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 <u>truthful and accurate</u> 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

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	10/08/2018 12:41
Date Of Accident	08/08/2018 22:00
Exact Location Of Accident	WOODLANDS AVE 3
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SHB5039B
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	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	CHUA AH BENG
NRIC No	S1290725G
Data Of Right	07/02/1059

 Name of Driver
 CHUA AH BENCE

 NRIC No
 \$1290725G

 Date Of Birth
 07/02/1958

 Occupation
 OUTDOOR

 Date Of Driving Pass
 01/10/1994

Driving Experience 23 YEARS AND 10 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-80000000

Fax Number

Contact Number

EMail Address 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

_

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

Number of Passengers (Including Driver)

ambulance?

NO

NO

2

Was any other material or property damaged? YES

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Passenger 1

NAME: : EUGENE

GENDER: : MALE

Details of Police Action

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name WOODLANDS NPC

Police Station Address ROAD: 3 WOODLANDS DRIVE 63, POSTCODE: 737890, 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/201808/2039 On 08/08/2018 at about 2200hrs, I was driving on the third lane along Woodlands Ave 3. As I was approaching the traffic light, a car from lane 2 abruptly turned into my lane resulting in a collision. The said car had hit onto my driver side front wheel. We then exchanged contact details and agreed to settle via insurance claims. However, when I woke up on 09/08/2018, I felt my body aching. I wanted to go to a clinic however, it was a public holiday. On 10/08/2018, I went to A Life Clinic Pte Ltd and was given 06 days MC from 09/08/2018 to 14/08/2018. My taxi sustained a dent on the right wheel area and the front right side bumper.

Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera? YES

Remarks/ Reasons: FILE TOO BIG

Was there any audio recorded?

Details of Witness 1

Name EUGENE

Phone Number Email Address

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SLU341M

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver TAN

NRIC/Passport Number

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

NO

Name CHUA AH BENG

Approximate Age Injuries Sustain

Injured person in which vehicle? SHB5039B

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

Address

Postcode

Page 3 of 13

SKETCH PLAN			
		Woodlands Ave 3	
			A - SHB 5039B B - SLU341M C - UNKHOWM
DESCRIBE CIRCUMSTANCES C	DF THE ACCIDENT		<u>F </u>
		· ·	
DECLARATION		,	
I/We deviate the foregoing particu	ulars are true in every respect.	•	10/8/2018
Policyholder's Signature	Driver's Signature	Report	ing Centre Personnel's Signature

Date & Time:

(If driver is not the policyholder)

Name:

NRIC/FIN No.:

Date & Time:

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Sketch Plan Pg. 2

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.

PTE STATE

Policyholder's Signature Date & Time:

10/8/18

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

Reporting Centre Personnel's Signature Name:

NOIC/FINING

NRIC/FIN No.:





Police Station Of Origin: Woodlands East N.P.C.

3 Woodlands Drive 63 SINGAPORE 737890

Tel No: 1800-7679999

1 of 3 Report No. T/20180810/2039

REPORT	OF A	TRAFFIC	ACCIDENT

Date/Time Report Made: 10/08/2018 11:53		lade:	Vide Report No.:	Station Diary No.:		
Informant	s Particu	ılars		1,0		
Name of Informant: CHUA AH BENG ID Type / ID No.:			Address: APT BLK 664A JURONG WEST STREET 64 #07-260 SINGAPORE 641664			
NRIC NO / Nationality: SINGAPOR	S129072 RE CITIZI		Contact No.: Home/Office: Email:	Mobile: 86836128		
Sex: Age: Date of Birth: Male 60 07/02/1958		•	Type of Informant:			
Race: Chinese			Language:	Institution / School Name:		
Occupation: Taxi driver			Driving Licence Information: Class: 3	Date of Expiry:		

General Informa	tion of the Accide	int				
Type of Accident:	Injury Others		Drink Drive: No	Date/Time of Accident: 08/08/2018 22:0	0	Type of Location: Straight Road
Along Road 1 WOODLANDS A	VENUE 3					
Weather: Clear	Dry		Surface:		Road	Speed Limit:
Traffic Flow: Traffic Cor One Way Traffic Light Type of Collision:		Control: Light - Wor	rking	Traffic Volume: Moderate		
Between Moving Vehicles - Head To Side					ne conveyed by ulance:	

Vehicle No.	Type	Make	Model	Tosts	Ta	
SHB5039B	-			Color	Condition	No of Passenge
SHB5039B TAXI TOYOTA	PRIUS	Maroon	Slightly	0		
SLU341M	10				Damaged	
OLU34 11VI	Car	MAZDA	MAZDA 3	Black	Slightly	0
	.l				Damaged	

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

Sketch Plan Pg. 4





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

Report No. T/20180810/2039

2 of 3

CONTINUATION OF REPORT

Driver						
Name	CHUA AH BENG			ID No.		S1290725G
Related Vehicle	SHB5039B (TAXI)		**************************************	Contact No.		86836128
Hospital/Clinic	A LIFE CLINIC PTE I	LTD		Class Drivin Licen Expiry	g	Class: 3 Date of Expiry: NIL
Date Treatment	10/08/2018				·	3/2018
	ted Medical Leave	06	Degree of			
Driver			<u> </u>			
Name	TAN			ID No		NIL
Related Vehicle	NIL			Conta	ct No.	96522711
Hospital/Clinic	NIL			Class Driving Licent	g	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Disch		NIL	
No. of Days grant	ed Medical Leave	NIL	Degree of		NIL	

Brief Details.

On 08/08/2018 at about 2200hrs, I was driving on the third lane along Woodlands Ave 3. As I was approaching the traffic light, a car from lane 2 abruptly turned into my lane resulting in a collision. The said car had hit onto my driver side front wheel.

We then exchanged contact details and agreed to settle via insurance claims.

However, when I woke up on 09/08/2018, I felt my body aching. I wanted to go to a clinic however, it was a public holiday.

On 10/08/2018, I went to A Life Clinic Pte Ltd and was given 06 days MC from 09/08/2018 to 14/08/2018.

My taxi sustained a dent on the right wheel area and the front right side bumper.

Sketch Plan Pg. 5





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/20180810/2039

CONTINUATION OF REPORT

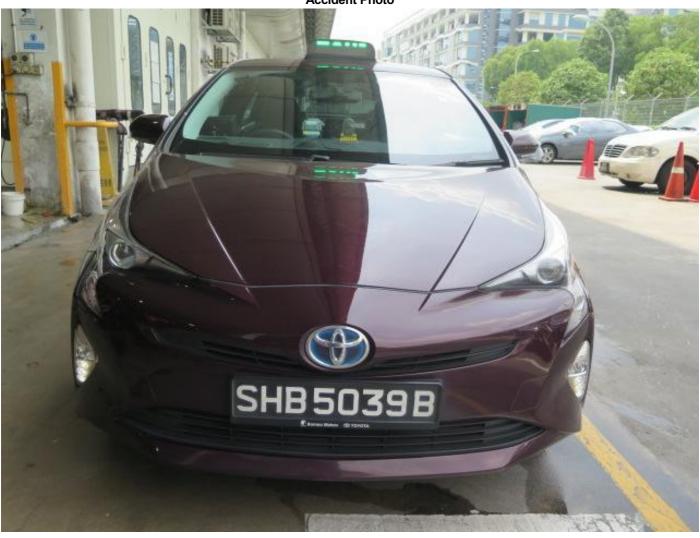
Sketch Plan

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: J / Sgt 2 MUHAMMAD SYAFIQ BIN ABDUL	Signature Of Informant:
MANAF	
Signature Of Interpreter: Not applicable	Date/Time: 10/08/2018 11:53
Officer In Charge Of Case: TP / AEIT / SSI 2 SITIMARSITA BINTE BOHARI Contact No.: 65476219	Classification Of Case:
Authentication Stame NP168 Signature:	SN 130

Accident Photo



Accident Photo





