

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	14/05/2018 14:02
Date Of Accident	13/05/2018 23:50
Exact Location Of Accident	AIRPORT BOULEVARD TOWARDS T2
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB5599B
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	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	GOH CHYE SENG
NRIC No	S1414703I
Date Of Birth	23/08/1960
Occupation	OUTDOOR
Date Of Driving Pass	01/10/1980
Driving Experience	37 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-80000000
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	463
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	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	BISHAN NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 20 BISHAN STREET 23 , POSTCODE: 579757 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-5529999 - FAX NO: 65561905
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20180514/2038 On 13 May 2018 at about 2350hrs, I was travelling in my taxi (SHB5599B) along Airport Boulevard towards Changi Airport Terminal 2 (after the bus stop) and I was on the second lane. I observed that it was heavy traffic and the vehicles ahead of me was stationary, I slowed down and came to a stop. suddenly, I felt an impact from the rear and observed another taxi (SHD4212M) hit onto the rear of my vehicle. We then alighted from our vehicles to make a check, at that point of time no one was injured or requires any immediate medical attention. Subsequently, Cisco officers came and attended to us and enquire if anyone was injured. No government property was damaged. The following day (14 May 2018), I was feeling unwell due to the impact and went to consult a doctor and was given a 5 days MC.

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	SHD4212M
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	MANIMARAN S/O HARIKRISHNAN
NRIC/Passport Number	S7776162D

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

DETAILS OF INJURED PERSON 1

Name
GOH CHYE SENG
Approximate Age
Injuries Sustain
Injured person in which vehicle?
SHB5599B
Were seat belts worn?
YES
Was this injured conveyed to hospital by ambulance?
NO
Address
Postcode

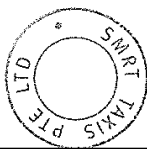
SKETCH PLAN

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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.:

Sketch Plan Pg. 2

SKETCH PLAN

A - SHB 5599B
B - SHD 4212N

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO POLICE REPORT - 7/20180514/2038

DECLARATION

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

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/20180514/2038

Police Station Of Origin:
Bishan N.P.C
20 Bishan Street 23 SINGAPORE 579757
Tel No: 1800-5529999

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Report No. T/20180514/2038

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 14/05/2018 11:40		Vide Report No.:		Station Diary No.: 71	
Informant's Particulars					
Name of Informant: GOH CHYE SENG			Address: APT BLK 463A SEMBAWANG DRIVE #10-367 SINGAPORE 751463		
ID Type / ID No.: NRIC NO / S1414703I			Contact No.: Home/Office: Mobile: 93282113		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 57	Date of Birth: 23/08/1960	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: TAXI DRIVER (SMRT)			Driving Licence Information: Class: 2B,3,4,5 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 13/05/2018 23:50	Type of Location: Straight Road
Location: Along Road 1 AIRPORT BOULEVARD				
Airport Boulevard Towards Changi Airport Terminal 2, Lamp post: 109B/B				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHB5599B	Car	TOYOTA	Prius	Maroon	Seriously Damaged	0
SHD4212M	Car	HYUNDAI		Blue		0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20180514/2038

Police Station Of Origin:
Bishan N.P.C
20 Bishan Street 23 SINGAPORE 579757
Tel No: 1800-5529999

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Report No. T/20180514/2038

CONTINUATION OF REPORT

Driver			
Name	GOH CHYE SENG		ID No. S1414703I
Related Vehicle	SHB5599B (Car)		Contact No. 93282113
Hospital/Clinic	DRS. KOO & CHOO MEDICAL CLINIC PTE LTD		Class of Driving Licence & Expiry Date Class: 2B,3,4,5 Date of Expiry: NIL
Date Treatment	14/05/2018	Date Discharge	NIL
No. of Days granted Medical Leave	05	Degree of Injury	NIL
Driver			
Name	MANIMARAN S/O HARIKRISHNAN		ID No. S7776162D
Related Vehicle	SHD4212M (Car)		Contact No. 84987181
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 13 May 2018 at about 2350hrs, I was travelling in my taxi (SHB5599B) along Airport Boulevard towards Changi Airport Terminal 2 (after the bus stop) and I was on the second lane. I observed that it was heavy traffic and the vehicles ahead of me was stationary, I slowed down and came to a stop. Suddenly, I felt an impact from the rear and observed another taxi (SHD4212M) hit onto the rear of my vehicle. We then alighted from our vehicles to make a check, at that point of time no one was injured or requires any immediate medical attention. Subsequently, Cisco officers came and attended to us and enquired if anyone was injured. No government property was damaged. The following day (14 May 2018), I was feeling unwell due to the impact and went to consult a doctor and was given a 5 days MC.



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POLICE FORCE**



T/20180514/2038

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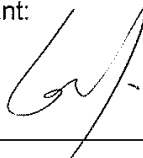

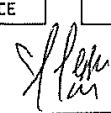
Report No. T/20180514/2038

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: E / Staff Sgt TAN AI HWEE, TERESA 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 14/05/2018 11:40
Officer In Charge Of Case: TP / AEIT / SI DZUL HAIRIE BIN RAMLI Contact No.: 65476220	Classification Of Case:
 SINGAPORE POLICE FORCE	SN 061
Authentication Stamp NP168  SIGNATURE	

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

