

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	20/06/2023 09:22 (SGT)
Reported by	Actual Driver
Date of Accident	19/06/2023 10:30 (SGT)
Exact Location of Accident	Commonwealth Ave, Singapore
Additional Location Information	TOWARDS ALEXANDRA ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHA9503G

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) +65-94996248
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 - Claiming third party
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	LEONG KENG HIONG
NRIC No	SXXXX148A
Date Of Birth	10/03/1959
Occupation	Outdoor

Date Of Driving Pass	13/10/1980
Driving experience	42 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-94996248
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLK 424 ANG MO KIO AVE 3 # 09 - 2404
Address complement	-
Postcode	560424
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?	No
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	2
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	-

PASSENGER 1

Name	UNKNOWN
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Changi Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18005872999
Alt. Police Station Phone No	(Fax) +65-65872900
Police Station Address	9 Simei Street 2 Singapore 529914
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT T/20230619/2071

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

Vehicle Registration Number	SLA1676X
Vehicle Manufacturer	Hyundai
Vehicle Model	Elantra
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	TAN PENG YANG
NRIC No	SXXXX798D
Contact Number	(Phone) +65-94762273
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	FRONT
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	LEONG KENG HIONG
Gender	Male
Phone No	(Phone) +65-94996248
Address	BLK 424 ANG MO KIO AVE 3 # 09 - 2404
Address Complement	-
Post Code	560424
Approximate Age Years Old	64
Injuries Sustained	NECK, SHOULDERN AND BACK
Injured person in which vehicle?	SHA9503G
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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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 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.

[Signature]

FLASH ACCIDENT
REPORTING OFFICER
KYMI



Policyholder's Signature / Date & Time

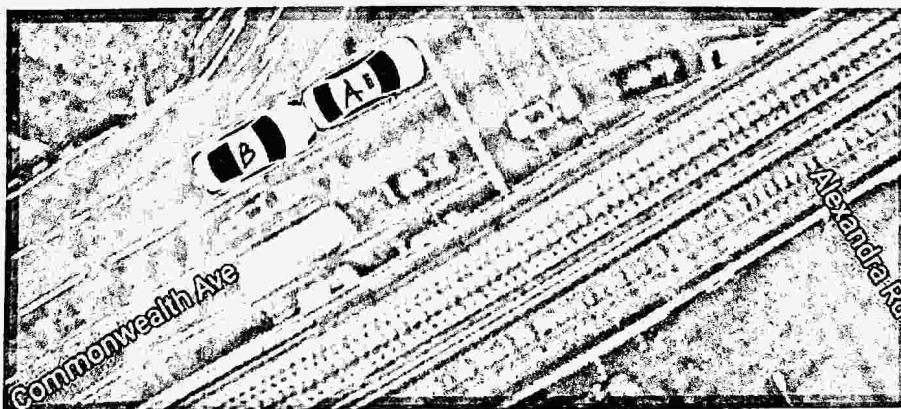
Driver's Signature (If driver is not the policyholder) / Date & Time 19.06.2023. 1710HRS

Witnessed by Reporting Centre Personnel

Sketch Plan

A - SHA9503G

B - SLA1676X



Describe Circumstances of the Accident

REFER TO POLICE REPORT
T/20230619/2071

Declaration

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 19.06.2023. 1715HRS

FLASH ACCIDENT
REPORTING OFFICER
KYMI



Witnessed by Reporting Centre
Personnel



SINGAPORE POLICE FORCE



T/20230619/2071

Police Station Of Origin:
Changi N.P.C
9 Simei Street 2 SINGAPORE 529914
Tel No: 1800-5872999

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Report No. T/20230619/2071

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 19/06/2023 16:03		Vide Report No.:		Station Diary No.: 37	
Informant's Particulars					
Name of Informant: LEONG KENG HIONG		Address: APT BLK 424 ANG MO KIO AVENUE 3 #09-2404 SINGAPORE 560424			
ID Type / ID No.: NRIC NO / S1390148A		Contact No.: Home/Office: Mobile: 94996248			
Nationality: SINGAPORE CITIZEN		Email:			
Sex: Male	Age: 64	Date of Birth: 10/03/1959	Type of Informant: Driver		
Race: Chinese		Language:			
Occupation: Taxi driver		Driving Licence Information: Class: 3,4 Date of Expiry:			

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 19/06/2023 10:30	Type of Location: X-Junction
Location: COMMONWEALTH AVENUE				
Weather: Clear		Road Surface: Dry		
Traffic Flow:		Traffic Control: Traffic Light - Working		Traffic Volume:
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHA9503G	Car	TOYOTA	PRIUS HYBRID 1.8 CVT	Yellow		1
SLA1676X	Car	HYUNDAI	ELANTRA 1.6 AT ABS D/AB 2WD 4DR	Black		0



**SINGAPORE
POLICE FORCE**



T/20230619/2071

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Police Station Of Origin:
Changi N.P.C
9 Simei Street 2 SINGAPORE 529914
Tel No: 1800-5872999

Report No. T/20230619/2071

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	LEONG KENG HIONG	ID No.	S1390148A
Related Vehicle	SHA9503G (Car)	Contact No.	94996248
Hospital/Clinic	W Y TEH FAMILY CLINIC AND SURGERY	Class of Driving Licence & Expiry Date	Class: 3,4 Date of Expiry: NIL
Date Treatment	19/06/2023	Date Discharge	NIL
No. of Days granted Medical Leave	05	Degree of Injury	Slight
Driver			
Name	TAN PENG YANG	ID No.	S9146798D
Related Vehicle	SLA1676X (Car)	Contact No.	94762273
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.

On the 19/6/2023 at 1030hrs. I was waiting for the traffic light to turn green at the x-junction of Commonwealth Avenue & Alexandra Road when one vehicle (SLA1676X) suddenly hit me from the rear. I like to state that during that point of time, my vehicle was in stationary position. Through the rear in-car camera, it was observed that the car that was behind me slowly inch forward which resulted in the collision with my vehicle.

I had sustained neck, shoulder and back injuries from the accident. I had sought medical assistance and was given 5 days of MC by the doctor. There are in-car camera installed in the front and rear of my vehicle. I am lodging this police report for insurance purpose.



**SINGAPORE
POLICE FORCE**



T/20230619/2071

Police Station Of Origin:
Changi N.P.C
9 Simei Street 2 SINGAPORE 529914
Tel No: 1800-5872999

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Report No. T/20230619/2071

CONTINUATION OF REPORT

Signature of Officer Recording The Report:
G /
SGT 3 CHOO WEI CHONG

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
SR STAFF SGT FAH KRUL RAZI BIN SUHAIME
Contact No.: 65470000

NP168

Signature Of Informant:

Date/Time:
19/06/2023 16 03

Classification Of Case: