

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	12/07/2023 21:42 (SGT)
Reported by	Actual Driver
Date of Accident	11/07/2023 14:50 (SGT)
Exact Location of Accident	Brickland Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA807P
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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) +65-81575455
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	HSBC Life (Singapore) Pte. Ltd
Policy Number / Cover Note Number	VFX/P2419140

DRIVER

Name of Driver	LIM HOE SENG
NRIC No	SXXXX833I
Date Of Birth	12/10/1964
Occupation	Outdoor

Date Of Driving Pass	30/01/1992
Driving experience	31 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-81575455
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	107 YISHUN RING ROAD # 10 - 261
Address complement	-
Postcode	760107
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	Collision - Head to Rear
Weather Conditions	Raining
Road Surface	Wet

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 20230712/2076

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 NOT SUITABLE

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKM9997R
Vehicle Manufacturer	Volkswagen
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
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)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	LIM HOE SENG
Gender	Male
Phone No	(Phone) +65-81575455
Address	107 YISHUN RING ROAD # 10 - 261
Address Complement	-
Post Code	760107
Approximate Age Years Old	-
Injuries Sustained	PAIN IN HAND, LEGS AND BACK
Injured person in which vehicle?	SHA807P
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN**IMPORTANT NOTICE**

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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

07.07.2023.

1055HRS

(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.

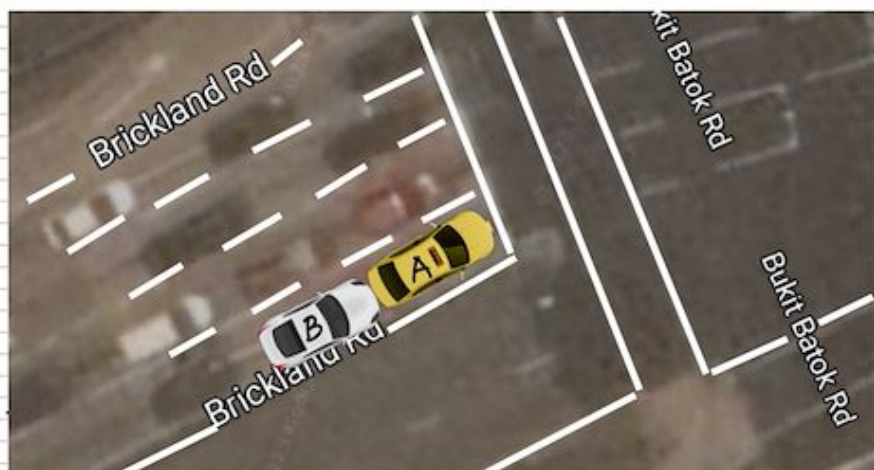
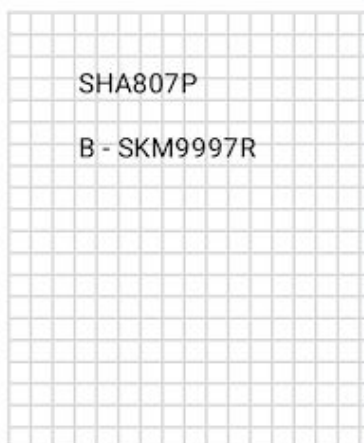
Policyholder's Signature / Date & Time

Sketch Plan

Driver's Signature (If driver is not the policyholder) / Date & Time 12.07.2023. 1540HRS

**FLASH ACCIDENT
REPORTING OFFICER
KYMI**

Witnessed by Reporting Centre Personnel



Describe Circumstances of the Accident

REFER TO POLICE REPORT
T 20230712/2076

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 12.07.2023. 1545HRS

FLASH ACCIDENT
REPORTING OFFICER
KYMI



Witnessed by Reporting Centre
Personnel







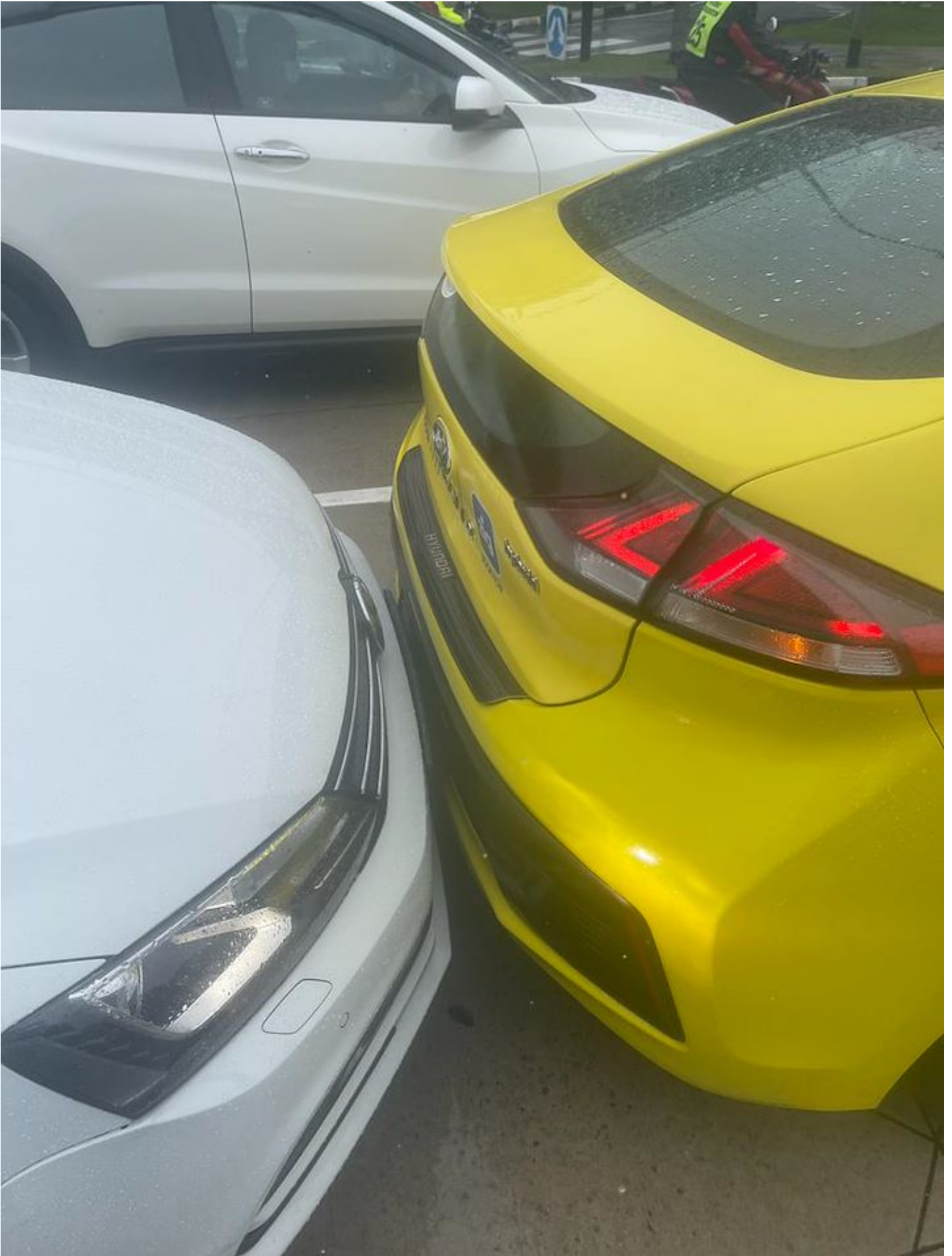


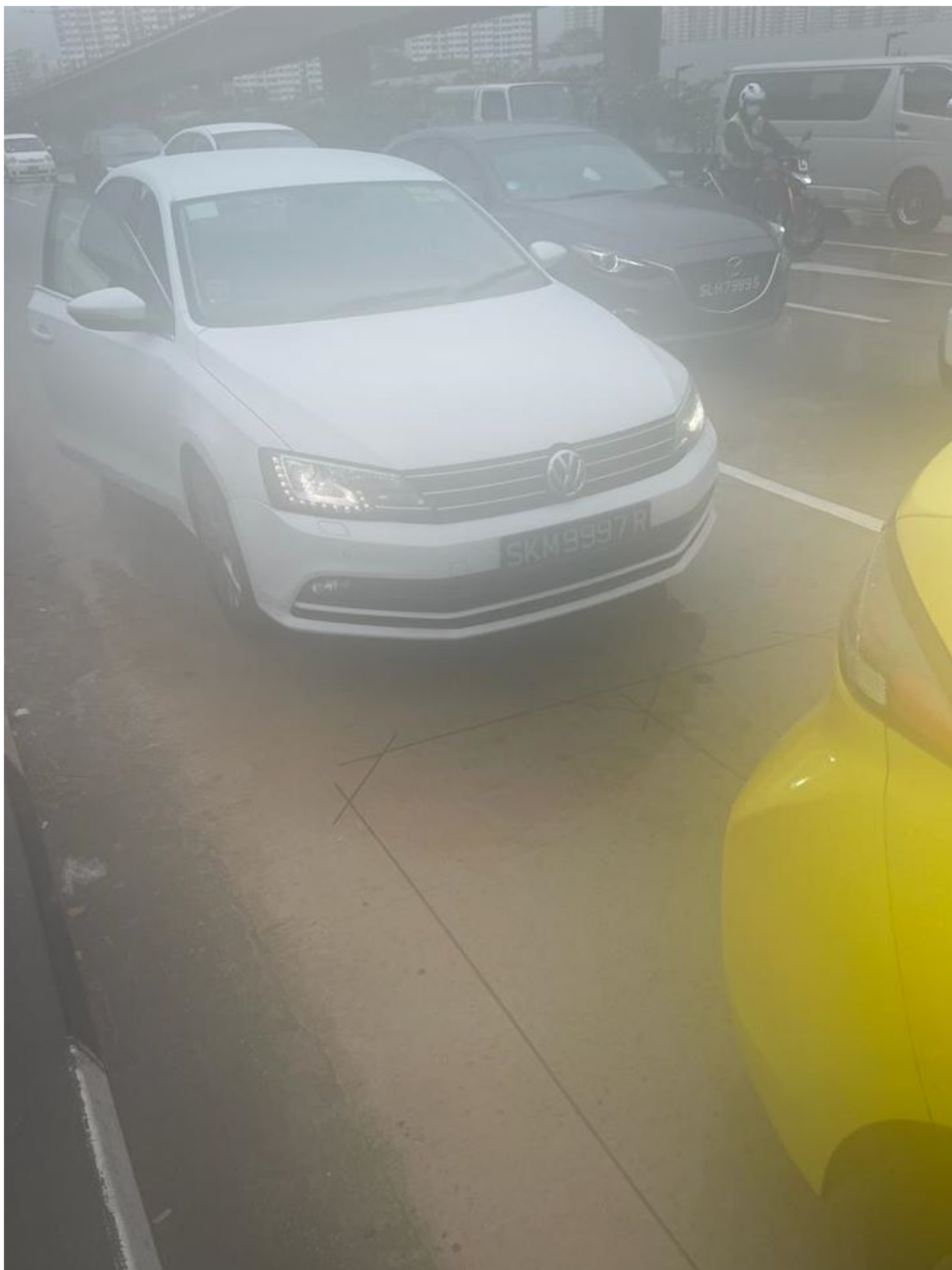


















**SINGAPORE
POLICE FORCE**

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



T/20230712/2076

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Report No. T/20230712/2076

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 12/07/2023 14:01		Vide Report No.:		Station Diary No.: 50	
Informant's Particulars					
Name of Informant: LIM HOE SENG			Address: APT BLK 107 YISHUN RING ROAD #10-261 SINGAPORE 760107		
ID Type / ID No.: NRIC NO / S16358331			Contact No.: Home/Office: Mobile: 81575455		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 58	Date of Birth: 12/10/1964	Type of Informant: Driver		
Race: Chinese			Language: Mandarin		
Occupation: Taxi driver			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 11/07/2023 14:50	Type of Location: X-Junction
Location: BRICKLAND ROAD				
Weather: Raining		Road Surface: Wet		
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
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
SHA807P	Car	HYUNDAI	AE IONIQ HEV FL 1.6 DCT	Yellow	Slightly Damaged	1
SKM9997R	Car	VOLKSWAGO N	JETTA GP 1.4 TSI 90 A/T HL HID 1634G5	White		0



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Tel No: 1800-5872999



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Report No. T/20230712/2076

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	LIM HOE SENG	ID No.	S1635833I
Related Vehicle	SHA807P (Car)	Contact No.	81575455
Hospital/Clinic	W Y TEH FAMILY CLINIC AND SURGERY	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	12/07/2023	Date Discharge	12/07/2023
No. of Days granted Medical Leave	05	Degree of Injury	Slight

Brief Details.

On 11/07/2023 at about 1450hrs, I was at the junction of Brickland Road and was waiting for the traffic light to make a right turn into Bukit Batok Road when I was involved in an accident.

While waiting at the junction for the traffic light, my vehicle has been stationary for quite some time. Suddenly, I felt an impact from the back and realised I was hit from the rear. I went down to take a look at the damages, however, the other party rushed for me to quickly do my assessment. She claimed she was in a rush and could not get wet in the rain, hence wants me to quickly take the photos and leave. She did not inform if she was injured. We did not manage to exchange particulars before driving off. However, my passenger did inform me she felt a unwell after the accident and I advised her to seek medical attention if needed.

As a result of the accident, my rear bumper popped out a little and my number plate cracked. I also felt pain on my hands, shoulders, back and legs after the accident. The pain got worse, hence I went to seek medical attention on 12/07/2023. I was given medications for pain and 5 days MC. I was told if my condition did not improve, I will have to get an x-ray done.

I am lodging this report for follow-up by my company, ComfortDelGro, and also for insurance claims.



**SINGAPORE
POLICE FORCE**

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/20230712/2076

CONTINUATION OF REPORT

Signature of Officer Recording The Report:

G /

SGT 2 YEO HUI TING

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

12/07/2023 14:01

Officer In Charge Of Case:

TP / AEIT /

SI ANG YI TING, STEPHANIE

Contact No.: 65476414

Classification Of Case:

NP168