

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 | 11/06/2018 16:20 |
| Date Of Accident | 09/06/2018 19:20 |
| Exact Location Of Accident | MARINA BOULEVARD JUNCTION SHEARES AVE |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|--------------------|
| Vehicle Registration Number | SHC4490G |
| 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 | ANTHONNY CHIA YONG KOON |
| NRIC No | S7600658Z |
| Date Of Birth | 08/01/1976 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 24/08/2004 |
| Driving Experience | 13 YEARS AND 9 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-80000000 |
| Fax Number | |
| Contact Number | |
| EEmail Address | NOEMAIL |

| | |
|---|---------------|
| Address | 884 |
| 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 | 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? | 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: : FEMALE |

Details of Police Action

| | |
|---|---|
| Was the accident reported to the police? | YES |
| If Yes, Please state which Police Station | |
| Police Station Name | TAMPINES N.P.C |
| Police Station Address | ROAD: TAMPINES N.P.C , POSTCODE: 529682 , COUNTRY: SINGAPORE |
| Police Station Contact | TEL NO: - FAX NO: |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom? | |

Circumstances of Accident

REFER TO POLICE REPORT - T/20180611/2045 On 09/06/2018 at about 1920hrs, I was driving my vehicle which is a Toyota Prius taxi (Reg No. SHC4490H) with a female passenger near the junction of Marina Boulevard and Sheares Avenue. I was driving in the third lane on the left of the seven lanes and was making a turn entering into Sheares Avenue when a red KIA vehicle (Reg NoL SLF1163H) whom was driving on the second left lane went straight and collided onto my left front side bumper and front passenger door. Nobody sustained any injuries during the incident. I did enquired with my female passenger before alighting down however she does not give an answer. Subsequently, I exchanged particulars with the other driver however I was unable to continue my journey as female passenger mentioned that she will alight from my vehicle and took another taxi to continue her journey. I informed my company about the incident and was told to active the tow truck to tow my vehicle. On 10/06/2018 in the afternoon, I felt sharp pain on my both shoulder and neck and subsequently proceeded to a clinic to seek treatment where I was given 3 days MC.

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 | SLF1163H |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |

| | |
|-------------------------------------|----------------|
| Vehicle Category | PRIVATE CAR |
| Name of Driver | TAN BOON KHENG |
| NRIC/Passport Number | S1348205E |
| Contact Number | |
| Address | |
| Postcode | |
| Insurance Company Name | |
| Nature Of Damage | |
| No. Of Passenger (Including Driver) | |

DETAILS OF INJURED PERSON 1

| | |
|---|-------------------------|
| Name | ANTHONNY CHIA YONG KOON |
| Approximate Age | |
| Injuries Sustain | |
| Injured person in which vehicle? | SHC4490G |
| Were seat belts worn? | |
| Was this injured conveyed to hospital by ambulance? | NO |
| Address | |
| Postcode | |

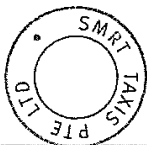
SKETCH PLAN

IMPORTANT NOTICE

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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:

Chia

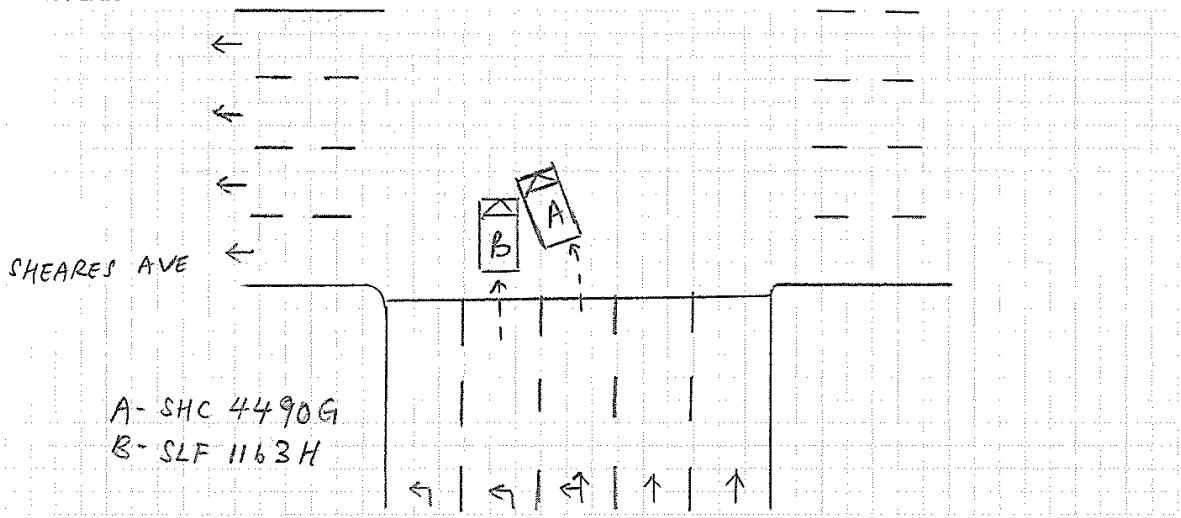
Driver's Signature
(If driver is not the policyholder)
Date & Time:

John 11/6/2018

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

Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

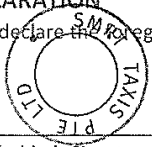
MARINA BOULEVARD

| |
|---|
| REFER TO POLICE REPORT - 1/2018 0611 / 2945 |
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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:

Chia

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

abu 11/6/2018

SMR TAXIS PTE LTD



**SINGAPORE
POLICE FORCE**



T/20180611/2045

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

1 of 3

Report No. T/20180611/2045

REPORT OF A TRAFFIC ACCIDENT

| | | |
|--|------------------|--------------------------|
| Date/Time Report Made: 11/06/2018 12:35 | Vide Report No.: | Station Diary No.: 80 |
|--|------------------|--------------------------|

Informant's Particulars

| | | | |
|---|------------|---|------------------------------|
| Name of Informant: ANTHONNY CHIA YONG KOON | | Address: APT BLK 884 TAMPINES STREET 83 #04-57 SINGAPORE 520884 | |
| ID Type / ID No.: NRIC NO / S7600658Z. | | Contact No.: Home/Office: Mobile: 83818005 | |
| Nationality: SINGAPORE CITIZEN | | Email: | |
| Sex: Male | Age: 42 | Date of Birth: 08/01/1976 | Type of Informant: Driver |
| Race: Chinese | | Language: | Institution / School Name: |
| Occupation: Taxi driver | | Driving Licence Information: Class: 2B,3,4 Date of Expiry: | |

General Information of the Accident

| | | | | |
|--|------------------|---|--|-------------------------------------|
| Type of Accident: | Injury Others | Drink Drive: No | Date/Time of Accident: 09/06/2018 19:20 | Type of Location: X-Junction |
| Location: Along Road 1 MARINA BOULEVARD Junction between SHEARES AVENUE | | | | |
| Weather: Clear | | Road Surface: Dry | | Road Speed Limit: 60 Km/h |
| Traffic Flow: Dual Carriage Way | | Traffic Control: Traffic Light - Working | | Traffic Volume: Moderate |
| Type of Collision: Between Moving Vehicles - Head To Side | | | | Anyone conveyed by ambulance: No |

Details of Vehicle Involved

| Vehicle No. | Type | Make | Model | Color | Condition | No of Passenger |
|-------------|------|--------|-------------------|--------|------------------|-----------------|
| SHC4490G | Taxi | TOYOTA | PRIUS TAXI (SMRT) | Maroon | Slightly Damaged | 1 |
| SLF1163H | Car | KIA | FORTE K3 1.6A | Red | Slightly Damaged | 3 |

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20180611/2045

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

2 of 3

Report No. T/20180611/2045

CONTINUATION OF REPORT

| Driver | | | |
|-----------------------------------|-------------------------|------------------|--|
| Name | ANTHONNY CHIA YONG KOON | | ID No. S7600658Z |
| Related Vehicle | SHC4490G (Taxi) | | Contact No. 83818005 |
| Hospital/Clinic | VIVA MEDICAL CLINIC | | Class of Driving Licence & Expiry Date Class: 2B,3,4 Date of Expiry: NIL |
| Date Treatment | 10/06/2018 | Date Discharge | 10/06/2018 |
| No. of Days granted Medical Leave | 03 | Degree of Injury | Slight |

Brief Details.

On 09/06/2018 at about 1920hrs, I was driving my vehicle which is a Toyota Primus Taxi (Reg No: SHC4490H) with a female passenger near the junction of Marina Boulevard and Sheares Avenue.

I was driving in the third lane on the left of the seven lanes and was making a turn entering into Sheares Avenue when a red KIA vehicle (Reg No: SLF1163H) whom was driving on the second left lane when straight and collided onto my left front side bumper and front passenger door. Nobody sustained any injuries during the incident. I did enquired with my female passenger before alighting down however she does not give an answer. Subsequently, I exchange particulars with the other driver however I was unable to continue my journey as female passenger mentioned that she will alight from my vehicle and took another taxi to continue her journey. I informed my company about the incident and was told to activate the tow truck to tow my vehicle.

Particulars of other driver:
Tan Boon Kheng
S1348205E
83882820

On 10/06/2018 in the afternoon, I felt sharp pain on my both shoulder and neck and subsequently proceeded to a clinic to seek treatment where I was given 03 days mc.



**SINGAPORE
POLICE FORCE**



T/20180611/2045

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

3 of 3



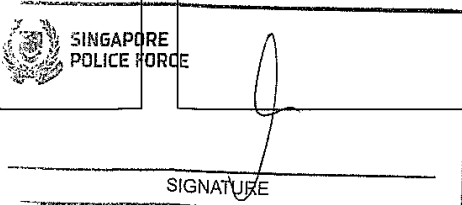
Report No. T/20180611/2045

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: G / Staff Sgt MUHAMMAD FIRDAUS BIN WISWAN | Signature Of Informant:  |
| Signature Of Interpreter: Not applicable | Date/Time: 11/06/2018 12:35 |
| Officer In Charge Of Case: TP / AEIT / SI DZUL HAIRIE BIN RAMLI Contact No.: 65476220 | Classification Of Case:  |
| Authentication Stamp NP168 |  |

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

