

## 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	25/07/2018 13:33
Date Of Accident	25/07/2018 00:25
Exact Location Of Accident	MCCALLUM STREET JUNCTION ROBINSON ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD6022G
<b>Insured/Policyholder</b>	
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	CHNG MENG KWANG
NRIC No	S1520685C
Date Of Birth	10/04/1962
Occupation	OUTDOOR
Date Of Driving Pass	25/07/1983
Driving Experience	35 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-80000000
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	214
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 - CROSS JUNCTION
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)	1

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	PASIR RIS NEIGHBOURHOOD POLICE CENTRE
Police Station Address	<b>ROAD:</b> 1 PASIR RIS DRIVE 4 , <b>POSTCODE:</b> 519457 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-5852999 - <b>FAX NO:</b> 65855261
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT - T/20180725/2082

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	FILE TOO LARGE
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJN4989D
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE HIRE
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 CHNG MENG KWANG

Approximate Age

Injuries Sustain

Injured person in which vehicle? SHD6022G

Were seat belts worn?

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode



## Sketch Plan Pg. 2

### 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.
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 liability.
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. 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:

25/7/18

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

Abh 25/7/2018



**SINGAPORE  
POLICE FORCE**



T/20180725/2082

Police Station Of Origin:  
Pasir Ris N.P.C  
1 Pasir Ris Drive 4 #01-01 SINGAPORE  
519457  
Tel.No: 1800-5852999

1 of 4

Report No. T/20180725/2082

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 25/07/2018 15:25	Vide Report No.:	Station Diary No.: 84
--	------------------	--------------------------

Informant's Particulars			
Name of Informant: CHNG MENG KWANG		Address: APT BLK 214 PASIR RIS STREET 21 #10-268 SINGAPORE 510214	
ID Type / ID No.: NRIC NO / S1520685C		Contact No.: Home/Office: Mobile: 88385943	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 56	Date of Birth: 10/04/1962	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: Taxi driver		Driving Licence Information: Class:	Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Others	Drink : Drive: No	Date/Time of Accident: 25/07/2018 00:30	Type of Location: X-Junction
Location: Along Road 1 ROBINSON ROAD MCCALLUM STREET CROSS JUNCTION OF ROBINSON STREET AND MCCALLUM STREET				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: No Traffic
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
SHD6022G	Car				Slightly Damaged	1
SJN4989D	Car					0

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



**SINGAPORE  
POLICE FORCE**



T/20180725/2082

2 of 4

Police Station Of Origin:  
Pasir Ris N.P.C  
1 Pasir Ris Drive 4 #01-01 SINGAPORE  
519457  
Tel No: 1800-5852999

Report No. T/20180725/2082

## CONTINUATION OF REPORT

Driver			
Name	CHNG MENG KWANG	ID No.	S1520685C
Related Vehicle	SHD6022G (Car)	Contact No.	88385943
Hospital/Clinic	A LIFE CLINIC PTE LTD	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	25/07/2018	Date Discharge	25/07/2018
No. of Days granted Medical Leave	05	Degree of Injury	Slight

**Brief Details.**

On 25/07/2018 at about 0027hrs, I was driving my taxi bearing the registration number SHD6022G at the cross junction of Robinson Road and McCallum Street. My lane was able to go straight or turn right while the lane on my right was only able to turn right. At the junction, there was only one vehicle bearing the registration number SJN4989D on the turn right lane. As the traffic light turn green, I moved off first. Shortly after, I felt an impact coming from my rear right. I then realised that the vehicle which was supposed to turn right had went straight and hit onto my vehicle. I then got down from my taxi, the other driver apologised and told me to help him, he suggested to settle the matter privately. I told him that I was unable to as I had a passenger on-board. We then exchanged our particulars before I called my company, SMRT who then called the towing company to tow my taxi away. I did not manage to get the other driver's contact number. The other driver was not injured. He does not have any passenger at that point of time.

I was having one foreign passenger on board, he was not injured at that point of time. He further informed me that he will be in Singapore for about 10 days, 25/01/2018 being the first day. I provided him a receipt of the trip, my name, contact number and my company contact number so that he can contact us in the event that he does not feel well due to the accident. He acknowledged. My company also called me today and asked for my passenger's name and contact number.

I have an in-car camera and it was recording at that point of time. My company has also viewed the footage. No TP or ambulance was at scene. The damages on my taxi include dents on my right passenger door.

I visited the doctor at A Life Clinic Pte Ltd as I felt pain on my neck, back, right hand and lower bottom of my back. I was given 5 days MC.

Particulars of my passenger as follows:  
Benjamin Kocher, 92397010  
+1 3478435401

Particulars of the other driver as follows:  
Tan Kok Beng, S7601274A  
Blk 697 Hougang Street 61 #05-32

26-07-'18 10:49 FROM-

T-111 P0003/0004 F-128



**SINGAPORE  
POLICE FORCE**



T/20180725/2082

Police Station Of Origin:  
Pasir Ris N.P.C  
1 Pasir Ris Drive 4 #01-01 SINGAPORE  
519457  
Tel No: 1800-5852999

3 of 4

Report No. T/20180725/2082

CONTINUATION OF REPORT

26-07-18 10:50 FROM-

T-111 P0004/0004 F-128



**SINGAPORE  
POLICE FORCE**



T/20180725/2082

4 of 4

Report No. T/20180725/2082

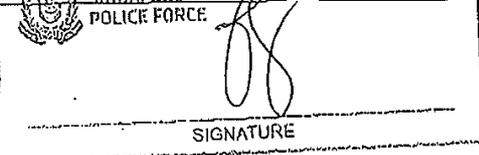
Police Station Of Origin:  
Pasir Ris N.P.C  
1 Pasir Ris Drive 4 #01-01 SINGAPORE  
519457  
Tel No: 1800-5852999

CONTINUATION OF REPORT

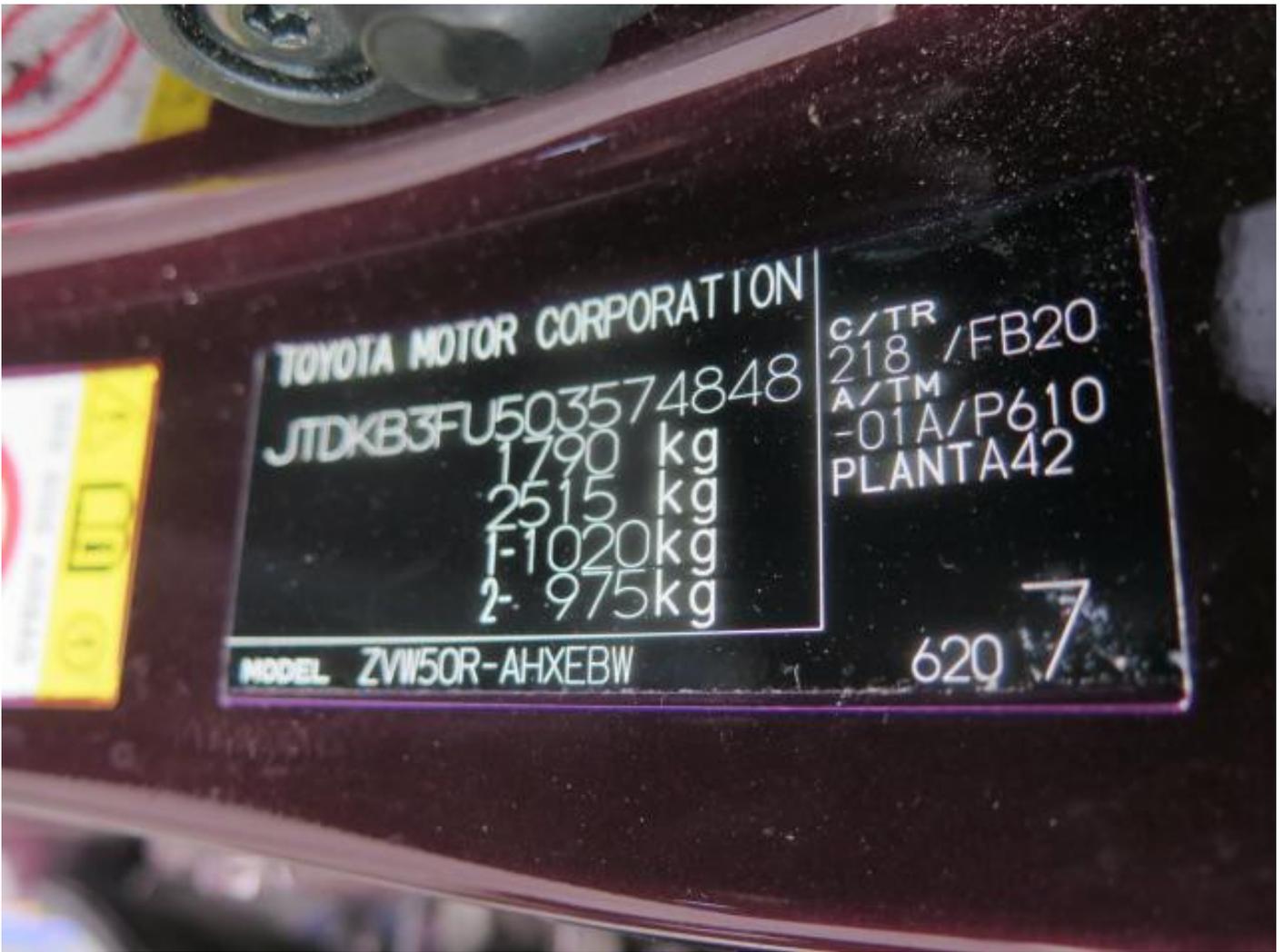
**Sketch Plan**

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 / Sgt 2 REGINA LUI YU TING	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 25/07/2018.15:25
Officer In Charge Of Case: TP / AEIT / SI ANG YI TING, STEPHANIE Contact No.: 65476414	Classification Of Case:
Authentication Stamp NP168	 SINGAPORE POLICE FORCE SIGNATURE

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

