

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 Authorised 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 ability.
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 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 Report	16/07/2016 12:06
Date Of Accident	15/07/2016 17:45
Exact Location Of Accident	PIE TOWARDS TUAS
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SHB1156Y
Insured/Policyholder	
Name Of Registered Owner	SMRT TAXIS PTE LTD
Co Reg No	198905369K
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	Office-800000000
Vehicle Particulars	
Manufacturer	CHRYSLER
Model	300C-3.0 D (A)
Exact Purpose for which vehicle was being used at time of accident	HIRE AND REWARD
Are you claiming under your own insurance policy for repair to your vehicle?	No
If No, Please state action to be taken	Third Party
Vehicle Category	Taxi
Insurance Company	
Name of Insurance Company	First Capital Insurance Ltd
Type Of Coverage	Third Party Fire and/or Theft
Fleet Policy	Yes
Policy Number	D-IIO27591MFSH
Cover Note Number	
Driver	
Name of Driver	LOH PENG YAM
NRIC No	S7236079F
Date Of Birth	28/09/1972
Occupation	Outdoor
Date Of Driving Pass	07/05/1994
Driving Experience	22 Years And 2 Months
Gender	Male
Mobile Number	
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address
 Postcode
 Was driver an employee of the Insured's Company No
 If No, Relationship of the Driver with the Insured Other - HIRER
 Vehicle Registration Number of Driver's Own Vehicle -
 -
 Insurance Company of Driver's Own Vehicle -
 -
 -

General Information of the Accident

Type Of Accident Collision- Head to Rear (TP Hit Insured)
 Weather Conditions Clear
 Road Surface Dry

Other Information

Was any foreign vehicle involved in this accident? No
 Was any body injured in the Accident? Yes
 Was any other material or property damaged? Yes
 Was there any video captured by Car Camera? No
 Number of Passengers (Including Driver) 2

Details of Police Action

Was the accident reported to the police? Yes
 If Yes, Please state which Police Station
 Police Station Name Serangoon Neighbourhood Police Centre
 Police Station Address ROAD: 50 Serangoon Ave 2 #01-02 , POSTCODE: 556129 , COUNTRY: Singapore
 Police Station Contact TEL NO: 1800-4880999 - FAX NO: 64883561
 Was notice of intended Prosecution given? No
 If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/201607/15/2183

Are accident photos available for attachment? Not available due to circumstances of accident

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SKT1204L
 Vehicle Make/Model/Colour
 Details Of Properties
 Name of Driver UNKNOWN
 NRIC/Passport Number
 Contact Number 97998121
 Address
 Postcode
 Insurance Company Name
 Nature Of Damage
 No. Of Passenger (Including Driver)

Details of Witness

Name
 Phone Number
 Email Address

DETAILS OF INJURED PERSON 1

Name LOH PENG YAM
 Approximate Age
 Injuries Sustain

Injured person in which vehicle? SHB1156Y
Were seat belts worn? Yes
Was injured conveyed to hospital by ambulance? Yes
Address
Postcode

DETAILS OF INJURED PERSON 2

Name PAUL
Approximate Age
Injuries Sustain
Injured person in which vehicle? SHB1156Y
Were seat belts worn? Yes
Was injured conveyed to hospital by ambulance? Yes
Address
Postcode

Hand-drawn diagram of a road layout. A main road is labeled "PIE" with an arrow pointing to "TURS". A side road branches off to the right, labeled "TURS." with an arrow pointing to a series of four squares. The first square is labeled "pt. C. B." and the second is labeled "chigden A". The road continues to the right, labeled "→ clementi rd.".

9/11/16

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

We declare the foregoing particulars are true in every respect.

TAXIS PTE LTD.

Policyholder's Signature _____

Time _____

Policyholder's Signature / Date &
Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan Pg.2

SKETCH PLAN

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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.
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

Witnessed by Reporting Centre Personnel



**SINGAPORE
POLICE FORCE**



T/20160715/2183

1 of 3

Report No. T/20160715/2183

Police Station Of Origin:
Serangoon N.P.C
50 Serangoon Avenue 2 #01-02 SINGAPORE
556129
Tel No: 1800-4880999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 15/07/2016 23:36		Vide Report No.:		Station Diary No.: 79	
Informant's Particulars					
Name of Informant: LOH PENG YAM			Address: APT BLK 220 SERANGOON AVENUE 4 #10-226 SINGAPORE 550220		
ID Type / ID No.: NRIC NO / S7236079F			Contact No.: Home/Office:		Mobile: 97548009
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 43	Date of Birth: 28/09/1972	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: 3,4		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 15/07/2016 17:45	Type of Location: EXPRESSWAY
Location: Along Road 1 Traveling Toward Road 2 PAN ISLAND EXPRESSWAY				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume: Moderate	
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
SHB1156Y	TAXI	CHRYSLER		Black	Slightly Damaged	1
SKT1204L	Car	CITROEN		Blue		0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20160715/2183

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Report No. T/20160715/2183

Police Station Of Origin:

Serangoon N.P.C

50 Serangoon Avenue 2 #01-02 SINGAPORE

556129

Tel No: 1800-4880999

CONTINUATION OF REPORT

Driver		ID No.	
Name	LOH PENG YAM		S7236079F
Related Vehicle	SHB1156Y (TAXI)	Contact No.	97548009
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3,4 Date of Expiry: NIL
Date Treatment	15/07/2016	Date Discharge	15/07/2016
No. of Days granted Medical Leave	05	Degree of Injury	Slight
Passenger		ID No.	
Name	PAUL		NIL
Related Vehicle	SHB1156Y (TAXI)	Contact No.	91518579
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 15.07.2016 at about 1545hrs, I was driving SHB1156Y along PIE towards Tuas on the right most lane. After the BKE exit, I then wanted to take the Clementi Exit. As it was the peak hour, I then had to join the queue to the exit. While I was stationary, suddenly my car was hit from behind. When all was calm, we then drove to the road shoulder and stop. I then got out from my vehicle to look at the damages. The vehicle which hit my car is a blue Citroen, SKT1204L, the male Chinese driver, Hp: 97998121. EMAS also came to the accident location and as my passenger and I felt pain (for me it was at the back of my neck), they then activated the ambulance for us. Due to the accident, my taxi's rear boot cover and rear bumper was badly dented in and the rear number plate also fell off. My taxi was then towed away. My passenger and I was then conveyed in the same ambulance to Ng Teng Fong Hospital. Upon reaching there, we were told that the waiting time will be about 4 hours. We were then given the choice to seek medical assistance else where. That was when I chose to go to Mount Alvernia on my own. I was then give 5 days of medical leave.



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Serangoon N.P.C
50 Serangoon Avenue 2 #01-02 SINGAPORE
556129
Tel No: 1800-4880999



T/20160715/2183

3 of 3

Report No. T/20160715/2183

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:
F /
Staff Sgt NORHAFIZAH KAMALUDIN

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
Sr Staff Sgt MOHAMMED FADZLY BIN-ABDUL
AZIZ
Contact No.: 65472078
Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
15/07/2016 23:36

Classification Of Case:

SN 154



Signature:

Singapore Police Force

Asset Balances - 01 Book deprec.

Report date: 31.07.2016 - Created on: 19.07.2016

License plate	Class	Asset	Serial no.	Cap.date	Asset description	Σ	Acquis.val.	Σ	Accum.dep.	Σ	Book val.
SHB1156	TH0300	841010008799	CHRYSLER	12.05.2010	CJ-SHB1156 CHRYSLER PUR COST \$60845.16		69,259.16		55,708.45		13,550.71
	TH0300	841010008804	CHRYSLER	12.05.2010	SH-SHB1156 LED ROOF TOP SIGN & BASE		825.00		663.59		161.41
	TH0300	841010008907	CHRYSLER	12.05.2010	TM-SHB1156 INSTALLATION COST		250.00		201.09		48.91
	TH0350	842010003801	CHRYSLER	12.05.2010	SH-SHB1156 DIGITAX F3 TAXIMETER		748.00		601.65		146.35
	TH0400	843010003172	CHRYSLER	12.05.2010	CJ-SHB1156 CHRYSLER ARF		16,548.00		13,310.35		3,237.65
	TH0150	845010003130	CHRYSLER	12.05.2010	CJ-SHB1156 CHRYSLER PARF		24,822.00		0.00		24,822.00
	TH0150	848010003130	CHRYSLER	12.05.2010	CJ-SHB1156 CHRYSLER COE		20,470.00		16,465.00		4,005.00
	TC0905	858010002517	CHRYSLER	12.05.2010	TM-SHB1156 2GTU & COMMISSIONING OF TU		150.00		120.65		29.35
SHB1156						*	133,072.16	*	87,070.78	*	46,001.38
						Σ	133,072.16	**	87,070.78	**	46,001.38

SHB1156

Company Code TAXI SMRT Taxis Pte Ltd

42,000

Same Value \$

Text size + -

Enquire PARF/COE Rebate for Registered Vehicle**Vehicle Owner Particulars**

Owner ID Type: Company

Owner ID: 5369K

Vehicle Details

Vehicle No.: SHB1156Y

Vehicle to be Exported: No

Intended De-registration
Date: 19 Jul 2016

Vehicle Make: CHRYSLER

Vehicle Model: 300C 3.0L AT ABS D/AIRBAG HID 2WD 4DR

Primary Colour: Black

Manufacturing Year: 2010

Engine No.: AY106980

Chassis No.: 1C3C96CM2AY108633

Maximum Power
Output: 160.0 kW (214 bhp)

Open Market Value: \$41,370.00

Original Registration
Date: 12 May 2010

First Registration Date: 12 May 2010

Transfer Count: 0

Actual ARF Paid: \$41,370.00

Intended PARF Rebate Details

PARF Eligibility: Yes

PARF Eligibility Expiry
Date: 11 May 2018

PARF Rebate Amount: \$26,890.00

Intended COE Rebate Details

COE Expiry Date: 11 May 2018

COE Category: A - Car (1600cc & below)

COE Period(Years): 8

PQP Paid: \$20,470.00

COE Rebate Amount: \$4,631.00

Total Rebate Amount: \$31,521.00**Message**

Please note that the 8-year COE for this vehicle cannot be further renewed. The vehicle must be de-registered upon COE expiry or when the vehicle reaches its statutory lifespan (if applicable), whichever is earlier.

The information contained herein is correct as at 19 Jul 2016

OK

Land Transport Authority

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