

## 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 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	16/01/2018 13:45
Date Of Accident	16/01/2018 08:30
Exact Location Of Accident	UBI ROAD 3
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB5185L
<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	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	MS 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	MOHAMED RAMZAN BIN MOHD DALI
NRIC No	S7250283C
Date Of Birth	14/09/1972
Occupation	OUTDOOR
Date Of Driving Pass	21/07/2006
Driving Experience	11 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	917 JURONG WEST STREET 91 11-138
Postcode	640917
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)	1

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TAMPINES NORTH NPP
Police Station Address	<b>ROAD:</b> 461 TAMPINES ST 44 #01-56 , <b>POSTCODE:</b> 520461 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT - T/20180116/2050 On the above mentioned date time and location, while driving along lane 1 of a 2 lane road, nearing the said junction of a B/3024 car park entrance, I noticed a vehicle (SKE1728X) coming out from the said carpark and making a right turn. As such, I horn at the said party and also stopped at the yellow box as I noticed the said driver was not looking at my direction. Subsequently the said driver make a right turn and collided onto the front left of my vehicle and cause a huge dent on it. We then alighted to exchange particulars and proceed for our respective insurance claims. I wish to state that the whole incident was captured by my onboard CCTV. I also proceed to the said clinic and was given 4 days MC for neck and back stiffness.

#### Attachment(s)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKE1728X
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	ZULKEPLI BIN MOHAMED KASSIM
NRIC/Passport Number	S1372624H

Contact Number  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	MOHAMED RAMZAN BIN MOHD DALI
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SHB5185L
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

SKETCH PLAN

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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.:

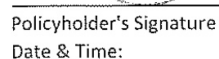
BLK 3024


US 1 ROAD

A - SHB 5185  
B - SKE 172d

REPORT TO POLICE REPORT - T/20180116/2050

I/We declare the foregoing particulars are true in every respect.



  
Driver's Signature  
(If driver is not the

du 16/1/2018



**SINGAPORE  
POLICE FORCE**



T/20180116/2050

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/20180116/2050

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 16/01/2018 12:21	Vide Report No.:	Station Diary No.: 8
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Informant's Particulars			
Name of Informant: MOHAMED RAMZAN BIN MOHD DALI		Address: APT BLK 917 JURONG WEST STREET 91 #11-138 SINGAPORE 640917	
ID Type / ID No.: NRIC NO / S7250283C		Contact No.: Home/Office: Mobile: 92291664	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 45	Date of Birth: 14/09/1972	Type of Informant: Driver
Race: Malay		Language:	Institution / School Name:
Occupation: Taxi driver		Driving Licence Information: Class: Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 16/01/2018 08:30	Type of Location:
Location: Along Road 1 UBI ROAD 3  Towards Ubi Ave 2				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume: Heavy	
Type of Collision:			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHB5185L	Car					0
SKE1728X	Car					0

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



**SINGAPORE  
POLICE FORCE**



T/20180116/2050

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/20180116/2050

**CONTINUATION OF REPORT**

Driver			
Name	MOHAMED RAMZAN BIN MOHD DALI	ID No.	S7250283C
Related Vehicle	SHB5185L (Car)	Contact No.	92291664
Hospital/Clinic	HAMID FAMILY CLINIC & SURGERY	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	16/01/2018	Date Discharge	16/01/2018
No. of Days granted Medical Leave	04	Degree of Injury	Slight

**Brief Details.**

On the above mentioned date time and location, while driving along lane 1 of a 2 lane road, nearing the said junction of a B/3024 car park entrance, I noticed a vehicle (SKE1728X) coming out from the said carpark and making a right turn. At such, I horn at the said party and also stopped at the yellow box as I noticed the said driver was not looking at my direction.

Subsequently the said driver make a right turn and collided onto the front left of my vehicle and cause a huge dent on it. We then alight to exchange particulars and proceed for our respective insurance claims.

I wish to state that the whole incident was captured by my onboard CCTV. I also proceed to the said clinic and was given 4 days MC for neck and back stiffness.

The other party is:  
Zulkepli Bin Mohamed Kassim  
S1372624H



**SINGAPORE  
POLICE FORCE**



T/20180116/2050

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/20180116/2050

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 / Sgt 2 HO CHUN HAO, PATRICK	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 16/01/2018 12:21
Officer In Charge Of Case: TP / AEIT / Staff Sgt WONG SIEU LUI Contact No.: 65476423	Classification Of Case:
Authentication Stamp NP168	

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

