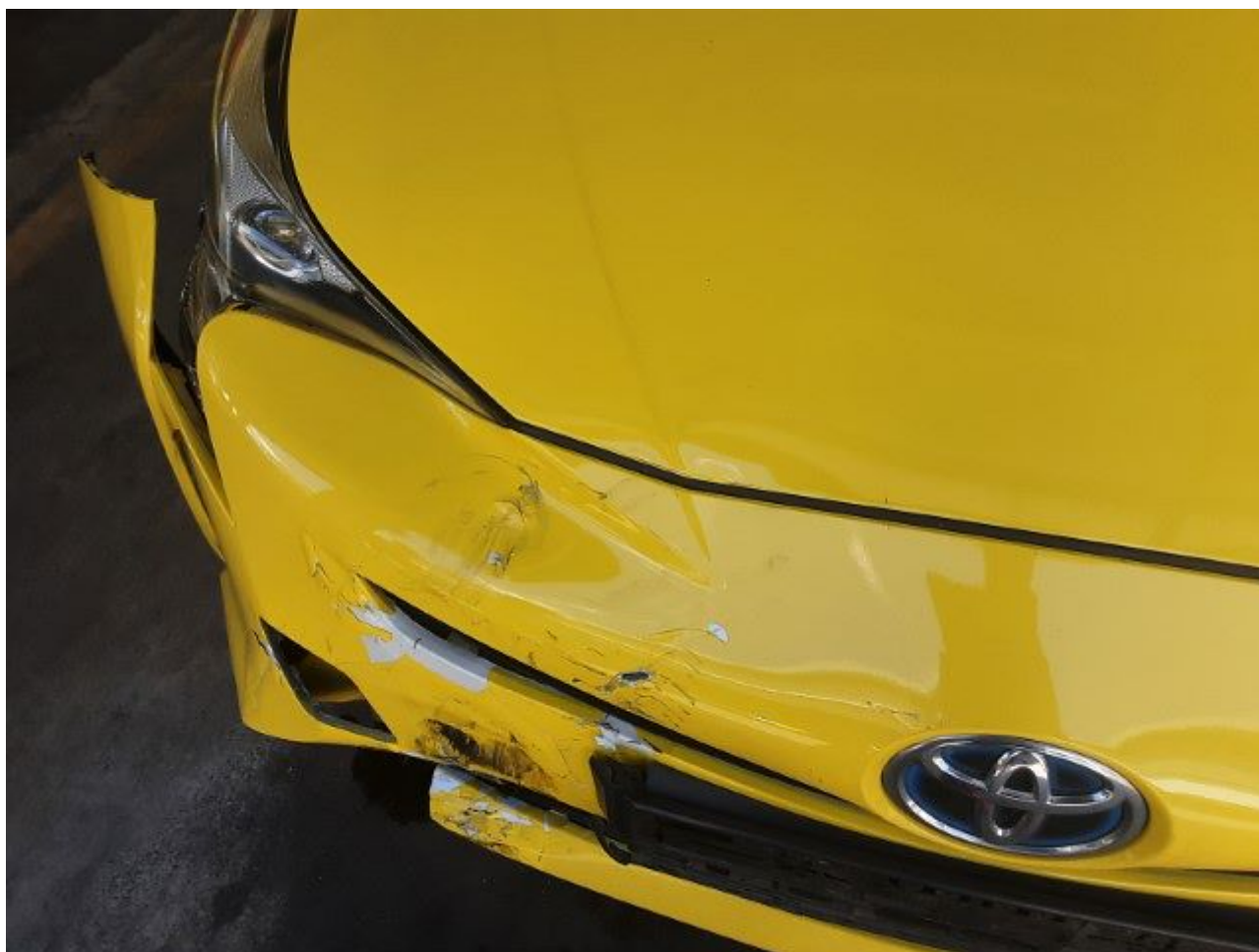


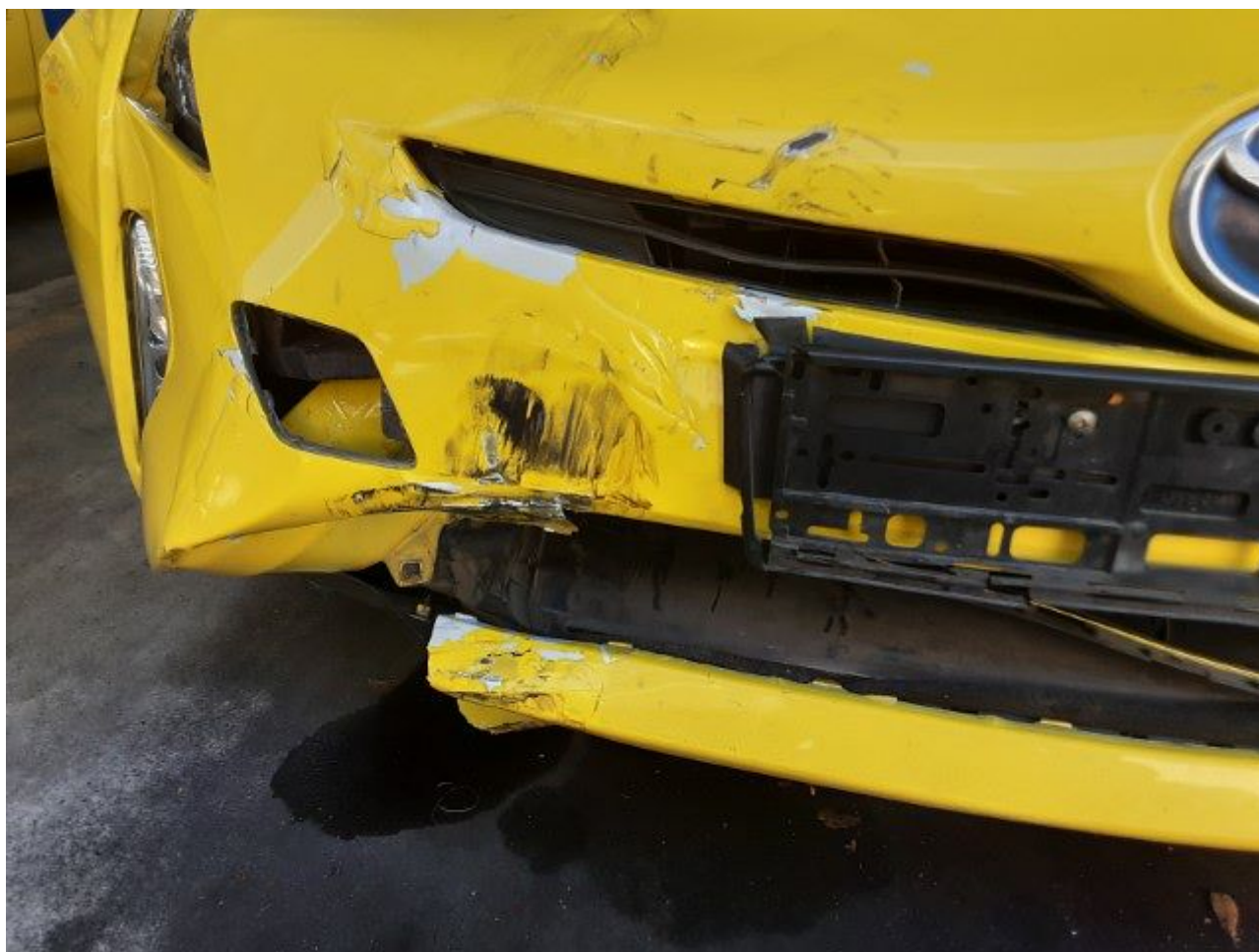
























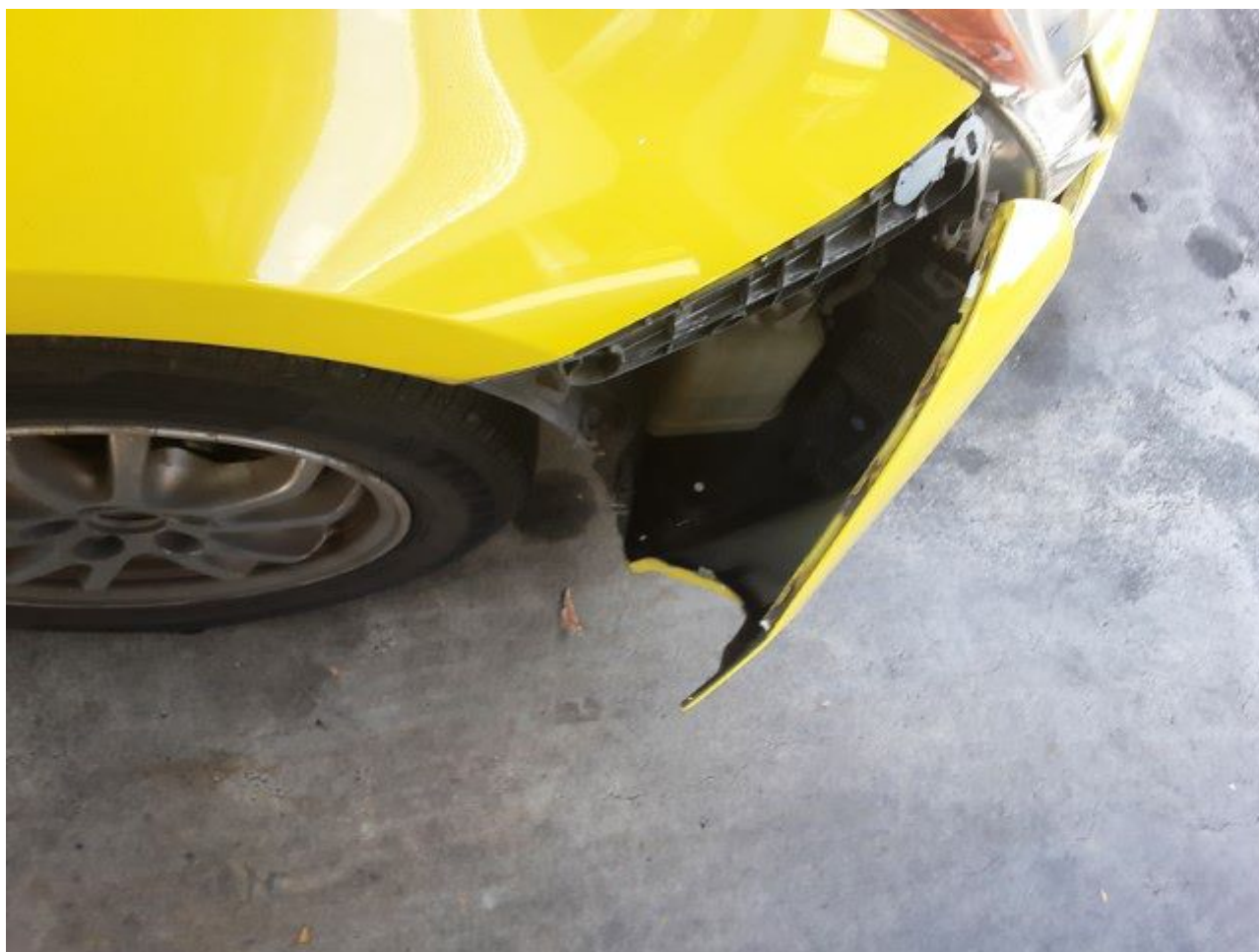


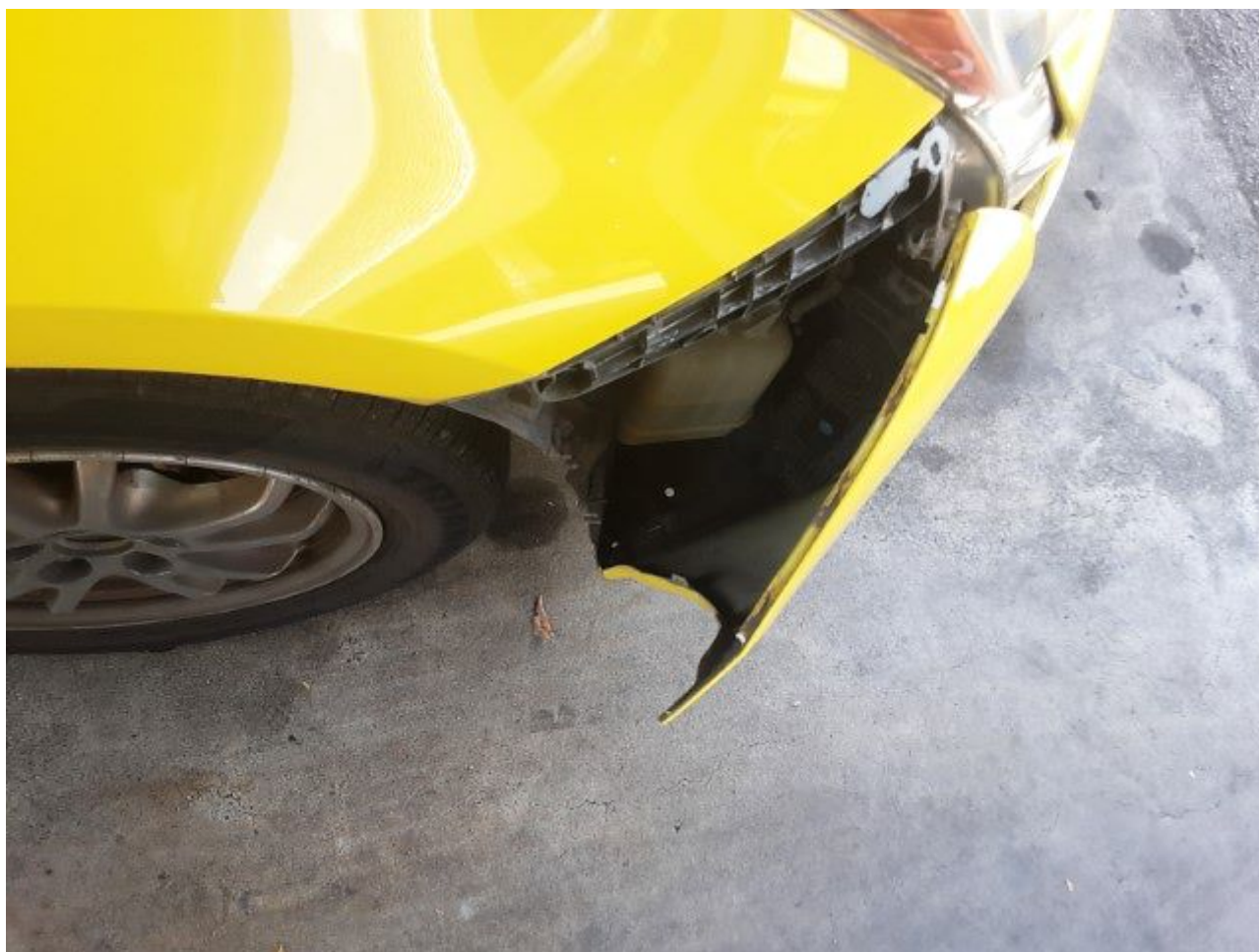








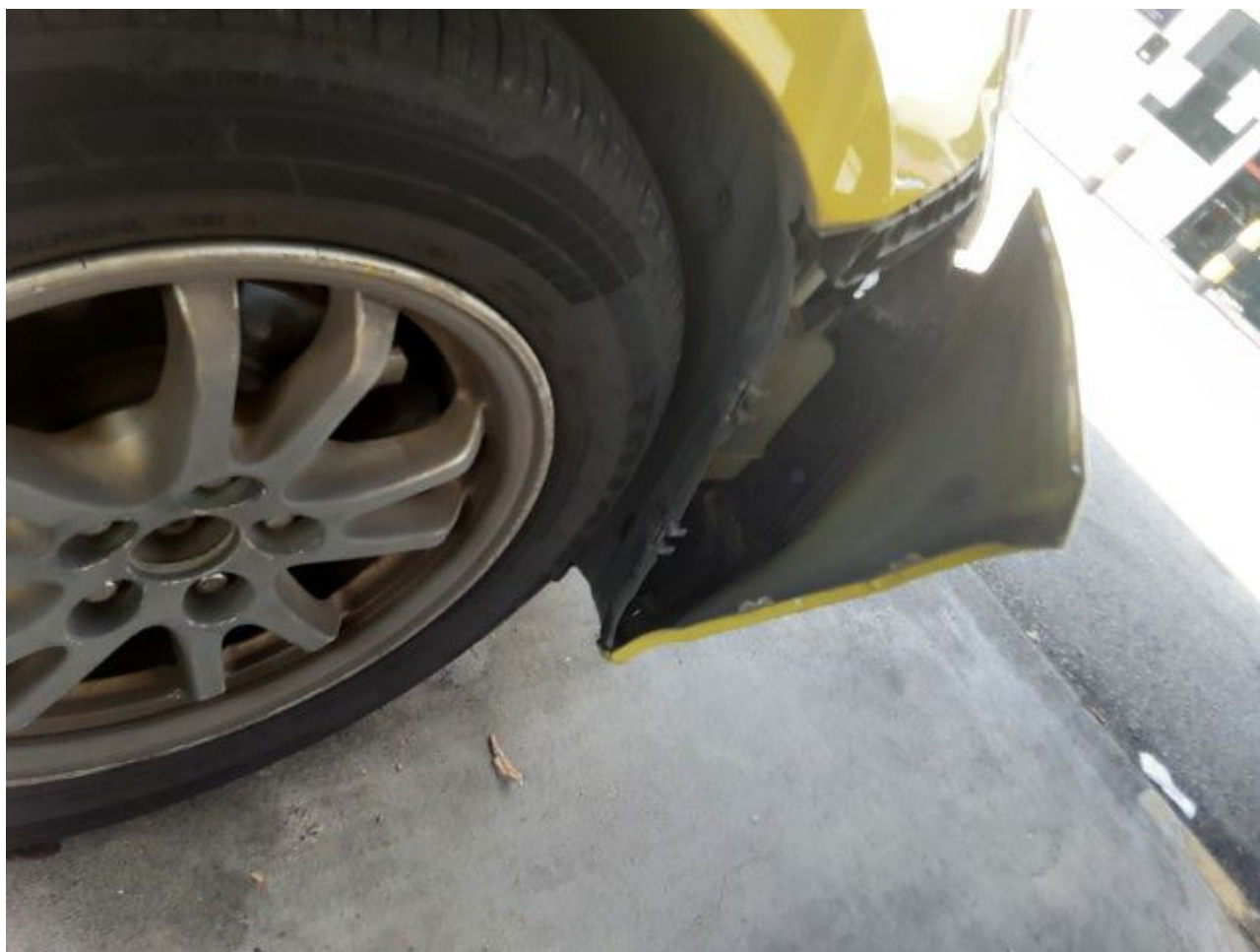


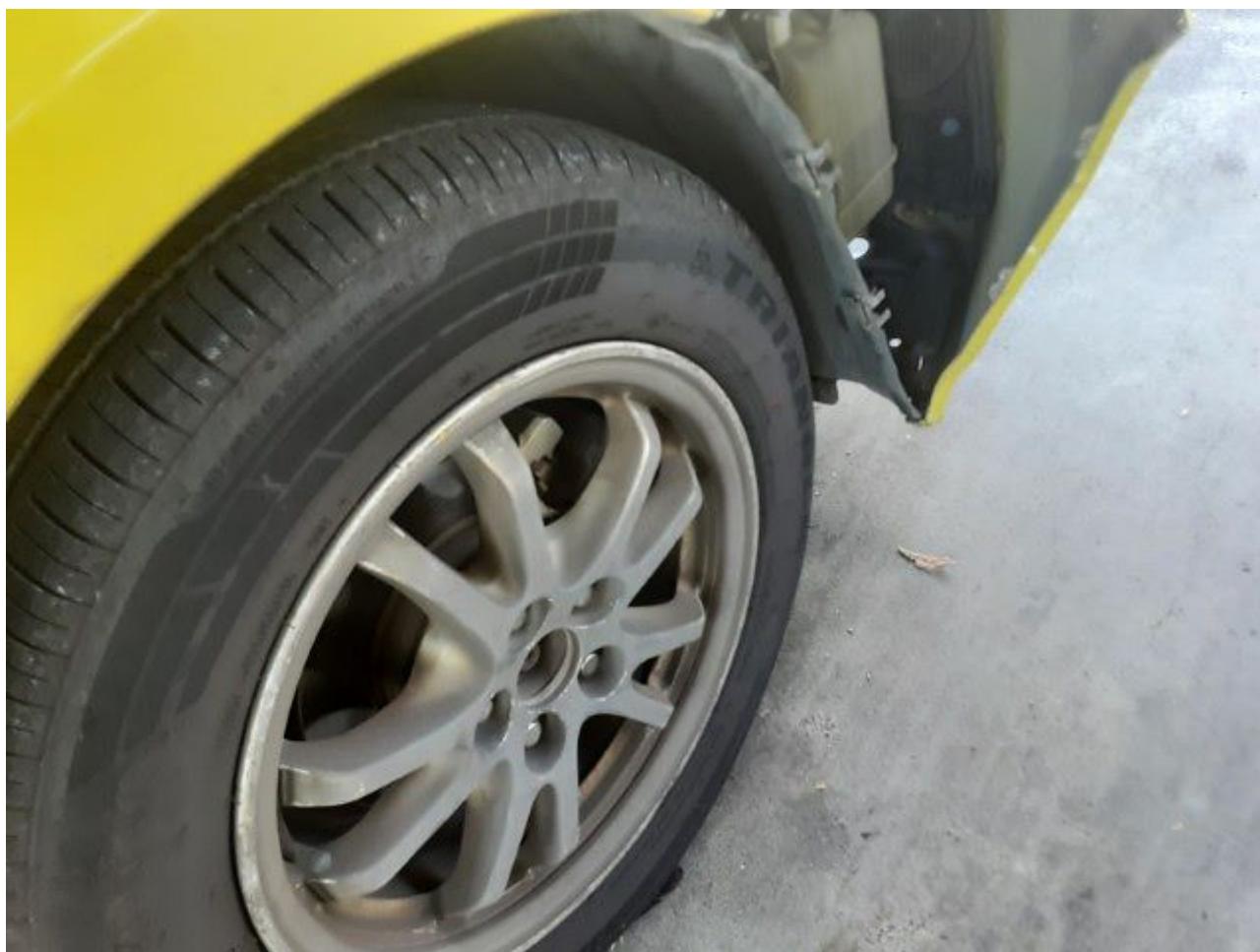


















# SINGAPORE POLICE FORCE



T/20230610/2011

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

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Report No. T/20230610/2011

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:  
10/06/2023 02:05

Vide Report No.:  
D/20230609/0118

Station Diary No.:  
11

### Informant's Particulars

Name of Informant:  
TEO TAU LENG

Address:  
APT BLK 639 JURONG WEST STREET 61 #08-32  
SINGAPORE 640639

ID Type / ID No.:  
NRIC NO / S1667965H

Contact No.:  
Home/Office: Mobile: 92215008

Nationality:  
SINGAPORE CITIZEN

Email:

Sex: Male Age: 59 Date of Birth: 30/03/1964

Type of Informant:  
Driver

Race:  
Chinese

Language:

Occupation:  
Taxi driver

Driving Licence Information:  
Class: 3

Date of Expiry:

### General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 09/06/2023 23:10	Type of Location: Bend
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Location:  
COMMONWEALTH AVENUE WEST

Weather: Clear	Road Surface: Dry
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Traffic Flow: One Way	Traffic Control: Pedestrian Crossing
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Traffic Volume: Light

Type of Collision:  
Between Moving Vehicles - Head To Rear

Anyone conveyed by ambulance: Yes

### Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBV904C	Motorcycle	YAMAHA		Blue		0
SHB2232D	Car	TOYOTA	PRIUS HYBRID 1.8 CVT	Yellow		0

### Details of Person Involved

Any Pedestrian Involved: No

No. of Pedestrians Injured: NIL

Use of Pedestrian Crossing: NA





# SINGAPORE POLICE FORCE

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



T/20230610/2011

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Report No. T/20230610/2011

## CONTINUATION OF REPORT

<b>Driver</b>				
Name	TEO TAU LENG		ID No.	S1667965H
Related Vehicle	SHB2232D (Car)		Contact No.	92215008
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 09/06/2023 at around 2310hrs, I was driving my taxi bearing car plate number SHB2232D from Commonwealth Avenue West slip road heading to Clementi Avenue 4. At that moment, there was a motorcycle bearing plate number FBV904C in front of me. I slowed down when approaching the slip road. As there were less traffic at that hour, I made a right glance on my blind spot to check for incoming vehicle. There was another car, however, it was still quite a distance. Hence, without checking the motorcycle, I accelerated and when I look straight ahead, I saw the motorcycle stopped at the dotted line. I wish to state that I do not have time to react and before I could brake, the right side of my car hit onto the rear of the motorcycle. The motorcyclist lose control of the motorcycle and slide to the left side of the road. Immediately, I stopped my car and alight to assist the motorcyclist.

He managed to stood up and sat at the side of the road. I checked on his wellbeing and he told me that he have abrasion on his hands and legs. I asked whether he require medical attention, he told me he do not require and told me he was calling his friends down to assist him. We then decided on how to settle the cost of repair. At that moment, plainclothes officer came from the police car that passed by and assisted us. The officer then called for ambulance and traffic police came and interview me. The traffic police took my SD card that was inside the in-car camera and I was issued with an acknowledgement slip. Case card was also issued to me.

Ambulance came to check on motorcyclist and I was told that he was being conveyed to hospital.



**SINGAPORE  
POLICE FORCE**

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700 Corporation Road SINGAPORE 649818  
Tel No: 1800-2689999



T/20230610/2011

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Report No. T/20230610/2011

## CONTINUATION OF REPORT

Signature of Officer Recording The Report:  
J /  
SGT 2 ALDON CHUA JUN WEI

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / GIT /  
SI PAN JIANHONG  
Contact No.: 65476904

NP168

Signature Of Informant:

Date/Time:  
10/06/2023 02:05

Classification Of Case:

