

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	26/05/2018 10:50
Date Of Accident	25/05/2018 22:55
Exact Location Of Accident	PIE TOWARDS CHANGI BEFORE EUNOS EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB386G
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	MUHAMMAD IKHRAM BIN MANSOOR
NRIC No	S7920069G
Date Of Birth	03/07/1979
Occupation	OUTDOOR
Date Of Driving Pass	24/06/1999
Driving Experience	18 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-80000000
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	508
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	CHAIN COLLISION
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)	2
Passenger 1	
	NAME: : JANE TAN LIAN PHANG
	GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20180527/7011

Attachment(s)

Are accident photos available for attachment?	NOT AVAILABLE DUE TO CIRCUMSTANCES OF ACCIDENT
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLC6157J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE HIRE
Name of Driver	LOO KIA MING
NRIC/Passport Number	S0054798J
Contact Number	
Address	
Postcode	

Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SJD7441A
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver MUHAMAD NOH SHARIZAL BIN SABTY LEMAN
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name MUHAMMAD IKHRAM BIN MANSOOR
Approximate Age
Injuries Sustain
Injured person in which vehicle? SHB386G
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? YES
Address
Postcode

SKETCH PLAN

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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:

Driver's Signature
(If driver is not the policyholder)

Date & Time: 26/5/2018 11:05 AM

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

SKETCH PLAN

ENNIS
EXIT

C - SJD 7441A

A - SHB 3869

B - SLC 6157J

C
A
B

PIE → AIRPORT

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO POLICE REPORT - 7/20180527/7011

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: 26/5/2018 @ 10:58hrs.

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

26/5/2018



**SINGAPORE
POLICE FORCE**



T/20180527/7011

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20180527/7011

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 27/05/2018 23:46		Vide Report No.: G/20180525/0278		Station Diary No.:	
Informant's Particulars					
Name of Informant: MUHAMMAD IKHRAM BIN MANSOOR			Address: APT BLK 508 TAMPINES CENTRAL 1 #03-363 SINGAPORE 520508		
ID Type / ID No.: NRIC NO / S7920069G			Contact No.: Home/Office: Mobile: 97920069		
Nationality: SINGAPORE CITIZEN			Email: muhd.ikhram@yahoo.com.sg		
Sex: Male	Age: 38	Date of Birth: 03/07/1979	Type of Informant: Driver		
Race: Malay			Language: English		Institution / School Name:
Occupation: ASSISTANT MANAGER			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 25/05/2018 22:55	Type of Location: Straight Road
Location: PAN ISLAND EXPRESSWAY Before slip road to Eunos exit near LP 448 Lamp Post Number: 448				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No. of Passenger
SHB386G	Car	TOYOTA	Prius	Brown	Seriously Damaged	1
SJD7441A	Car	TOYOTA	Wish	White		0
SLC6157J	Car	HONDA	Vezel	Blue		0



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Report No. T/20180527/7011

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	MUHAMMAD IKHRAM BIN MANSOOR	ID No.	S7920069G
Related Vehicle	SHB386G (Car)	Contact No.	97920069
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	Slight
Driver			
Name	Muhammad Noh Shahrizal Bin Sabtu Leman	ID No.	NIL
Related Vehicle	SJD7441A (Car)	Contact No.	87814973
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
Driver			
Name	Loo Kia Ming	ID No.	S0054798J
Related Vehicle	SLC6157J (Car)	Contact No.	90052724
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



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T/20180527/7011

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Report No. T/20180527/7011

CONTINUATION OF REPORT

Passenger			
Name	Jane Tan	ID No.	NIL
Related Vehicle	NIL	Contact No.	97375700
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 25/05/2018 at about 2055hrz, I was travelling along PIE towards Changi Airport. I intended to exit at Eunus exit and therefore had kept to the most left lane to exit. The vehicle in front of me started suddenly make a sudden brake along the expressway and I managed to totally stopped behind the vehicle (SJD7441A, Toyota Wish). Suddenly as I was waiting to move forward as the vehicle in front had started to move, a car (SLC6157J, Honda Vezel) had hit me from the rear very hard. As the impact is so hard my taxi moved forward. There was a passenger with me sitting at the right rear seat namely Jane Tan contact number 97375700. I had checked on her to check whether she was ok. She claimed that her right neck was in pain due to the impact however was still able to move and exited the taxi. I offered to call for the ambulance for her, however she refused. At that point of time, I had also felt pain on my right arm and felt numbness. I decided to call for the ambulance. Subsequently, I got out of my vehicle to check the extend of damage. The car in front of me then informed me that his rear was also slightly damaged as when the vehicle hit my rear the driver due to the impact my taxi was pushed forward thus hit his car. I then exchanged details with both car Drivers. I did not manage to speak to the car driver that had hit me from behind. Subsequently when ambulance came I was conveyed to the hospital. I was discharge subsequently with 3 days mc. I would like to state till now my arm is still hurt. Please see below on details of vehicles and extend of damage.

SHB 386G

Rear totally dented in.

Side bumpers (bumpers, front and back) came off due to impact from behind.

Front slightly dented, Toyota logo came off.

SLC6157J (rear vehicle)

Loo Kia Ming

S0054798J

90052024

Front part of vehicle dented in and airbag was deployed.

SJD7441A (Front Vehicle)

Dent on left side of vehicle near bumper and below number plate.

I would like to state that during the accident when I got out of my taxi, a male subject who claim to be an insurer state that he can make a claim on all injuries and also spoke to my passenger. My passenger subsequently left with the insurer Friend in a white vehicle even though I offered to call an ambulance for her. She claim she will seek her own medical attention and refused to wait.



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Report No. T/20180527/7011

CONTINUATION OF REPORT

I would like to confirm that I had already stopped my taxi totally and did not initially hit the vehicle in front of me. Subsequently due to the forceful impact from the rear, my car had moved forward and hit on the car in front.



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T/20180527/7011

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Report No. T/20180527/7011

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 27/05/2018 23:46
Officer In Charge Of Case:	Classification Of Case:
Authentication Stamp NP168	