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## 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 willful 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	17/10/2016 09:05
Date Of Accident	15/10/2016 18:10
Exact Location Of Accident	TELOK BLANGAH ROAD
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB1103A
<b>Insured/Policyholder</b>	
Name Of Registered Owner	SMRT TAXIS PTE LTD
Co Reg No	198905369K
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	Office-80000000

### Vehicle Particulars

Manufacturer	CHEVROLET
Model	EPICA-2.0 (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	WEE SOON WAH
NRIC No	S1705189Z
Date Of Birth	09/07/1965
Occupation	Outdoor
Date Of Driving Pass	27/08/1985
Driving Experience	31 Years And 1 Month
Gender	Male
Mobile Number	
Fax Number	
Contact Number	
E Mail 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 Side Swipe- Same Direction  
 Weather Conditions Clear  
 Road Surface Dry

**Other Information**

Was any foreign vehicle involved in this accident? No  
 Was any body injured in the Accident? No  
 Was any other material or property damaged? Yes  
 Was there any video captured by Car Camera? No  
 I have been approached by unknown person(s) soliciting/offering accident claims assistance. No  
 Number of Passengers (Including Driver) 4

**Details of Police Action**

Was the accident reported to the police? Yes  
 If Yes, Please state which Police Station  
 Police Station Name Pasir Ris Neighbourhood Police Centre  
 Police Station Address ROAD: 1 Pasir Ris Drive 4 , POSTCODE: 519457 , COUNTRY: Singapore  
 Police Station Contact TEL NO: 1800-5852999 - FAX NO: 65855261  
 Was notice of intended Prosecution given? No  
 If Yes, against whom?

**Circumstances of Accident**

I WAS STATIONARY ALONG TELOK BLANGAH ROAD ON THE 2ND RIGHT LANE WITH 3 PASSENGERS ON BOARD DUE TO TRAFFIC CONGESTION. WHEN THE TRAFFIC STARTED TO MOVE, THE VEHICLE GBE897D FROM THE LEFT LANE SQUEEZE INTO MY LANE CUT IN FRONT OF ME WITHOUT ANY SIGNAL LIGHT AND COLLIDED ONTO THE FRONT LEFT PORTION OF MY TAXI AND PULLED OUT THE BUMPER OF MY TAXI.

Are accident photos available for attachment? Yes

**DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number GBE897D  
 Vehicle Make/Model/Colour  
 Details Of Properties  
 Name of Driver LEONG  
 NRIC/Passport Number S8973453C  
 Contact Number  
 Address  
 Postcode  
 Insurance Company Name  
 Nature Of Damage  
 No. Of Passenger (Including Driver)

**Details of Witness**

Name  
 Phone Number  
 Email Address

SKETCH PLAN

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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]* 17/10/16

*[Signature]* 17/10/16

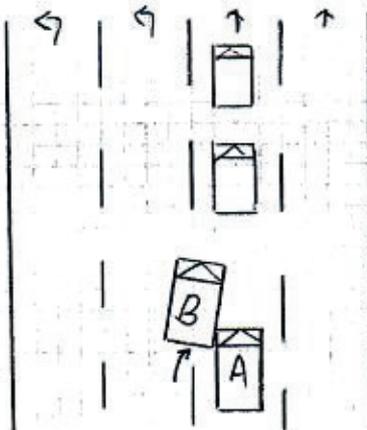
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

**Sketch Plan**

A - SHB 1103A  
B - GRE 897D





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ANNEX E

**NOTICE OF REPORTING**

This is to confirm that Wee Soon Wah NRIC / FIN S1705189Z has reported to the Police a non injury traffic accident which occurred along Keppel towards Vivo City, on 15/10/2016 at 1810hrs involving the following vehicles;

- A) SHB1103A – Maroon Chevrolet SMRT Taxi (car)
- B) GBE897D – Silver Toyota(Lorry)

  
PASIR RIS NPC  
1 PASIR RIS DRIVE 4  
SINGAPORE 810457

2 If this accident was reported to the Police within 24 hours of its occurrence then he/she has complied with Sec 84 (2) of the Road Traffic Act, Cap 276

Rank / Name of Issuing Officer: SGT T150438 Muhammad Firdaus  
Date: 15/10/2015 Time: 1950Hrs  
S/D Ref No: 138  
Police Post / Unit: Pasir Ris NPC

Original to be issued to complainant  
Duplicate to be submitted to Traffic Police

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