

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 First Submission	02/08/2023 13:57 (SGT)
Reported by	Actual Driver
Date of Accident	02/08/2023 10:10 (SGT)
Exact Location of Accident	412 Bedok North Ave 2, Block 412, Singapore 460412
Additional Location Information	OPEN SPACE CAR PARK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC7699C
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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) +65-83631789
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	PANG SIEW MAY
NRIC No	SXXXX229C
Date Of Birth	24/11/1973
Occupation	Outdoor

Date Of Driving Pass	20/11/2010
Driving experience	12 YEARS AND 9 MONTHS
Gender	Female
Mobile Number	(Phone) +65-83631789
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	534 BEDOK NORTH STREET 3 # 12 - 858
Address complement	-
Postcode	460534
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 Parked Vehicle
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)	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	Kaki Bukit Neighbourhood Police Post
Police Station Phone No	(Phone) +65-18004429999
Alt. Police Station Phone No	(Fax) +65-62444377
Police Station Address	Blk 526 Bedok North Street 3 #01-448 Singapore 460526
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

AS PER POLICE REPORT No.T/20230802/2058

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	GBB8334A
Vehicle Manufacturer	Toyota
Vehicle Model	DYNA 150 MANUAL 3SEATER

Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	CHIW BAO GUAN
NRIC No	SXXXX203C
Contact Number	(Phone) +65-98586016
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	REAR PORTION
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	2

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	PANG SIEW MAY
Gender	Female
Phone No	(Phone) +65-83631789
Address	534 BEDOK NORTH STREET 3 # 12 - 858
Address Complement	-
Post Code	460534
Approximate Age Years Old	49
Injuries Sustained	PAIN ON SHOULDER,NECK,AND LOWER BACK AREA. 7DAYS MC
Injured person in which vehicle?	SHC7699C
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	-

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

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

Driver's Signature (If driver is not the policyholder) / Date & Time 02.08.2023. 1155HRS

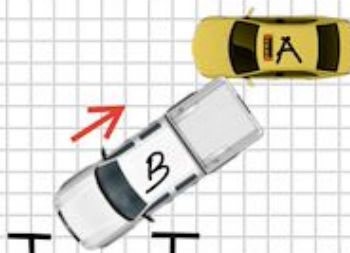
FLASH ACCIDENT
REPORTING OFFICER
KYMI

Witnessed by Reporting Centre Personnel

Sketch Plan

A - SHC7699C

B - GBB8334A



BLK 412
BEDOK NORTH AVE 2
OSCP

Describe Circumstances of the Accident

AS PER POLICE REPORT No.T/20230802/2058

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 02.08.2023. 1200HRS

Witnessed by Reporting Centre Personnel

FLASH ACCIDENT
REPORTING OFFICER
KYMI


















**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Kaki Bukit NPP
526 Bedok North Street 3 #01-448
SINGAPORE 460526
Tel No: 1800-4429999

RECEIVED
10 3 AUG 2023

BY: _____



T/20230802/2058

1 of 3

Report No. T/20230802/2058

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 02/08/2023 15:45	Vide Report No.:	Station Diary No.: 20
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Informant's Particulars

Name of Informant: PANG SIEW MAY			Address: APT BLK 534 BEDOK NORTH STREET 3 #12-858 SINGAPORE 460534		
ID Type / ID No.: NRIC NO / S7363229C			Contact No.:		
Nationality: SINGAPORE CITIZEN			Home/Office:		Mobile: 83631789
Email:					
Sex: Female	Age: 49	Date of Birth: 24/11/1973	Type of Informant: Driver		
Race: Chinese			Language: Chinese		
Occupation: Taxi driver			Driving Licence Information: Class: 2B,3		
			Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 02/08/2023 10:10	Type of Location: Car Park
Location: BEDOK NORTH AVENUE 2				
Weather: Clear		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control: Not Controlled		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
GBB8334A	Lorry				Slightly Damaged	0
SHC7699C	Car				Slightly Damaged	0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20230802/2058

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Report No. T/20230802/2058

Police Station Of Origin:
Kaki Bukit NPP
526 Bedok North Street 3 #01-448
SINGAPORE 460526
Tel No: 1800-4429999

CONTINUATION OF REPORT

Name	Chiw Bao Guan	ID No.	S0939203C
Related Vehicle	GBB8334A (Lorry)	Contact No.	98586016
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
Driver			
Name	PANG SIEW MAY	ID No.	S7363229C
Related Vehicle	SHC7699C (Car)	Contact No.	83631789
Hospital/Clinic	A LIFE CLINIC PTE LTD	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	02/08/2023	Date Discharge	02/08/2023
No. of Days granted Medical Leave	07	Degree of Injury	Slight

Brief Details.

On 02/08/2023 at about 1010hrs, I was driving my rented comfortdelgro taxi bearing SHC 7699C inside an open carpark located at Blk 412 Bedok North Ave 2. while my vehicle was stationary the carpark, waiting to turn right. One lorry bearing GBB8334A who parked his lorry head in, reverse his vehicle and hit onto the front bumper and head light of my taxi. We then exchanged particulars and left the scene.

I wish to state that I do not have any passenger inside my taxi when the accident happened. I also wish to state that my front head light and bumper was damaged. No ambulance or Traffic Police was at scene.

At about 1100hrs, the shoulder, neck and lower back area was in pain. Hence, I went to see a doctor and was given 07 days MC from 02/08/2023 to 08/08/2023.

I wish to state that my taxi have an in-car camera that may have captured the whole accident and I have handed over the SD card to my company.



**SINGAPORE
POLICE FORCE**



T/20230802/2058

Police Station Of Origin:
Kaki Bukit NPP
526 Bedok North Street 3 #01-448
SINGAPORE 460526
Tel No: 1800-4429999

3 of 3

Report No. T/20230802/2058

CONTINUATION OF REPORT

Signature of Officer Recording The Report:
G /
SGT 1 CHIA WEI HAO, SHAUN

Signature Of Interpreter:
Not applicable

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

Signature Of Informant:

Date/Time:
02/08/2023 15:45

Classification Of Case:

NP168



IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SJ0G2382000T Vehicle Registration No: SHC7899C
 Name (as shown in NRIC): CityCab Pte Ltd NRIC/FIN/Passport No: 1XXXXX839G
 (*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
 Address: _____ Singapore ()
 Contact (Tel): _____ Mobile No.: _____
 Email Address: _____
 Date of Accident: 02/08/2023 Time of Accident: 10:10
 Place of Accident: 412 Bedok North Ave 2,
 Insurance Company: HSBC Life (Singapore) Pte. Ltd

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

ATTACHED POLICE REPORT



Policyholder / Driver's Signature
 Date: _____

Siti

Reporting Centre Personnel's Signature
 Name:
 NRIC/FIN No.:
 Date: 04.08.2023

GIARSMC Addendum Form