

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	15/05/2018 16:25
Date Of Accident	30/04/2018 12:00
Exact Location Of Accident	BOON LAY WAY TOWARDS JALAN BAHAR JUNCTION
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC4513A
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	LIM CHENG SIONG
NRIC No	S1182062Z
Date Of Birth	17/01/1956
Occupation	OUTDOOR
Date Of Driving Pass	25/09/1975
Driving Experience	42 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-80000000
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address 12-2743
 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 -
 -
 -

General Information of the Accident

Type Of Accident SIDE SWIPE
 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? YES
 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) 3
 Passenger 1
 NAME: : UNKNOWN
 GENDER: : MALE
 Passenger 2
 NAME: : UNKNOWN
 GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police? YES
 If Yes, Please state which Police Station
 Police Station Name JURONG EAST NEIGHBOURHOOD POLICE CENTRE
 Police Station Address ROAD: NO. 92 BOON LAY WAY , POSTCODE: 609962 , COUNTRY: SINGAPORE
 Police Station Contact TEL NO: 1800-8999999 - FAX NO: 66655791
 Was notice of intended Prosecution given? NO
 If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/20180507/2166 On the abovementioned date, time and place, I was driving my Toyota Prius (SHC4513C) fetching two passengers one Male/Chinese whom was seated at the front passenger seat and one Female/Indonesian whom was seated on the rear passenger seat going towards Westwood Condo around Jalan Bahar vicinity. subsequently, while at the junction of Boon Lay Way and Jurong West Central 2 I saw the traffic light was in my favour hence, I continue to drive towards Jalan Bahar along Boon Lay Way. Subsequently, an unknown vehicle whom was making a right turn at the said junction failed to notice my vehicle and collide into my vehicle. As such, the said unknown vehicle front right bumper collided onto my vehicle's right side passenger door. Due to the collision, I suffered injury on my neck area and was partially unconscious at that point of time. The male Chinese passenger seated on my front left passenger seat was not injured, however, the Female Indonesian passenger that was seated on my rear passenger seat was injured. Both my female passenger and me were conveyed to Ng Teng Fong General hospital by SCDF. Traffic Police officers were also at scene at that point of time. I was hospitalized for about 6 days in Ng Teng Fong General Hospital and was given 14 days of MC. as I was partially unconscious, I was unsure what happened to the said vehicle and its owner that collided onto my vehicle. I am lodging this Police report as I received a notification letter from Traffic Police department to proceed to any nearest NPC to lodge a traffic accident report, reference: TP/IP/258003/2018

Attachment(s)

Are accident photos available for attachment? YES
 Was there any video captured by Car Camera? NO

Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SGG4311G
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 LIM CHENG SIONG
Approximate Age
Injuries Sustain
Injured person in which vehicle? SHC4513A
Were seat belts worn?
Was this injured conveyed to hospital by ambulance? YES
Address
Postcode

DETAILS OF INJURED PERSON 2

Name UNKNOWN PASSENGER
Approximate Age
Injuries Sustain
Injured person in which vehicle? SHC4513A
Were seat belts worn?
Was this injured conveyed to hospital by ambulance? YES
Address
Postcode

SKETCH PLAN

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

[illegible]

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.:

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:

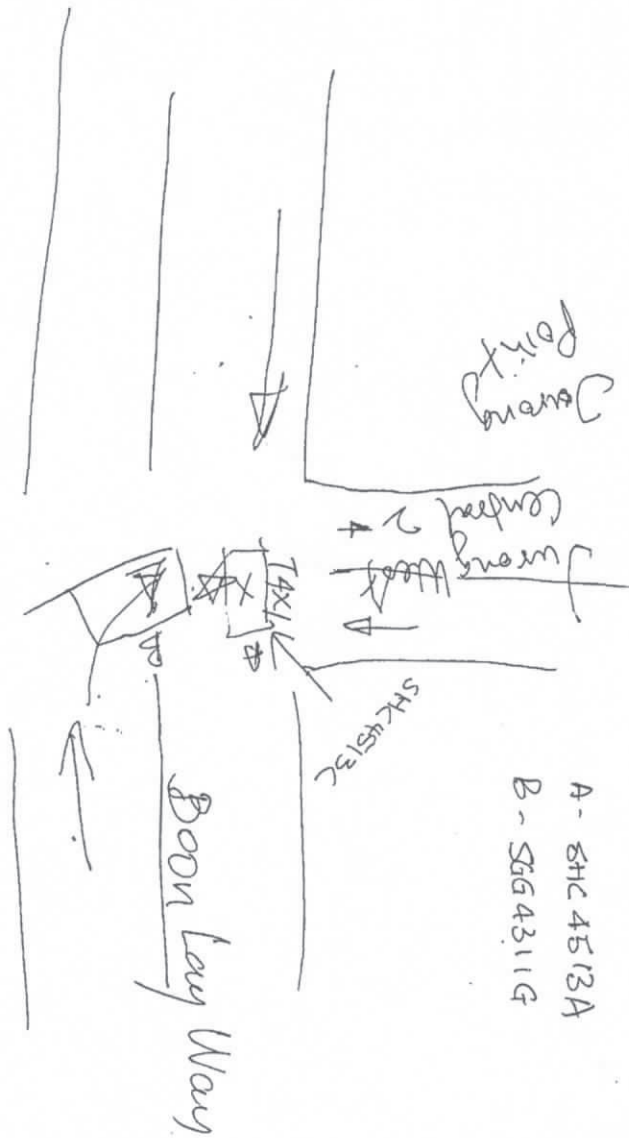
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.:

[Signature] 15/05/18



~~Wrong Work~~
Control 2

SHC4513C

A - 5HC 4513A
B - 5G 4311G

Boon Lay Way.



**SINGAPORE
POLICE FORCE**



T/20180507/2166

Police Station Of Origin:
Jurong East N.P.C
92 Boon Lay Way SINGAPORE 609962
Tel No: 1800-8999999

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Report No. T/20180507/2166

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 07/05/2018 21:59		Vide Report No.: J/20180430/0100		Station Diary No.: 89	
Informant's Particulars					
Name of Informant: LIM CHENG SIONG			Address: APT BLK 606 ANG MO KIO AVENUE 5 #12-2743 SINGAPORE 560606		
ID Type / ID No.: NRIC NO / S1182062Z			Contact No.: Home/Office: Mobile: 91980969		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 62	Date of Birth: 17/01/1956	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: 2B,2A,2,3		Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 30/04/2018 12:00	Type of Location: Straight Road
Location: Junction of Road 1 and Road 2 BOON LAY WAY JURONG WEST CENTRAL 2 Along Boon Lay Way towards Jalan Bahar junction of Jurong West Central 2.				
Weather: Sunny		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHC4513C	Car	TOYOTA	Prius		Seriously Damaged	2

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

SGG 4311 G



**SINGAPORE
POLICE FORCE**



T/20180507/2166

Police Station Of Origin:
Jurong East N.P.C
92 Boon Lay Way SINGAPORE 609962
Tel No: 1800-8999999

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Report No. T/20180507/2166

CONTINUATION OF REPORT

Driver			
Name	LIM CHENG SIONG	ID No.	S1182062Z
Related Vehicle	SHC4513C (Car)	Contact No.	91980969
Hospital/Clinic	NG TENG FENG GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	30/04/2018	Date Discharge	05/05/2018
No. of Days granted Medical Leave	14	Degree of Injury	Slight

Brief Details.

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As such, the said unknown vehicle front right bumper collided onto my vehicle's right side passenger door. Due to the collision, I suffered Injury on my neck area and was partially unconscious at that point of time. The Male Chinese passenger seated on my front left passenger seat was not injured, however, the Female Indonesian passenger that was seated on my rear passenger seat was injured. Both my Female passenger and me were conveyed to Ng Teng Fong General Hospital by SCDF. Traffic Police officers were also at scene at that point of time. I was hospitalized for about 06 days in Ng Teng Feng General Hospital and was given 14 days of MC.

As I was partially unconscious, I was unsure what happened to the said vehicle and its owner that collided onto my vehicle. I am lodging this Police report as I received a notification letter from Traffic Police department to proceed to any nearest NPC to lodge a Traffic accident report, reference: TP/IP/25803/2018



**SINGAPORE
POLICE FORCE**



T/20180507/2166

Police Station Of Origin:
Jurong East N.P.C
92 Boon Lay Way SINGAPORE 609962
Tel No: 1800-8999999

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Report No. T/20180507/2166

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:
D /
Sgt 2 HO YOU LIN, NICHOLAS

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
Staff Sgt MOHAMED SUFIAN BIN SUDIN
Contact No.: 65476367

Signature Of Informant:

Date/Time:
07/05/2018 21:59

Classification Of Case:

Authentication Stamp
NP168

<p>SINGAPORE POLICE FORCE</p>	<p>SN 34</p>
<p>SIGNATURE</p>	

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	5369K
Vehicle Details	
Vehicle No.:	SHC4513A
Vehicle to be Exported:	No
Intended De-registration Date:	17 May 2018
Vehicle Make:	TOYOTA
Vehicle Model:	PRIUS TAXI (SMRT)
Primary Colour:	Maroon
Manufacturing Year:	2014
Engine No.:	2ZR5894786
Chassis No.:	JTDKN36U905748190
Maximum Power Output:	100.0 kW (134 bhp)
Open Market Value:	\$32,920.00
Original Registration Date:	04 Sep 2014
First Registration Date:	04 Sep 2014
Transfer Count:	0
Actual ARF Paid:	\$8,088.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	03 Sep 2022
PARF Rebate Amount:	\$6,066.00
Intended COE Rebate Details	
COE Expiry Date:	03 Sep 2022
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	8
PQP Paid:	\$50,704.00
COE Rebate Amount:	\$27,227.00
Total Rebate Amount:	\$33,293.00
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 17 May 2018

OK