## SINGAPORE ACCIDENT STATEMENT

## IMPORTANT NOTICE

Contact Number **EMail Address** 

- 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.

<b>网络斯尔纳克格斯</b> 克斯克尔斯克克斯克克斯克斯克斯克斯克斯克斯克斯克斯克斯克斯克斯克斯克斯克斯克	ACCIDENT STATEMENT
Date Of Report	23/06/2018 10:12
Date Of Accident	22/06/2018 23:00
Exact Location Of Accident	BOON LAY WAY TOWARDS CLEMENT AVE 6
Country/State of Loss	SINGAPORE
· 通知的 · · · · · · · · · · · · · · · · · · ·	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SHC4870T
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	ТОУОТА
Model	PRIUS TAXI-1.8 (A)
Exact Purpose for which vehicle was being used at time of accident	
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 JIT WAH
NRIC No	S2014065H
Date Of Birth	16/03/1951
Occupation	OUTDOOR
Date Of Driving Pass	24/10/1977
Driving Experience	40 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-80000000
Fax Number	
Control Number	

NOEMAIL

Address 11

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 Registration Number of Drivers Own

\_

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

dont;

Number of vehicles involved in the accident

YES

Was any body injured in the Accident?
Was any injured conveyed to hospital by

YES

ambulance?
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?

NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/20180623/2046

Attachment(s)

Are accident photos available for attachment?

NOT AVAILABLE DUE TO CIRCUMSTANCES OF ACCIDENT

Was there any video captured by Car Camera? YES

Remarks/ Reasons:

FILE TOO BIG

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SLJ1382X

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category

PRIVATE CAR

Name of Driver

ALAN CHUA MENG HEE

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 JIT WAH

Approximate Age Injuries Sustain

Injured person in which vehicle?

SHC4870T

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

YES

Address

Postcode

Sketch Plan Pg. 1 - JET SHC 48 FOT Thooestup 21 **付回 SLJ 1382X** SHOP , 4 0 CLEMENT AVEGLI COMPLEM MOEA LITH WE KEST BOON LAY WAY BOON LAY WAY JAM 5/6 - += JUPONG WEST/ JUPPING TOWN LINGE TT. 4 7 Suchers Park 0 Ber DECLARATION 33/9/2018 I/We declare the foregoing particulars are true in every respect. 23/06/18 Policyholdess Signature Date & Time: Driver's Signature Reporting Centre Personnel's Signature (If driver is not the policyholder) NRIC/FIN No.: Date & Time:

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### Sketch Plan Pg. 2

# SKETCH PLAN

### **IMPORTANT NOTICE**

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- 5. Any false reporting may be referred to the Police for investigation.
- 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.
- 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:
  - 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;
  - (iil) 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

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

Date & Time:

Reporting Centre Personnel's Signature Name:

16/20/4

NRIC/FIN No.:





Police Station Of Origin: Woodlands East N.P.C. 3 Woodlands Drive 63 SINGAPORE 737890

Tel No: 1800-7679999

T/20180623/2046

1 of 3 Report No. T/20180623/2046

REPORT	F A TRAFFI	CACCIDENT			
Date/Time Report Made: 23/06/2018 11:57			Vide Report No.:	Station Diary No.:	
Informa	nt's Partic	ulars			
Name of LIM JIT	Informant: WAH		Address: APT BLK 555 WOODLANDS 730555	DRIVE 53 #06-29 SINGAPORE	
ID Type / ID No.: NRIC NO / S2014065H			Contact No.: Home/Office:	Mobile: 92721937	
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 67	Date of Birth: 16/03/1951	Type of Informant: Driver		
Race: Chinese			Language: English	Institution / School Name:	
Occupation: Taxi driver			Driving Licence Information: Class: 3	Date of Expiry:	

Type of Accident:	Injury Conveyed By Ambulance		Drink Drive: No	Date/Time of Accident: 22/06/2018 23:	- 1	Type of Location X-Junction
Location: Along Road 1 BOON LAY V CLEMENTI A Cross Junctio	VENUE 6	2				
Weather: Road Clear Dry		Surface:		Road	Speed Limit:	
T 14/		c Control: c Light - Working		Traffic Volume:		
Type of Collision: Between Moving Vehicles - Side Swipe - Opposite Direction						

Vehicle No.	Type	Make	Model	Color	Condition	No com-
SHC4870T	TAXI	THE CASE OF THE PARTY OF THE PA			Condition	No of Passenger
511040701	IAAI				Seriously	0
01.1400014					Damaged	
SLJ1382X	Car				Seriously	0
				Damaged		

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





Police Station Of Origin; Woodlands East N.P.C. 3 Woodlands Drive 63 SINGAPORE 737890 Tel No: 1800-7679999

2 of 3 Report No. T/20180623/2046

CONTINUATION OF REPORT

Manage	I IN A LITT NAVALL	THE RESERVE OF THE PARTY.		STREET, SALE	T. C. Batal	
Name	LIM JIT WAH		ID No.		S2014065H	
Related Vehicle	SHC4870T (TAXI)			Contact No.		92721937
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL		Class of Driving Licence & Expiry Date		Class: 3 Date of Expiry: NIL	
Date Treatment	22/06/2018 Date Dis		harge 23/06/2018		3/2018	
No. of Days granted Medical Leave 07			Degree o			
Driver		Walley St		Y MARKET		
Name	ALAN CHUA MENG	HEE		ID No	,	S7522297A
Related Vehicle	SLJ1382X (Car)			Contact No.		96910765
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date		Class: 3 Date of Expiry: NIL	
Date Treatment	NIL		Date Disc	harge	NIL	
No. of Days grant	ed Medical Leave	NIL	Degree of		NIL	

#### Brief Details.

On 22/06/2018 at about 2300 hours, I was driving my taxi, maroon SMRT taxi, bearing SHC4870T along Boon Lay Way towards Clementi Ave 6. I was travelling at the cross junction on the left lane at about 50 km/h when a car bearing SLJ1382X, turning from the opposite side, hit the right side on my taxi. The traffic light was showing green when I was driving along the cross junction. My taxi turned as a result of the collision.

The right side of my taxi is severely dented while the front compartment of the other car was damaged. Ambulance and TP officer carne to the scene. I was conveyed by the ambulance as my chest wall was in pain. I was then treated at Ng Teng Fong General Hospital before being discharged on 23/06/2018. I was also given 7 days MC.

I am making this report as I was injured as a result of the accident and was also instructed by my employer to make this report.





Police Station Of Origin: Woodlands East N.P.C. 3 Woodlands Drive 63 SINGAPORE 737890 Tel No: 1800-7679999 3 of 3 Report No. T/20180623/2046

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 <u>report number</u> as reference.

Signature Of Officer Recording The Report:  J/  Sgt-1-HO-KAH-WAI, DAVID  Ahrore Of Interpreter:  Not applicable	Signature Of Informant:  Date/Time: 23/06/2018 11:57
Officer In Charge Of Case: TP / GIT / Staff Sgt MOHAMED HUSNUL TAUFIQ BIN MD YUSOF Contact No.: 65476358	Classification Of Case:
Authentication Stamp Nerses Singapore Police	

# > Back to OneMotoring

**Enquire Transfer Fee** 

Vehicle Details			
Vehicle No.:	SHC4870T		
Vehicle Type :	H10 - Public Transport Taxi (Motor Car)		
Vehicle Attachment 1:	Air-Con (Taxi)		
Vehicle Scheme:	Taxi (Company)		
Vehicle Make :	TOYOTA		
Vehicle Model:	PRIUS HYBRID 1.8 CVT		
Chassis No.:	JTDKB3FUX03576983		
Propellant:	Petrol-Electric		
Engine No.:	2ZR8263377		
Motor No.:	1NM8263377		
Engine Capacity:	1798 cc		
Power Rating:	53.0 kW		
Maximum Power Output:	90.0 kW (120 bhp)		
Maximum Laden Weight:	1790 kg		
Unladen Weight:	1375 kg		
Year Of Manufacture :	2017		
Original Registration Date :	19 Dec 2017		
Lifespan Expiry Date :	18 Dec 2025		
COE Category:	A - Car up to 1600cc & 97kW (130bhp)		
PQP Paid :	\$34,159.00		
COE Expiry Date :	18 Dec 2025		
Road Tax Expiry Date :	18 Dec 2018		
PARF Eligibility Expiry Date:	18 Dec 2025		
Inspection Due Date :	18 Dec 2018		
Intended Transfer Date :	28 Jun 2018		
CO2 Emission :	87.00 (g/km)		
CEV/VES Rebate Utilised Amount:	\$27,610.00		
CO Emission :			
HC Emission :			
NOx Emission :			
PM Emission :			
ate renewal fee(s) will be impose	d if road tax / lay up has expired. Please use Enqu	iro Bood Toy Boundle for for (-)	1.1
Road tax, including Over Payment Amount Payable	t (if any), of a vehicle will follow the vehicle to the	new registered owner when its own	able. ership is being transferred.
	Amount Before GST	GST Amount	Amount After GS
	(S\$)	(5\$)	(S\$
Fransfer Fee :	25.00	-	25.00
Total Amount Payable : Message			25.00

vehicle reaches its statutory lifespan (if applicable), whichever is earlier.

You may print this page for reference.

OK Print