

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 | 21/12/2017 09:58 |
| Date Of Accident | 20/12/2017 14:30 |
| Exact Location Of Accident | AIRPORT BOULEVARD T2 DRIVEWAY |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|--------------------|
| Vehicle Registration Number | SHC4492B |
| 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 | CHEW ANN KIAT |
| NRIC No | S0110431D |
| Date Of Birth | 27/01/1955 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 06/12/1982 |
| Driving Experience | 35 YEARS AND 0 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-85862601 |
| Fax Number | |
| Contact Number | |
| EMail Address | NOEMAIL |

| | |
|---|-------------------|
| Address | 26A OPAL CRESCENT |
| Postcode | 328420 |
| 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 - MAJOR/MINOR RD |
| Weather Conditions | CLEAR |
| Road Surface | DRY |

Other Information

| | |
|---|-----------------------------------|
| Was any foreign vehicle involved in this accident? | NO |
| Number of vehicles involved in the accident | |
| Was any body injured in the Accident? | YES |
| Was any injured conveyed to hospital by ambulance? | NO |
| 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) | 2 |
| Passenger 1 | NAME: : UNKNOWN GENDER: : MALE |

Details of Police Action

| | |
|---|--|
| Was the accident reported to the police? | YES |
| If Yes, Please state which Police Station | |
| Police Station Name | TAMPINES NORTH NEIGHBOURHOOD POLICE POST |
| Police Station Address | ROAD: BLK 461 TAMPINES STREET 44 #01-56 , POSTCODE: 520461 , COUNTRY: SINGAPORE |
| Police Station Contact | TEL NO: 1800-7818999 - FAX NO: 67838603 |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom? | |

Circumstances of Accident

REFER TO POLICE REPORT - T/20171220/2127

Attachment(s)

| | |
|---|--------------|
| Are accident photos available for attachment? | YES |
| Was there any video captured by Car Camera? | YES |
| Remarks/ Reasons: | FILE TOO BIG |
| Was there any audio recorded? | NO |

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-----------------------------|-------------|
| Vehicle Registration Number | UNKNOWN |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | PRIVATE CAR |
| Name of Driver | |
| NRIC/Passport Number | |
| Contact Number | |
| Address | |

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

CHEW ANN KIAT

Approximate Age

Injuries Sustain

Injured person in which vehicle?

SHC4492B

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

T2 Arrival Hall

Arrival Hall

A-SHC-4492-B
B-SLL-2604P

GIVE
way.



/wt 21/12/2017



SKETCH PLAN

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1. Please report correctly the details of the accident to speed up the claims process.
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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/20171220/2127

Police Station Of Origin:
Tampines North NPP
461 Tampines Street 44 #01-56 SINGAPORE
520461
Tel No: 1800-7818999

1 of 3

Report No. T/20171220/2127

REPORT OF A TRAFFIC ACCIDENT

| | | |
|--|------------------|--------------------------|
| Date/Time Report Made: 20/12/2017 17:50 | Vide Report No.: | Station Diary No.: 37 |
|--|------------------|--------------------------|

| Informant's Particulars | | | | |
|--|------------|--|------------------------------|--|
| Name of Informant: CHEW ANN KIAT | | Address: 26A OPAL CRESCENT SINGAPORE 328420 | | |
| ID Type / ID No.: NRIC NO / S0110431D | | Contact No.: Home/Office: Mobile: 85862601 | | |
| Nationality: SINGAPORE CITIZEN | | Email: | | |
| Sex: Male | Age: 62 | Date of Birth: 27/01/1955 | 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 Others | Drink Drive: No | Date/Time of Accident: 20/12/2017 14:30 | Type of Location: Straight Road |
| Location: Along Road 1 AIRPORT BOULEVARD Terminal 2 Arrival Drive Way near the Give way line. | | | | |
| Weather: Clear | | Road Surface: Dry | Road Speed Limit: 30 Km/h | |
| Traffic Flow: One Way | | Traffic Control: Not Controlled | Traffic Volume: No Traffic | |
| 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 |
| SHC4492B | Taxi | TOYOTA | PRIUS TAXI (SMRT) | Maroon | Slightly Damaged | 1 |
| SLL2604P | Car | TOYOTA | COROLLA ALTIS CLASSIC 1.6 CVT | Grey | Slightly Damaged | 0 |

| Details of Person Involved | |
|---------------------------------|--------------------------------|
| Any Pedestrian Involved: No | |
| No. of Pedestrians Injured: NIL | Use of Pedestrian Crossing: NA |



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T/20171220/2127

Police Station Of Origin:
Tampines North NPP
461 Tampines Street 44 #01-56 SINGAPORE
520461
Tel No: 1800-7818999

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Report No. T/20171220/2127

CONTINUATION OF REPORT

| | | | |
|-----------------------------------|---------------------------|--|-----------------------------------|
| Driver | | | |
| Name | CHEW ANN KIAT | ID No. | S0110431D |
| Related Vehicle | SHC4492B (Taxi) | Contact No. | 85862601 |
| Hospital/Clinic | Y M CHAN CLINIC & SURGERY | Class of Driving Licence & Expiry Date | Class: 3,4 Date of Expiry: NIL |
| Date Treatment | 20/12/2017 | Date Discharge | 20/12/2017 |
| No. of Days granted Medical Leave | 03 | Degree of Injury | Slight |

Brief Details.

On the 20/12/2017, at about 1430hrs, I was travelling along Terminal 2 Arrival Drive Way towards Airport Boulevard in my Maroon Toyota Prius (Registration plate number: SHC4492B) with a passenger onboard.

I was travelling at a speed of approximately 30km/h. It was near to a give way sign when a Grey Toyota Corolla vehicle collided into my front right side bumper.

We alighted however the other driver refused to exchanged particulars and was uncooperative. The other subsequently drove off. At the point of time, no one was injured. I managed to take down his registration number: SLL2604P. I observed that there are give way line indicated on the road surface and the driver of the Grey Toyota Corolla had fail to comply with the indication.

There were several dents and scratches observed on the front right side bumper of my vehicle. I do have a CCTV installed in my vehicle however did not capture the incident. There is no witness to the accident.

After the accident, I suffered strain on the right shoulder, arms and backache. Thus I went to seek medical treatment and was given 3 days MC.



**SINGAPORE
POLICE FORCE**



T/20171220/2127

Police Station Of Origin:
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461 Tampines Street 44 #01-56 SINGAPORE
520461
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3 of 3

Report No. T/20171220/2127

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: G / Staff Sgt MUHAMMAD FIRDAUS BIN MISWAN | Signature Of Informant: |
| Signature Of Interpreter: Not applicable | Date/Time: 20/12/2017 17:50 |
| Officer In Charge Of Case: TP / AEIT / SSI 2 SITIMARSITA BINTE BOHARI Contact No.: 65476219 | Classification Of Case: |
| Authentication Stamp NP168 | SIGNATURE |

Enquire PARF/COE Rebate for Registered Vehicle

| | |
|--------------------------------|--------------------|
| Vehicle Owner Particulars | |
| Owner ID Type: | Company |
| Owner ID: | 5369K |
| Vehicle Details | |
| Vehicle No.: | SHC4492B |
| Vehicle to be Exported: | No |
| Intended De-registration Date: | 21 Dec 2017 |
| Vehicle Make: | TOYOTA |
| Vehicle Model: | PRIUS TAXI (SMRT) |
| Primary Colour: | Maroon |
| Manufacturing Year: | 2015 |
| Engine No.: | 2ZR6597300 |
| Chassis No.: | JTDKN36U105768059 |
| Maximum Power Output: | 100.0 kW (134 bhp) |
| Open Market Value: | \$29,508.00 |
| Original Registration Date: | 13 May 2016 |
| First Registration Date: | 13 May 2016 |
| Transfer Count: | 0 |
| Actual ARF Paid: | \$5,000.00 |
| Intended PARF Rebate Details | |
| PARF Eligibility: | Yes |
| PARF Eligibility Expiry Date: | 12 May 2024 |
| PARF Rebate Amount: | \$3,750.00 |
| Intended COE Rebate Details | |

| | |
|---|--------------------------------------|
| COE Expiry Date: | 12 May 2024 |
| COE Category: | A - Car up to 1600cc & 97kW (130bhp) |
| COE Period(Years): | 8 |
| PQP Paid: | \$36,463.00 |
| COE Rebate Amount: | \$29,127.00 |
| Total Rebate Amount: | \$32,877.00 |
| 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 21 Dec 2017

OK