

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	11/04/2023 10:45 (SGT)
Reported by	Actual Driver
Date of Accident	10/04/2023 22:20 (SGT)
Exact Location of Accident	Teck Whye Ln, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC7022E
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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) +65-90430641
Alternative Phone No	(Office) +65-65508768

VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	I40
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	1685

INSURANCE COMPANY

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

DRIVER

Name of Driver	LEE MENG KWONG
NRIC No	S1103687B
Date Of Birth	28/02/1955
Occupation	Outdoor

Date Of Driving Pass	22/01/1992
Driving experience	31 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90430641
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLK 324 BUKIT BATOK STREET 33 #11-31
Address complement	-
Postcode	650324
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
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	Collided into Bicyclist
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

REFER TO POLICE REPORT T/20230411/2003

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	CYCLIST
Vehicle Manufacturer	-
Vehicle Model	-

Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	NA / Unknown
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	CYCLIST
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	Injured
Injured person in which vehicle?	CYCLIST
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes

SKETCH PLAN

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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

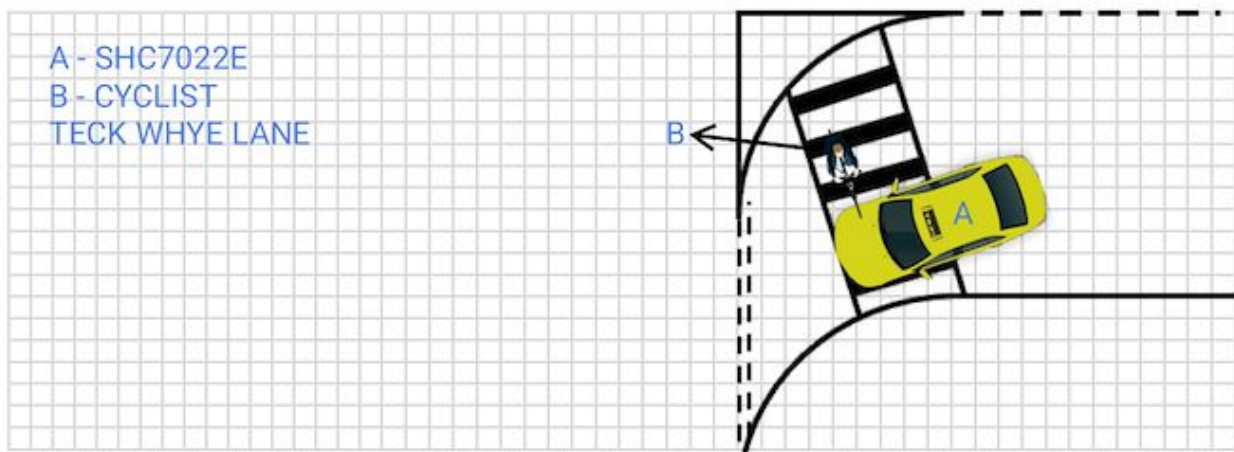
Sketch Plan

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

11/04/2023 1000HRS

Witnessed by Reporting Centre Personnel

DHIYAA



Describe Circumstances of the Accident

REFER TO POLICE REPORT T/20230411/2003

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 11/04/2023 1000HRS

Witnessed by Reporting Centre
Personnel DHIYAA















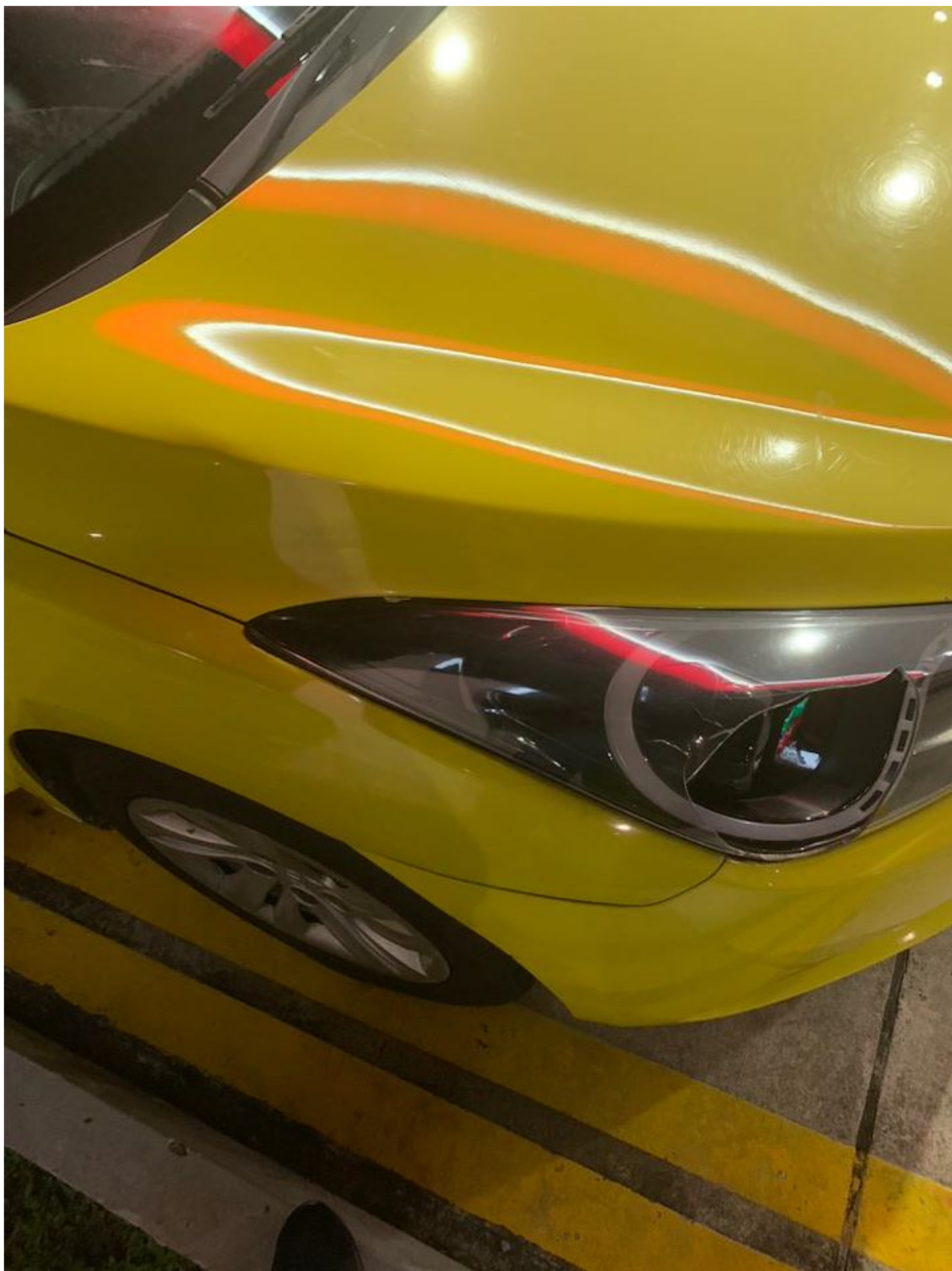


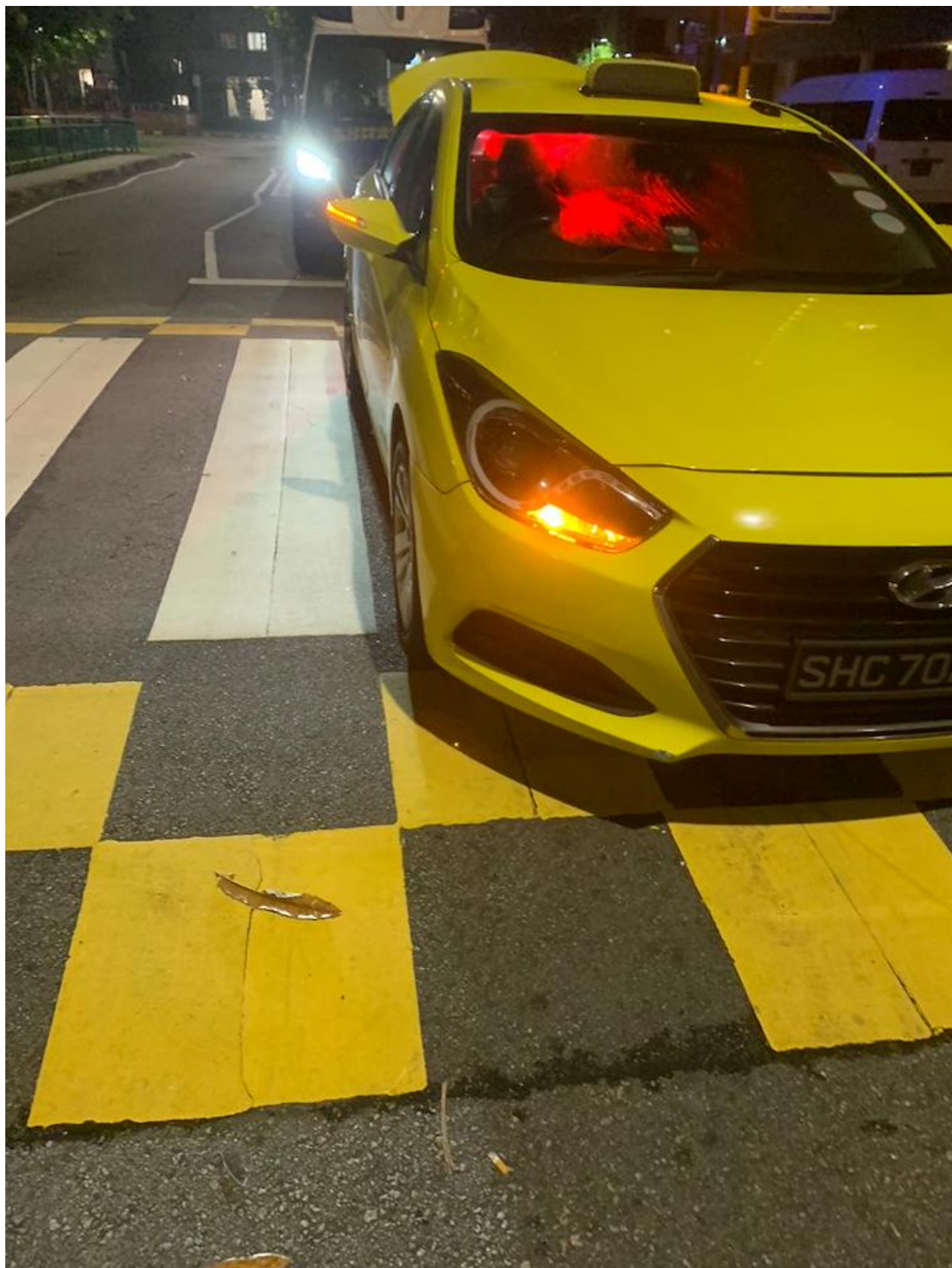













**SINGAPORE
POLICE FORCE**

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



T/20230411/2003

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Report No. (T/20230411/2003)

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 11/04/2023 00:50		Vide Report No.: J/20230410/0136	Station Diary No.: 7
Informant's Particulars			
Name of Informant: LEE MENG KWONG		Address: APT BLK 324 BUKIT BATOK STREET 33 #11-31 SINGAPORE 650324	
ID Type / ID No.: NRIC NO / S1103687B		Contact No.: Home/Office: Mobile: 90430641	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 68	Date of Birth: 28/02/1955	Type of Informant: Driver
Race: Chinese		Language: English	
Occupation: Taxi driver		Driving Licence Information: Class: 2B,3 Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 10/04/2023 22:20	Type of Location: Straight Road
Location: TECK WHYE LANE				
Weather: Clear		Road Surface: Dry		
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHC7022E	Car	HYUNDAI	I40	Yellow	Slightly Damaged	0

Details of Person Involved

Any Pedestrian Involved: Yes	Use of Pedestrian Crossing: Used
No. of Pedestrians Injured: 1	


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Report No. T/20230411/2003

CONTINUATION OF REPORT

Driver			
Name	LEE MENG KWONG	ID No.	S1103687B
Related Vehicle	SHC7022E (Car)	Contact No.	90430641
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,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 10/4/2023 at about 2220hours, I was driving City Cab Taxi bearing plate number SHC7022E along Teck Whye Lane at the SingPost vicinity and I was approaching the pedestrian crossing ahead. I made a check and was moving at a slow speed as I was approaching the pedestrian crossing when suddenly, there was one male Malay cyclist who had dashed out from nowhere and had collided onto the front driver's side of my taxi. The cyclist then fell down to the ground. I then stopped my taxi and went down to make a check.

I then called for ambulance, and the cyclist was later conveyed to the hospital. I did not exchange any particulars with the said cyclist. Traffic Police also came down to scene and I was advised to make a Police report.

I was not injured, and I was alone during that time. There is an in-car camera inside my taxi and the TP had taken my in-car camera's SD Card for their investigations. My taxi sustained some damages on the front right portion and my front right headlight was also damaged. I am unsure of the total cost damages.

TP IO In-charge: Jeff
Tel: 65476311

**SINGAPORE
POLICE FORCE**

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/20230411/2003

CONTINUATION OF REPORT

Signature of Officer Recording The Report:

J /
STAFF SGT NUR SYAFIAH
BINTE ABDUL LATIFF

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
11/04/2023 00:50

Officer In Charge Of Case:
TP / GIT /
SI FADLI SHAFUDDIN BIN MOHAMED SANI
Contact No.: 65476845

Classification Of Case:

NP168

