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.	a state of the sound of the report being made available
通用的文化设置在交流。	ACCIDENT STATEMENT
Date Of Report	18/07/2018 13:33
Date Of Accident	17/07/2018 22:40
Exact Location Of Accident	ANG MO KIO AVE 1
Country/State of Loss	SINGAPORE
是是是以他们的自然的。	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SHD6403R
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	t 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	YAP JIN YOKE
NRIC No	S0118393A
Date Of Birth	03/09/1953
Occupation	OUTDOOR
Date Of Driving Pass	04/12/1976
Driving Experience	41 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-80000000
ax Number	,
Contact Number	
Mail Address	NOEMAIL

Address

715

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

HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED

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?

NO

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)

Passenger 1

NAME:

: ERIC

GENDER:

: MALE

Passenger 2

NAME:

: ALVEN

GENDER:

: MALE

Details of Police Action

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name

CHONG PANG NEIGHBOURHOOD POLICE POST

Police Station Address

ROAD: BLK 141 YISHUN RING ROAD, POSTCODE: 760141, COUNTRY:

SINGAPORE

Police Station Contact

TEL NO: 1800-7529999 - FAX NO: 67528913

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/20180718/2066 On the 17.07.2018 at about 2240hrs, I was driving my SMRT Taxi SHD6403R along with 2 passenger on board and had exited from CTE, travelling along Ang Mo Kio Ave 1. As I approached the junction of Ang Mo Kio Ave 1 and Ang Mo Kio Ave 8, I signalled my intention to turn right into Ang Mo Kio Ave 8. I was o the left lane of the two lanes which were turning right into Ang Mo Kio Ave 8 and had come to a complete stop while waiting for the right turning arrow to turn green. I wish to state that the traffic light for the vehicle going straight was still green with only the right turning arrow was in red. Suddenly, as I was waiting another vehicle had hit the rear left side of my vehicle from the rear and drove off without stopping. I only saw that it was a White coloured vehicle. However my 2 passengers managed to take note of the vehicle number as SLM8782M (white car, unknown make and model). The 2 passenger also provided their names and phone numbers and informed me they were willing to be my witness for the incident. My taxi suffered the following damages - left rear bumper dislodged and dented, broken tail light and some white pain transfer along with multiple scratch marks. I do not know the repair

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 Witness 1

Name

ERIC

Phone Number

Email Address

Details of Witness 2

Name

ALVEN

Phone Number

Email Address

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SLM8782M

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)

SKETCH PLAN

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.
- 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 liability.
- 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.
- 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:
 - (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.

\$\frac{\partial \partial \part

Policyholder's Signature Date & Time: W.

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

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

		ANG MO EIO AVE &
BISHAN A	20	
	1 1 1 1 1 1 1	
	£ £	
1 (40 (400)		T /
A-SHO 6403R B-SLM 8782N	S S S S S S S S S S S S S S S S S S S	
8-32M 8782N	N & B	<u> </u>
	\$ 1	
SCRIBE CIRCUMSTANC	ES OF THE ACCIDENT	transfer of war in a facility or a facility of a decision of a state of the state o
ARATION		
	iculars are true integers respect	
declare the foregoing part	ticulars are true in every respect.	
declare the foregoing part	iculars are true in every respect.	Mr 18/2/18
dectare the foregoing part		ala 18/3/18
(4)	Driver's Signature (If driver is not the policyholder)	Reporting Centre Personnel's Signature





Police Station Of Origin: Chong Pang NPP 141 Yishun Ring Road SINGAPORE 760141 Tel No: 1800-7529999

1 of 3 Report No. T/20180718/2066

REPORT OF	A TRAFFIC	ACCIDENT				
Date/Time Report Made: 18/07/2018 12:35		ade:	Vide Report No.:	Station Diary No.:		
Informant		ars				
Name of It YAP JIN Y	of Informant: Address: IN YOKE 2 FULTON AVENUE SINGAPORE 578974			PORE 578974		
ID Type / ID No.: NRIC NO / S0118393A			Contact No.: Home/Office:	Mobile: 90683265		
Nationality: SINGAPORE CITIZEN			Email:			
Sex: Male	Age:	Date of Birth: 03/09/1953	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:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 17/07/2018 22:40	Type of Location X-Junction
ANG MO KIO ANG MO KIO	oad 1 and Road 2 AVENUE 1 AVENUE 8 ad 1 to turn right into F	Road 2 Road Surface:		Road Speed Limit:
Traffic Flow:	8	Traffic Control:		
One Way Type of Collisi		Traffic Light - Working	ng	Moderate

Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenge
SHD6403R	Çar	TOYOTA	PRIUS HYBRID 1.8 CVT	Maroon	Seriously Damaged	2
SLM8782M	Car					9

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

Sketch Plan Pg. 4





Police Station Of Origin: Chong Pang NPP

141 Yishun Ring Road SINGAPORE 760141

Tel No: 1800-7529999

T topo

CONTINUATION OF REPORT

			2 01 3	5
Rep	ort No	T/201	80718/20	66

Name	VAD IIN VOKE			100.00		A STATE OF THE PARTY OF THE PAR
Name	YAP JIN YOKE			ID No		S0118393A
Related Vehicle	SHD6403R (Car)			Conta	ct No.	90683265
Hospital/Clinic NIL			Class	of	Class: 3 .	
				Drivin	-	Date of Expiry: NIL
17				Licen	Date	
	NIL Date [harge	NIL	
No. of Days granted Medical Leave NIL			Degree of	- No.	NIL	

Brief Details.

On the 17.07.2018 at about 2240hrs, I was driving my SMRT Taxi bearing Plate number SHD6403R (Maroon, Toyota) along with 2 passenger on board and had exited from CTE, travelling along Ang Mo Kio Avenue 1. As I approached the Junction of Ang Mo Kio Avenue 1 and Ang Mo Kio Ave 8, I signaled my intention to turn right into Ang Mo Kio Avenue 8.

I was on the left lane of the two lanes which were turning right into Ang Mo Kio Avenue 8 and had come to a complete stop while waiting for the right turning arrow to turn green. I wish to state that the traffic light for the vehicle going straight was still green with only the right turning arrow was in red.

Suddenly, as I was waiting another vehicle had hit the rear left side of my vehicle from the rear and drove off without stopping. I only saw that it was a White coloured vehicle. However my 2 passengers managed to take note of the vehicle number as SLM8782M (White Car, Unknown make and model). The 2 passenger also provided their names and phone numbers and informed me they were willing to be my witness for the incident.

My taxi suffered the following damages- Left rear bumper dislodged and dented, Broken tail light and some white paint transfers along with multiple scratch marks. I do not know the repair cost yet.





Police Station Of Origin: Chong Pang NPP 141 Yishun Ring Road SINGAPORE 760141 Tel No: 1800-7529999

3 of 3 Report No. T/20180718/2066

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

71

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: F / Sgt 2 SARVANN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 18/07/2018 12:35
Officer In Charge Of Case: TP / HRT / SI KALESWARI PALANI Contact No.: 65476902	Classification Of Case:
Authentication Stamp NP168 SN 085 Signature:	
Singapore Police Force	