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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding 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.

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	22/02/2018 14:20
Date Of Accident	21/02/2018 12:45
Exact Location Of Accident	TANGLING SC DRIVEWAY TOWARDS TANGLIN ROAD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SHC4968X
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	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	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	

Name of Driver LEE JIMMY(LI JIMMY)

NRIC No S1766399B
Date Of Birth 06/04/1966
Occupation OUTDOOR
Date Of Driving Pass 28/01/1987

Driving Experience 31 YEARS AND 0 MONTHS

Gender MALE

Mobile Number Fax Number

Contact Number

EMail Address NOEMAIL

Address 426

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

-

NO

NO

1

NO

General Information of the Accident

Type Of Accident COLLISION - HEAD TO REAR

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? NO

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged? YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

I WAS DRIVING ALONG TANGLIN SHOPPING CENTRE DRIVEWAY TOWARDS TANGLIN ROAD. I STOPPED TO LOOK OUT FOR THE ONCOMING TRAFFIC. SUDDENLY I FELT AN IMPACT AT THE REAR OF MY TAXI. A VEHICLE S2415CD HAD COLLIDED ONTO THE REAR OF MY TAXI.

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?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number S2415CD

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver MAGARIBUCHI ATSUSHI

NRIC/Passport Number

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan Pg. 1

SKETCH PLAN	er et karanag in ang maska are ng merupakan ag na maganahan ang mangaran ganakan ara ganahan an ganahan m	\$1000000011111111111111111111111111111	
	Tanglin Road		
	Tanglin Shoppi	ng Curke.	A- SHC4968X
			A- SHC4968X B- SJ415CD
DESCRIBE CIRCUMSTANCES	S OF THE ACCIDENT		

DECLARATION I/We declare the foregoing part	iculars are true in every respect.	-	
(e) 15 (e	· DIMMILY		3/1/20/4
Policyholder's Signature	Driver's Signature	Reporting Centre	Personnel's Signature

(If driver is not the policyholder)
Date & Time: 2 | 2 | 18 14:50

Date & Time:

Name:

NRIC/FIN No.:

Sketch Plan Pg. 2

SKETCH PLAN

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 <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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. 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:

TAX

LEE Jimmy
Driver's Signature

(If driver is not the policyholder)
Date & Time: 2/2/18 14:5

Reporting Centre Personnel's Signature Name:

NRIC/FIN No .:

22-FEB-2018 11:21

SPRINGWELL

+6567784712

P. 01





Police Station Of Origin: Clementi NPP 427 Clementi Avenue 3 #01-456 SINGAPORE 120427 Tel No: 1800-7759999

Report No. T/20180221/2151

	-r 4	TDAEEIC	ACCIDENT
REBURI	O = A	LKAFFI	MODIFIE

REPORT OF A TRAFFIC			Station Diary No.:
Date/Time Report Ma 21/02/2018 18:06	de:	Vide Report No.:	59
1)))Painere (14/16)			
Name of Informant: LEE JIMMY		Address: APT BLK 426 CLEMENTI AVE 120426	NUE 3 #06-484 SINGAPORE
ID Type / ID No.: NRIC NO / \$176639	9B	Contact No.: Home/Office:	Mobile: 90936988
Nationality: SINGAPORE CITIZE		Email:	
Sex: Age: Male 51	Date of Birth: 06/04/1966	Type of Informant: Driver	
Race:	,	Language: English	Institution / School Name:
Chinese Occupation:		Driving Licence Information:	Date of Expiry:

Type of Accident:	Non-Injury Government Vehicle	Drink e Drive: No	Date/Time of Accident: 21/02/2018 12:4	Type of Location Exit Driveway
ocation: Along Road 1 FANGLIN ROAI				
		w di- Ohanning C	antra .	
Veather:	oad, exit driveway of	Tanglin Shopping C Road Surface: Dry	entre	Road Speed Limit:
Vong Tanglin R Veather: Vear Traffic Flow:	oad, exit driveway of	Road Suriace.	entre	Road Speed Limit: Traffic Volume: Heavy Anyone conveyed by

S2415CD Car MAZDA MAZDA3 Black Slightly Damaged SHC4968X Car CHEVROLET EPICA Maroon Slightly Damaged O Damaged SHC4968X Car CHEVROLET EPICA Maroon Slightly Damaged O							
SHC4968X Car CHEVROLET EPICA Maroon Slightly 0	2415CD"	Car	MAZDA	SEDAN 1.5	Black		0
2.0DSL AT Damaged ABS D/AB	HC4968X	Car	CHEVROLET	EPICA 2.0DSL AT	Maroon	Silghtly Damaged	0

22-FEB-2018 11:23

SPRINGWELL

+6567784712

P. 02





Police Station Of Origin: Clementi NPP 427 Clementi Avenue 3 #01-456

2 of 3 Report No. T/20180221/2151

SINGAPORE 120427 Tel No: 1800-7759999

CONTINUATION OF REPORT

	STOVENCE PROTECTION						
Any Pedestrian In No. of Pedestrian			Use of Ped	estrian C	rossi	ng; NA	
Name .	MAGARIBUCHI ATSU	JSHI		ID No.		G1594555P	
Related Vehicle	S2415CD (Car)			Contact	No.	97877331	
Hospital/Clinic	NIL			Class of Driving Licence Expiry D	&	Class: 3 Date of Expiry:	NIL
Date Treatment No. of Days gran	NIL ted Medical Leave	NIL	Date Disch Degree of		VIL.	and the state of t	anni i
Name	LEE JIMMY			ID No.		S1766399B	
Related Vehicle	SHC4968X (Car)			Contact	No.	90936988	
Hospital/Clinic	NIL			Class o Driving Licence Explry I	&	Class: 3,4,5 Date of Expiry:	NIL
Date Treatment No. of Days gran	NIL ted Medical Leave	NIL	Date Disc Degree of		NIL. NIL		

Brief Details.

On 21/02/2018 around 1245 hours, I had dropped a passenger at Tanglin Shopping Centre taxi-stand. I then drove towards the exit driveway and stopped to look for oncoming traffic before making a right turn towards Tanglin Road. My taxi (SHC4968X) was stationary then when all of a sudden, a car knocked onto the rear of my taxi. Both drivers stepped out of our vehicle. The driver is one Japanese guy who identified that he was from Japanese embassy and was then driving a government vehicle: S2415CD.

The accident left dents and scratches on the rear bumper of my taxi, causing it to slightly dislodged. The Japanese driver admitted it was his mistake. No one was injured during the accident. We exchanged our particulars and left thereafter. Traffic was heavy then due to the lunch hour crowd.

There is front-facing in car camera installed in my taxi. I have send the video footage to SMRT for their assessment.

22-FEB-2018 11:24

SPRINGWELL

+6567784712

P. 03



Police Station Of Origin: Clementi NPP 427 Clementi Avenue 3 #01-456 SINGAPORE 120427 Tel No: 1800-7759999



3 of 3 Report No. T/20180221/2151

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 85474885 stating the report number as reference.

Signature Of Officer Recording The Report:	Signature Of Informant:	,.·	
Staff Sgt HIZAMI BIN MOHAMAD RAFI	(I)MINA		
Signature Of Interpreter: Not applicable	Date/Time: 21/02/2018 18:06		
Officer In Charge Of Case: TP / GIA / Staff Sgt TANG SIEW PING	Classification Of Case:	:	
Contact No.: 65476430	SN 40	·	
Authentication Stamp NP188	ATURE		











