

## 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             | 09/04/2018 14:15             |
| Date Of Accident           | 07/04/2018 19:35             |
| Exact Location Of Accident | ORCHARD ROAD AND BUYONG ROAD |
| Country/State of Loss      | SINGAPORE                    |

### DETAILS OF OWN VEHICLE

|                             |                    |
|-----------------------------|--------------------|
| Vehicle Registration Number | SHC4723K           |
| <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-18090213MFSH                 |
| Cover Note Number         |                                |

### Driver

|                      |                                  |
|----------------------|----------------------------------|
| Name of Driver       | WOON YONG CHIANG (YUN YONGQIANG) |
| NRIC No              | S8010562B                        |
| Date Of Birth        | 14/04/1980                       |
| Occupation           | OUTDOOR                          |
| Date Of Driving Pass | 17/03/2011                       |
| Driving Experience   | 7 YEARS AND 0 MONTHS             |
| Gender               | MALE                             |
| Mobile Number        |                                  |
| Fax Number           |                                  |
| Contact Number       |                                  |
| EMail Address        | NOEMAIL                          |

|   |               |
|---|---------------|
| Address   | 07-1707       |
| 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   | COLLISION - HEAD TO REAR |
| Weather Conditions | RAINING                  |
| Road Surface       | WET                      |

#### 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                       | YISHUN NORTH NEIGHBOURHOOD POLICE CENTRE                        |
| Police Station Address                    | ROAD: 31 YISHUN CENTRAL , POSTCODE: 768827 , COUNTRY: SINGAPORE |
| Police Station Contact                    | TEL NO: 1800-8529999 - FAX NO: 68522299                         |
| Was notice of intended Prosecution given? | NO  |
| If Yes, against whom?                     |   |

#### Circumstances of Accident

REFER TO POLICE REPORT T/20180408/2001

#### Attachment(s)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

|                             |                    |
|-----------------------------|--------------------|
| Vehicle Registration Number | GBB6919B           |
| Vehicle Make/Model/Colour   |                    |
| Details Of Properties       |                    |
| Vehicle Category            | COMMERCIAL VEHICLE |
| Name of Driver              | LIM WEI YE SHAWN   |
| NRIC/Passport Number        |                    |
| Contact Number              |                    |
| Address                     |                    |

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1**

Name

WOON YONG CHIANG (YUN YONGQIANG)

Approximate Age

Injuries Sustain

Injured person in which vehicle?

SHC4723K

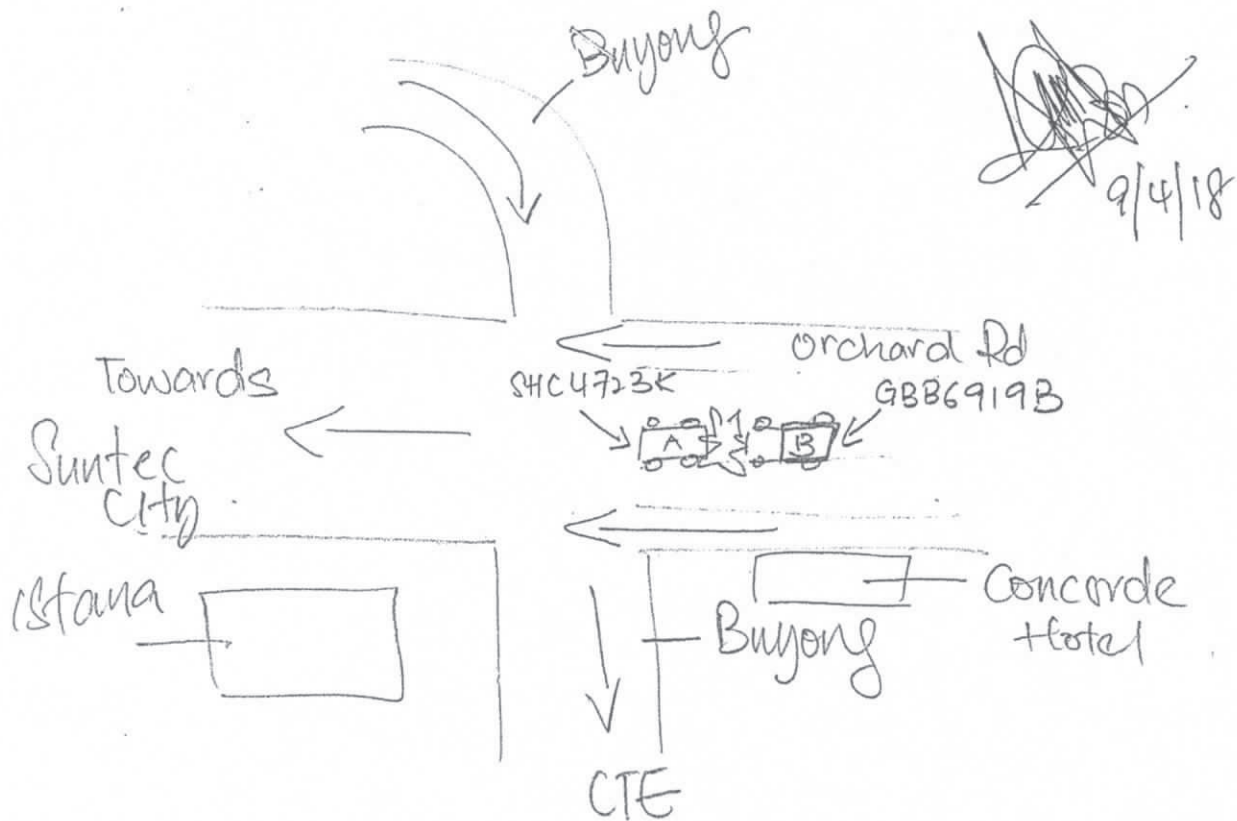
Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

[illegible]

## DECLARATION

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

Policyholder's Signature

Date &amp; Time:

Driver's Signature

(If driver is not the policyholder)

Date &amp; Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



SKETCH PLAN

IMPORTANT NOTICE

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:

*[Signature]* 9/4/18

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

*[Signature]* 9/4/2018

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



**SINGAPORE  
POLICE FORCE**



T/20180408/2001

Police Station Of Origin:  
Yishun North N.P.C  
31 Yishun Central SINGAPORE 768827  
Tel No: 1800-8529999

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Report No. T/20180408/2001

**REPORT OF A TRAFFIC ACCIDENT**

|  |            |  |                              |                         |
|--|------------|--|------------------------------|-------------------------|
| Date/Time Report Made:<br>08/04/2018 00:20 |            | Vide Report No.:   |                              | Station Diary No.:<br>1 |
| <b>Informant's Particulars</b>             |            |  |                              |                         |
| Name of Informant:<br>WOON YONG CHIANG     |            | Address:<br>APT BLK 386 YISHUN RING ROAD #07-1707 SINGAPORE 760386 |                              |                         |
| ID Type / ID No.:<br>NRIC NO / S8010562B   |            | Contact No.:<br>Home/Office: Mobile: 9069 2398                     |                              |                         |
| Nationality:<br>SINGAPORE CITIZEN          |            | Email:   |                              |                         |
| Sex:<br>Male                               | Age:<br>37 | Date of Birth:<br>14/04/1980                                       | Type of Informant:<br>Driver |                         |
| Race:<br>Chinese                           |            | Language:<br>English   | Institution / School Name:   |                         |
| Occupation:<br>Taxi driver                 |            | Driving Licence Information:<br>Class: 2B,2A,2,3 Date of Expiry:   |                              |                         |

|   |                  |                       |   |                                 |
|---|------------------|-----------------------|---|---------------------------------|
| <b>General Information of the Accident</b>  |                  |                       |   |                                 |
| Type of Accident:   | Injury<br>Others | Drink<br>Drive:<br>No | Date/Time of<br>Accident:<br>07/04/2018 19:35 | Type of Location:<br>X-Junction |
| Location:<br>Junction of Road 1 and Road 2<br>ORCHARD ROAD<br>BUYONG ROAD<br>Junction of Orchard Road and Buyong Road |                  |                       |   |                                 |
| Weather:<br>Raining   |                  | Road Surface:<br>Wet  | Road Speed Limit:                             |                                 |
| Traffic Flow:   |                  | Traffic Control:      | Traffic Volume:<br>Heavy                      |                                 |
| Type of Collision:<br>Between Moving Vehicles - Head To Rear  |                  |                       | Anyone conveyed by<br>ambulance:<br>No        |                                 |

| <b>Details of Vehicle Involved</b> |       |      |       |       |                    |                  |
|------------------------------------|-------|------|-------|-------|--------------------|------------------|
| Vehicle No.                        | Type  | Make | Model | Color | Condition          | No. of Passenger |
| GBB6919B                           | Lorry |      |       |       |                    | 0                |
| SHC4723K                           | Taxi  |      |       |       | Totally<br>Damaged | 1                |

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



**SINGAPORE  
POLICE FORCE**



T/20180408/2001

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Police Station Of Origin:  
Yishun North N.P.C  
31 Yishun Central SINGAPORE 768827  
Tel No: 1800-8529999

Report No. T/20180408/2001

## CONTINUATION OF REPORT

|                                   |                         |                  |   |
|-----------------------------------|-------------------------|------------------|---|
| <b>Driver</b>                     |                         |                  |   |
| Name                              | LIM WEI YE SHAWN        |                  | ID No. S9802819F  |
| Related Vehicle                   | GBB6919B (Lorry)        |                  | Contact No. 8668 0411   |
| Hospital/Clinic                   | NIL                     |                  | Class of Driving Licence & Expiry Date<br>Class: NIL<br>Date of Expiry: NIL       |
| Date Treatment                    | NIL                     | Date Discharge   | NIL   |
| No. of Days granted Medical Leave | NIL                     | Degree of Injury | NIL   |
| <b>Driver</b>                     |                         |                  |   |
| Name                              | WOON YONG CHIANG        |                  | ID No. S8010562B  |
| Related Vehicle                   | SHC4723K (Taxi)         |                  | Contact No. 9069 2398   |
| Hospital/Clinic                   | MOUNT ALVERNIA HOSPITAL |                  | Class of Driving Licence & Expiry Date<br>Class: 2B,2A,2,3<br>Date of Expiry: NIL |
| Date Treatment                    | 07/04/2018              |                  | Date Discharge 07/04/2018   |
| No. of Days granted Medical Leave | 07                      | Degree of Injury | NIL   |

**Brief Details.**

On 07.04.2018 at about 1934hrs, I was driving along Orchard Road in the middle lane. It was raining and the road is wet. I slowed down and stopped my taxi, bearing registration plate number SHC4723K, while at the junction of Orchard Road and Buyong Road as the traffic light turned amber. All of a sudden, the vehicle behind me, bearing registration number, GBB6919B, hit onto the rear of my taxi. The impact caused my taxi to be pushed forward. I have a male, foreign passenger in my car but he informed he is not injured. I alighted to make a check and realized the rear bumper of my taxi was badly damaged. The driver of the lorry, Lim Wei Ye Shawn, NRIC: S9802819F, Add: Blk 142 Jalan Bukit Merah #02-1202, also alighted and made a check.

No Traffic Police or ambulance came to scene. My taxi was being towed away due to its damages. I have strains on my neck and my head as I knocked onto the driver's seat top, side handle hence I seek for medical attention at Mount Alvernia Hospital via ref: M18005187 and received 7 days of MC. I wish to further state that I have a recorded footage of the accident from the front view but I will be submitting the memory card to submit to my company, SMRT.





**SINGAPORE  
POLICE FORCE**

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Yishun North N.P.C  
31 Yishun Central SINGAPORE 768827  
Tel No: 1800-8529999



T/20180408/2001

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Report No. T/20180408/2001

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:  
F /  
Sgt 3 MARDIANA BINTI ABDUL MANAN

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / AEIT /  
SSI 2 SITIMARSITA BINTE BOHARI  
Contact No.: 65476219

Authentication Stamp  
NP168

Signature Of Informant:

Date/Time:  
08/04/2018 00:20

Classification Of Case:



## Enquire PARF/COE Rebate for Registered Vehicle

|   |                                      |
|---|--------------------------------------|
| <b>Vehicle Owner Particulars</b>  |                                      |
| Owner ID Type:  | Company                              |
| Owner ID:   | 5369K                                |
| <b>Vehicle Details</b>  |                                      |
| Vehicle No.:  | SHC4723K                             |
| Vehicle to be Exported:   | No                                   |
| Intended De-registration Date:  | 12 Apr 2018                          |
| Vehicle Make:   | TOYOTA                               |
| Vehicle Model:  | PRIUS TAXI (SMRT)                    |
| Primary Colour:   | Maroon                               |
| Manufacturing Year:   | 2015                                 |
| Engine No.:   | 2ZR1518984                           |
| Chassis No.:  | JTDKN36U005759207                    |
| Maximum Power Output:   | 100.0 kW (134 bhp)                   |
| Open Market Value:  | \$32,920.00                          |
| Original Registration Date:   | 04 Mar 2015                          |
| First Registration Date:  | 04 Mar 2015                          |
| Transfer Count:   | 0                                    |
| Actual ARF Paid:  | \$8,088.00                           |
| <b>Intended PARF Rebate Details</b>   |                                      |
| PARF Eligibility:   | Yes                                  |
| PARF Eligibility Expiry Date:   | 03 Mar 2023                          |
| PARF Rebate Amount:   | \$6,066.00                           |
| <b>Intended COE Rebate Details</b>  |                                      |
| COE Expiry Date:  | 03 Mar 2023                          |
| COE Category:   | A - Car up to 1600cc & 97kW (130bhp) |
| COE Period(Years):  | 8                                    |
| PQP Paid:   | \$51,092.00                          |
| COE Rebate Amount:  | \$31,223.00                          |
| <b>Total Rebate Amount:</b>   | <b>\$37,289.00</b>                   |
| <b>Message</b>  |                                      |
| 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 12 Apr 2018

OK