

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	18/12/2017 14:19
Date Of Accident	16/12/2017 22:50
Exact Location Of Accident	SENGKANG EAST DRIVE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC4073C
Insured/Policyholder	
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	TOYOTA
Model	PRIUS TAXI-1.8 (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-17087562MFSH
Cover Note Number	

Driver

Name of Driver	LEE YONG TENG
NRIC No	S1766428Z
Date Of Birth	20/03/1966
Occupation	OUTDOOR
Date Of Driving Pass	11/06/1998
Driving Experience	19 YEARS AND 6 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 - RELIEF
 Vehicle Registration Number of Driver's Own Vehicle -
 -
 -
 Insurance Company of Driver's Own Vehicle -
 -
 -

General Information of the Accident

Type Of Accident COLLISION - CHANGE/CROSS LANE
 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
 I have been approached by unknown person(s) soliciting/offering accident claims assistance. NO
 Number of Passengers (Including Driver) 1

Details of Police Action

Was the accident reported to the police? YES
 If Yes, Please state which Police Station
 Police Station Name TOA PAYOH NEIGHBOURHOOD POLICE CENTRE
 Police Station Address ROAD: 93 TOA PAYOH CENTRAL TOA PAYOH COMMUNITY BUILDING ,
 POSTCODE: 319194 , COUNTRY: SINGAPORE
 Police Station Contact TEL NO: 1800-2519999 - FAX NO: 63548749
 Was notice of intended Prosecution given? NO
 If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/20171217/2080 On 16/12/2017 at about 2240hrs I was travelling along the third lane from the left at Sengkang East Drive heading towards Punggol East. I was nearing Sengkang Neighbourhood Park when a vehicle SJS7526K attempted to cut into my lane. The vehicle got too close and hit onto the right side of my vehicle, causing some scratches to the front of the vehicle and the front bumper to be dislodged. I do not have any passengers at that moment. I went out of my vehicle and both the driver and I took pictures of each other's car. However before I could ask him for his particulars, he went back into the car and left. I went to seek medical attention as I felt pain at my neck and shoulder due to the collision. I am granted 5 days of medical leave. I did not notice any physical injury on the other driver.

Attachment(s)

Are accident photos available for attachment? YES
 Was there any video captured by Car Camera? NO
 Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SJS7526K
 Vehicle Make/Model/Colour TOYOTA WISH
 Details Of Properties
 Name of Driver
 NRIC/Passport Number
 Contact Number
 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

LEE YONG TENG

Approximate Age

Injuries Sustain

Injured person in which vehicle?

SHC4073C

Were seat belts worn?

YES

Was injured conveyed to hospital by ambulance?

NO

Address

Postcode

SKETCH PLANIMPORTANT 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 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.



Policyholder's Signature
Date & Time:

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

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



**SINGAPORE
POLICE FORCE**



T/20171217/2080

Police Station Of Origin:
Toa Payoh N.P.C
93 Toa Payoh Central #01-02 Toa Payoh
Community Building SINGAPORE 319194
Tel No: 1800-2519999

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Report No. T/20171217/2080

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 17/12/2017 17:59	Vide Report No.:	Station Diary No.: 133
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Informant's Particulars

Name of Informant: LEE YONG TENG			Address: APT BLK 227 YISHUN STREET 21 #06-506 SINGAPORE 760227		
ID Type / ID No.: NRIC NO / S1766428Z			Contact No.: Home/Office: Mobile: 82285331		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 51	Date of Birth: 20/03/1966	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
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: 16/12/2017 22:40	Type of Location: Straight Road
Location: Along Road 1 Traveling Toward Road 2 SENGKANG EAST DRIVE PUNGGOL EAST Along SengKang East Drive heading towards Punggol East, near Seng Kang Neighbourhood Park				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHC4073C	Car	TOYOTA	PRIUS TAXI	Maroon	Slightly Damaged	0
SJS7526K	Car	TOYOTA	WISH 1.8X A	Silver	Slightly Damaged	1

Details of Person Involved

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



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Community Building SINGAPORE 319194

Tel No: 1800-2519999

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Report No. T/20171217/2080

CONTINUATION OF REPORT

Driver			
Name	LEE YONG TENG	ID No.	S1766428Z
Related Vehicle	SHC4073C (Car)	Contact No.	82285331
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	17/12/2017	Date Discharge	17/12/2017
No. of Days granted Medical Leave	05	Degree of Injury	Slight

Brief Details.

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I went out of my vehicle and both the driver and I took pictures of each other's car. However before I could ask him for his particulars, he went back into the car and left.

I went to seek medical attention as I felt pain at my neck and shoulder due to the collision. I am granted 5 days of medical leave. I did not notice any physical injury on the other driver.



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T/20171217/2080

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Community Building SINGAPORE 319194

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CONTINUATION OF REPORT

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Report No. T/20171217/2080

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:

E /

Sgt 2 JASMINE LEAU WEI LIN

Signature Of Informant:

lee

Signature Of Interpreter:

Not applicable

Date/Time:

17/12/2017 17:59

Officer In Charge Of Case:

TP / AEIT /

SSI 2 SITIMARSITA BINTE-BOHARI

Contact No.: 65476219

Classification Of Case:

Authentication Stamp
NP168



Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	5369K
Vehicle Details	
Vehicle No.:	SHC4073C
Vehicle to be Exported:	No
Intended De-registration Date:	20 Dec 2017
Vehicle Make:	TOYOTA
Vehicle Model:	PRIUS TAXI (SMRT)
Primary Colour:	Maroon
Manufacturing Year:	2013
Engine No.:	2ZR1385614
Chassis No.:	JTDKN36U105699874
Maximum Power Output:	100.0 kW (134 bhp)
Open Market Value:	\$33,120.00
Original Registration Date:	30 Oct 2013
First Registration Date:	30 Oct 2013
Transfer Count:	0
Actual ARF Paid:	\$8,368.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	29 Oct 2021
PARF Rebate Amount:	\$6,276.00
Intended COE Rebate Details	

COE Expiry Date:	29 Oct 2021
COE Category:	A - Car (1600cc & below)
COE Period(Years):	8
PQP Paid:	\$61,324.00
COE Rebate Amount:	\$29,569.00
Total Rebate Amount:	\$35,845.00
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 20 Dec 2017

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