

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	15/08/2018 08:59
Date Of Accident	13/08/2018 20:55
Exact Location Of Accident	LOWER DELTA RD TOWARDS RIVER VALLEY RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD6346Y
Insured/Policyholder	
Name Of Registered Owner	198905369K
Co Reg No	D-18090213MFSH
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	TAN SIAM CHOON
NRIC No	S1378234B
Date Of Birth	19/09/1959
Occupation	OUTDOOR
Date Of Driving Pass	23/10/1979
Driving Experience	38 YEARS AND 9 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?	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)	5
Passenger 1	NAME: : HAFIQ GENDER: : MALE
Passenger 2	NAME: : UNKNOWN GENDER: : MALE
Passenger 3	NAME: : UNKNOWN GENDER: : MALE
Passenger 4	NAME: : UNKNOWN GENDER: : MALE

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/20180813/2205

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?	NO

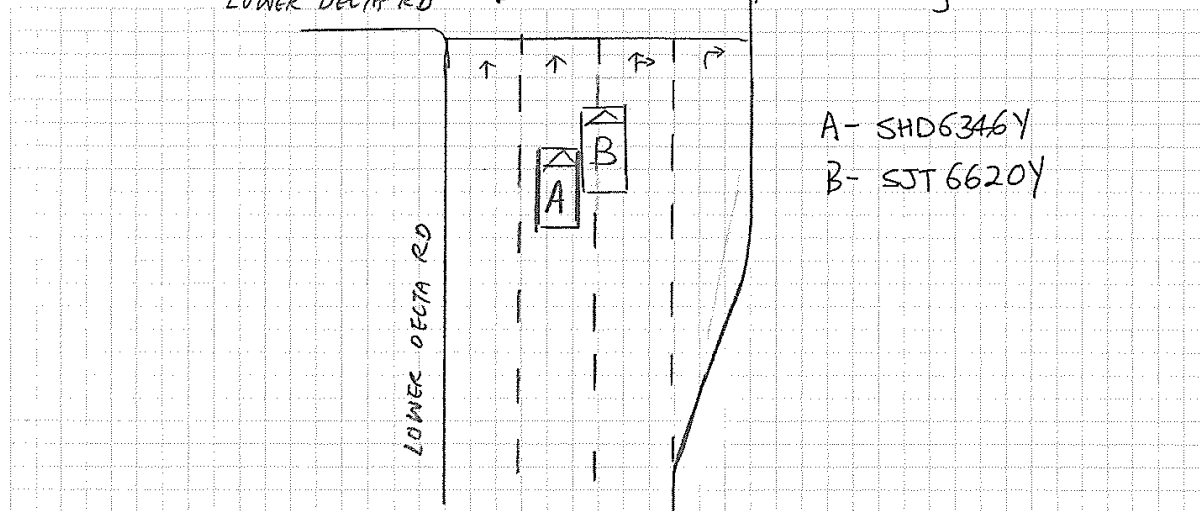
Details of Witness 1

Name	HAFIQ
Phone Number	
Email Address	

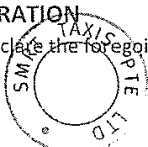
DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJT6620Y
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)	

LOWER DELTA RD lower Delta Rd / River valley Rd

[illegible]

I/We declare the foregoing particulars are true in every respect.



Tan Siam Choon 2228

14/8/2018

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

SKETCH PLAN

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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:

[Signature] 13/8/18

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

[Signature] 14/8/2018

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



**SINGAPORE
POLICE FORCE**



T/20180813/2205

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20180813/2205

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 13/08/2018 23:40		Vide Report No.: A/20180813/0179		Station Diary No.:	
Informant's Particulars					
Name of Informant: TAN SIAM CHOON			Address: APT BLK 29 JLN BAHAGIA #05-360 HDB- KALLANG/WHAMPOA/NOVENA SINGAPORE 320029		
ID Type / ID No.: NRIC NO / S1378234B			Contact No.: Home/Office: Mobile: 81126613		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 58	Date of Birth: 19/09/1959	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident				
Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 13/08/2018 20:55	Type of Location: Straight Road
Location: Along Road 1 Traveling Toward Road 2 LOWER DELTA ROAD RIVER VALLEY ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHD6346Y	TAXI	TOYOTA				4
SJT6620Y	Car	TOYOTA				0

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



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Report No. T/20180813/2205

CONTINUATION OF REPORT

Driver			
Name	TAN SIAM CHOON		ID No. S1378234B
Related Vehicle	SHD6346Y (TAXI)		Contact No. 81126613
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Passenger			
Name	HAFIQ		ID No. NIL
Related Vehicle	SHD6346Y (TAXI)		Contact No. 90747546
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

ON THE ABOVE MENTIONED DATE AND TIME,

I WAS DRIVING THE TAXI SHD6346Y AND HAD JUST COME OUT OF SENTOSA AFTER PICKING UP 4 PASSENGERS. ALONG THE TUNNEL ON LOWER DELTA ROAD, I WAS DRIVING AT ABOUT 40KM/HR WHICH WAS THE SPEED LIMIT AND A VEHICLE BEARING THE REGISTRATION PLATE NUMBER SJT6620Y, STARTED TO TAILGATE AND HIGHBEAM ME. AT THE TRAFFIC LIGHT AFTER THE TUNNEL, SJT6620Y OVERTOOK ME AND REPEATEDLY EMERGENCY BRAKED INFRONT OF ME 3 TIMES AND I AVOIDED HIM AND SWITCHED LANES 2 TIMES BUT ON THE 3RD TIME HE E-BRAKED, I COULD NOT AVOID HIM WHICH LED TO A COLLISION BETWEEN THE RIGHT SIDE OF MY VEHICLE AND THE LEFT SIDE OF SJT6620Y. AFTER THE COLLISION, I TOLD TRIED TO SIGNAL THE DRIVER TO STOP BUT THE DRIVER JUST IGNORED ME AND DROVE OFF.

I WISH TO STATE THAT I HAD 4 PASSENGERS ON BOARD AND MY PASSENGERS TOOK A VIDEO OF THE INCIDENT WHICH I HAVE PROVIDED TO THE INVESTIGATION OFFICER.



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T/20180813/2205

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Tel No: 65470000

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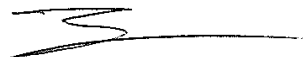
Report No. T/20180813/2205

CONTINUATION OF REPORT

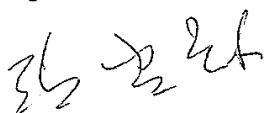


Sketch Plan

Informant is not able to provide sketch plan

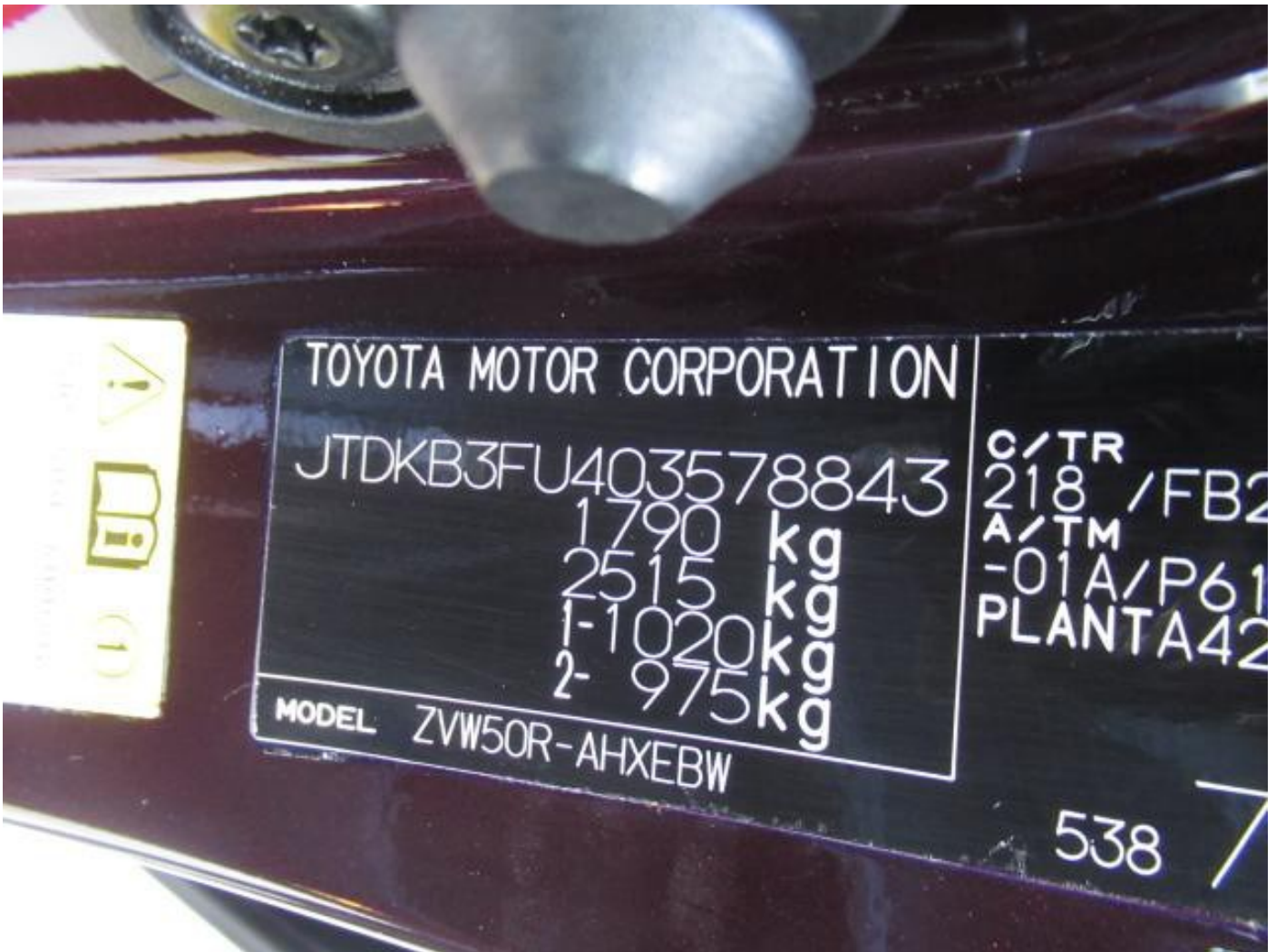
IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report: TP / ZENG ZI CONG 
Signature Of Interpreter: Not applicable
Officer In Charge Of Case: TP / HRT / Sr Staff Sgt TAN JEOK LENG Contact No.: 65476144

Authentication Stamp
NP168

Signature Of Informant: 
Date/Time: 13/08/2018 23:40
Classification Of Case: <div style="border: 1px solid black; padding: 5px; margin: 5px 0;"> SINGAPORE POLICE FORCE</div>
Signature: 

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

