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 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.

ACCIDENT STATEMENT	
Date Of Report	01/06/2018 12:35
Date Of Accident	01/06/2018 10:00
Exact Location Of Accident	BUKIT TIMAH ROAD (BEFORE REX HOUSE)
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SHC4197D
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	LEE CHEN SIONG
NRIC No	S1676301B
Date Of Birth	11/03/1964
Occupation	OUTDOOR
Date Of Driving Pass	02/11/1984
Driving Experience	33 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-80000000
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	219
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 - CHANGE/CROSS LANE
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: : FEMALE
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	BEDOK NEIGHBOURHOOD POLICE POST
Police Station Address	**ROAD**: BLK 15 BEDOK SOUTH ROAD #01-117 , **POSTCODE:** 460015 , **COUNTRY**: SINGAPORE
Police Station Contact	**TEL NO**: 1800-2419999 - **FAX NO**: 64431687
Was notice of intended Prosecution given?	NO
If Yes,against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20180601/2120

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	FV5701R
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
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	UNKNOWN RIDER
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	FV5701R
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

SKETCH PLAN

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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.
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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.

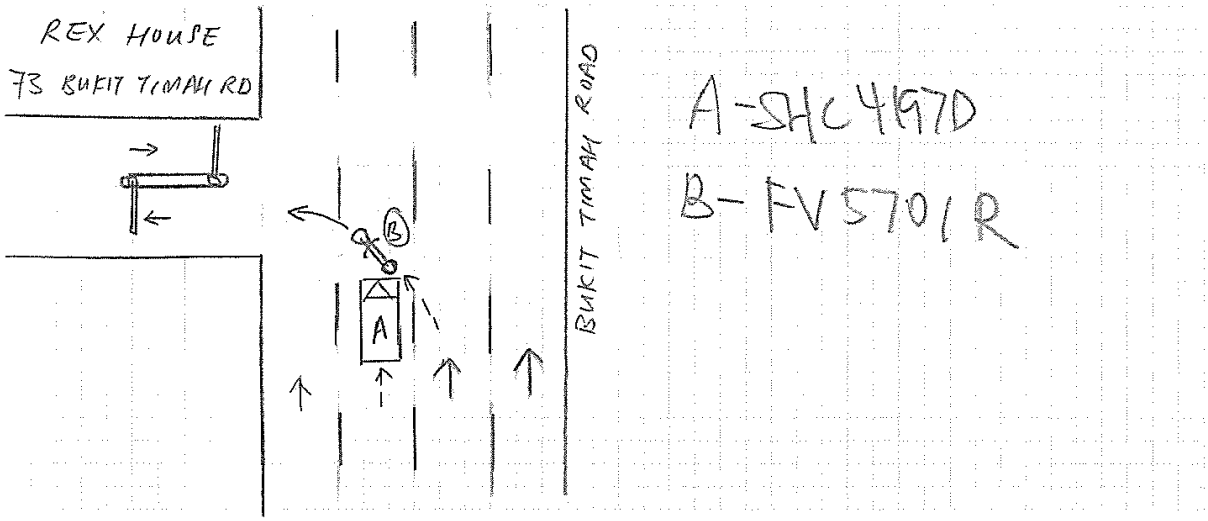
   (e) the information so collected under (d) above may be shared / disclosed:

   (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:	Driver's Signature (If driver is not the policyholder) Date & Time:	Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO POLICE REPORT - T/2018061/2120

DECLARATION

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

Policyholder's Signature	Driver's Signature	Reporting Centre Personnel's Signature
Date & Time:	1/6/18 (If driver is not the policyholder)	1/6/18 Name:
	Date & Time:	NRIC/FIN No.:

SINGAPORE POLICE FORCE

Police Station Of Origin:
Bedok NPP
15 Bedok South Road #01-117 SINGAPORE
460015
Tel No: 1800-2419999

Report No: T/20180601/2126

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:	Vide Report No:	Station Diary No:
01/06/2018 15:16	E/20180601/0060	14

Informant's Particulars

Name of Informant: LEE CHEN SIONG	Address: APT BLK 219D BEDOK CENTRAL #12-100 SINGAPORE 464219
ID Type / ID No: NRIC NO / S1676301B	Contact No: Home/Office: Mobile: 81334331
Nationality: SINGAPORE CITIZEN	Email:
Sex: Male / Age: 54 / Date of Birth: 11/03/1964	Type of Informant: Driver
Race: Chinese	Language: English / Institution / School Name:
Occupation: Taxi driver	Driving Licence Information: Class: 3 / Date of Expiry:

General Information of the Accident

Type of Accident:	Injury	Drink Drive:	Date/Time of Accident:	Type of Location:
	Attended by Police	No	01/06/2018 10:00	Straight Road

Location:
Along Road 1
BUKIT TIMAH ROAD

ALONG BUKIT TIMAH ROAD BEFORE MACKENZIE RD, REX HOUSE

Weather:	Road Surface:	Road Speed Limit
Clear	Dry	
Traffic Flow:	Traffic Control:	Traffic Volume:
One Way	Not Controlled	Moderate
Type of Collision:		Anyone conveyed by ambulance:
Between Moving Vehicles - Head To Rear		No

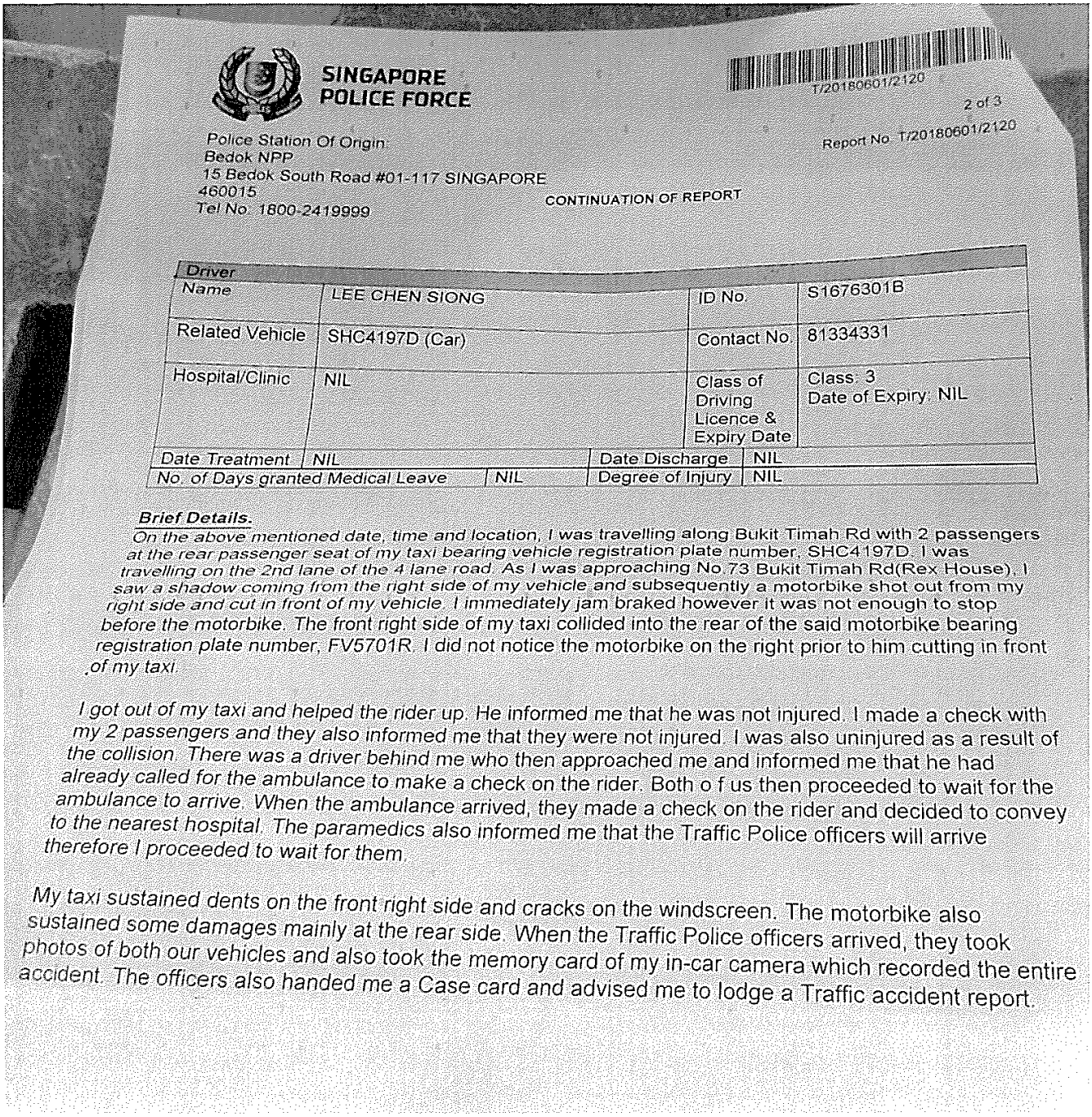
Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passengers
FV5701R	Motorcycle	HONDA	PHANTOM	Black	Slightly Damaged	0
SHC4197D	Car	TOYOTA	PRIUS	Maroon	Slightly Damaged	2

Details of Person Involved

Any Pedestrian Involved: No
No. of Pedestrians Injured: NIL

Use of Pedestrian Crossing: NA



SINGAPORE POLICE FORCE

T/20180601/2120

2 of 3

Report No T/20180601/2120

Police Station Of Origin
Bedok NPP
15 Bedok South Road #01-117 SINGAPORE
460015
Tel No. 1800-2419999

CONTINUATION OF REPORT

Driver			
Name	LEE CHEN SIONG	ID No.	S1676301B
Related Vehicle	SHC4197D (Car)	Contact No.	81334331
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class 3 Date of Expiry NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On the above mentioned date, time and location, I was travelling along Bukit Timah Rd with 2 passengers at the rear passenger seat of my taxi bearing vehicle registration plate number, SHC4197D. I was travelling on the 2nd lane of the 4 lane road. As I was approaching No 73 Bukit Timah Rd(Rex House), I saw a shadow coming from the right side of my vehicle and subsequently a motorbike shot out from my right side and cut in front of my vehicle. I immediately jam braked however it was not enough to stop before the motorbike. The front right side of my taxi collided into the rear of the said motorbike bearing registration plate number, FV5701R. I did not notice the motorbike on the right prior to him cutting in front of my taxi.

I got out of my taxi and helped the rider up. He informed me that he was not injured. I made a check with my 2 passengers and they also informed me that they were not injured. I was also uninjured as a result of the collision. There was a driver behind me who then approached me and informed me that he had already called for the ambulance to make a check on the rider. Both o f us then proceeded to wait for the ambulance to arrive. When the ambulance arrived, they made a check on the rider and decided to convey to the nearest hospital. The paramedics also informed me that the Traffic Police officers will arrive therefore I proceeded to wait for them.

My taxi sustained dents on the front right side and cracks on the windscreen. The motorbike also sustained some damages mainly at the rear side. When the Traffic Police officers arrived, they took photos of both our vehicles and also took the memory card of my in-car camera which recorded the entire accident. The officers also handed me a Case card and advised me to lodge a Traffic accident report.

SINGAPORE POLICE FORCE

Police Station Of Origin:
Bedok NPP
15 Bedok South Road #01-117 SINGAPORE
460015
Tel No: 1800-2419999

CONTINUATION OF REPORT

Report No: 1/2018060[illegible]

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 Sgt 3 MUHAMMAD DANIAL BIN SUMANAN	Signature Of Informant
Signature Of Interpreter: Not applicable	Date/Time: 01/06/2018 15:16
Officer In Charge Of Case TP / GIT /	Classification Of Case
Contact No	

Authentication Stamp:

Accident Photo

Accident Photo

Accident Photo

Accident Photo

Accident Photo

Accident Photo