

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	05/09/2018 08:43
Date Of Accident	04/09/2018 23:30
Exact Location Of Accident	CTE TOWARDS SLE (NEAR WHAMPOA)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD6219G
Insured/Policyholder	
Name Of Registered Owner	SMRT TAXIS PTE LTD
Co Reg No	198905369K
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-800000000

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	CHIN SING PIAN
NRIC No	S1016813I
Date Of Birth	10/12/1949
Occupation	OUTDOOR
Date Of Driving Pass	10/04/1985
Driving Experience	33 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-800000000
Fax Number	
Contact Number	
EEmail 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	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)	2
Passenger 1	NAME: : KAD GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	BISHAN NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 196 BISHAN STREET 13 , POSTCODE: 570196 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2589999 - FAX NO: 63536659
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20180905/2013 ON 4 SEPT 2018 AT AOBUT 11.30 PM, I WAS DRIVING MY TAXI (SHD6219G) TOGETHER WITH ONE PASSENGER ALONG CTE TOWARDS SLE (NEAR WHAMPOA EXIT) AND WAS ON THE THIRD LANE. SUDDENLY, I FELT AN IMPACT ON MY VEHICLE'S RIGHT CENTRE PORTION. MY VEHICLE THEN SURGED FORWARD AHEAD OF THE VEIHCLE (SLC6360M), THE DRIVER AGAIN HIT ONOT THE REAR OF MY TAXI TWICE. HOWEVER, THE DRIVER DID NOT STOP HIS VEHICLE(SLC6360M) AND DRIVING OFF. I SOUNDED MY HORN MULTIPLE TIMES ASKING HIM TO STOP, BUT THE DRIVE DID NOT STOP. I THEN CAHSED AFTER THE DRIVER UNTIL ANG MO KIO AVE 1 AND NOTICED THE DRIVER COLLIDING ONTO OTHER VEIHCLES CAUSING A CHAIN COLLSION INVOLVING ANOTHER 4 VEHICLES. THEREAFTER, I ALIGHTED FROM MY VEHICLE AND MADE ACHECK AND AT THE POINT OF TIME, MY PASSENGER AND MYSELF WAS NOT INJURED OR REQUIRES ANY IMMEDIATEMEDICAL ATTENTION. WERE THEN ATTENDED BY TRAFFIC POLICE VIDE:F/20180904/0270 (TP IO DZUL HAIRIE), I THEN NOTICED THE DRIVER WHO HIT ONTO MY VEIHCLE WAAS ARRESTED BY THE POLICE. I HAVE AN IN-CAR CAMERA INSTALLED IN THE VEHICLE, BUT IT WAS FAULTY AND DID NOT RECORD THE INCIDENT. NO GOVERNMENT PROPERTY WAS DAMAGED.

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	KAD
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Phone Number

Email Address

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLC6360M
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	UNKNOWN
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

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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:

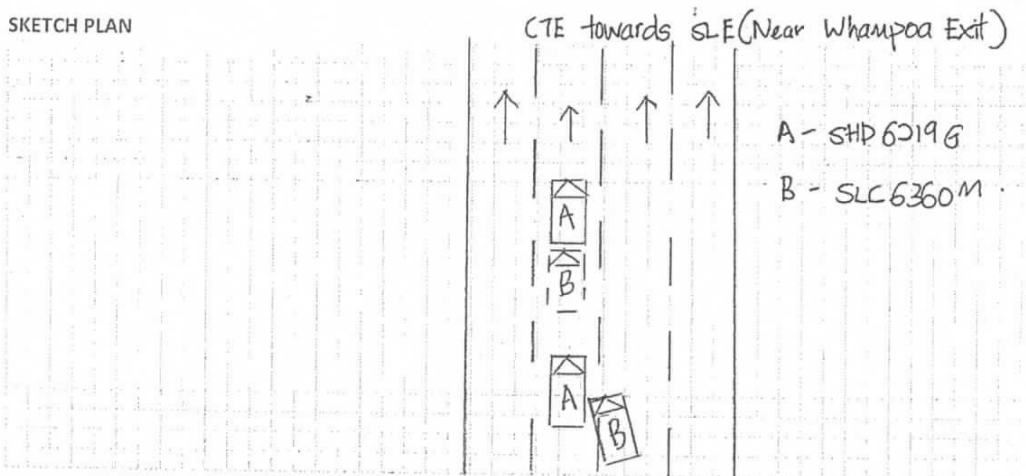
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.

Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

[illegible]

DECLARATION

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



Policyholder's Signature

Date & Time:

49-18

Driver's Signature

(If driver is not the policyholder)

Date & Time:

5/9/2019

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



**SINGAPORE
POLICE FORCE**



T/20180905/2013

Police Station Of Origin:
Bishan N.P.C
20 Bishan Street 23 SINGAPORE 579757
Tel No: 1800-5529999

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Report No. T/20180905/2013

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 05/09/2018 02:25	Vide Report No.: F/20180904/0270	Station Diary No.: 13
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Informant's Particulars

Name of Informant: CHIN SING PIAN			Address: APT BLK 34 MARSILING DRIVE #12-393 SINGAPORE 730034	
ID Type / ID No.: NRIC NO / S10168131			Contact No.:	Mobile: 97398193
Nationality: SINGAPORE CITIZEN			Home/Office:	
			Email:	
Sex: Male	Age: 68	Date of Birth: 10/12/1949	Type of Informant: Driver	
Race: Chinese			Language: Chinese	Institution / School Name:
Occupation: TAXI DRIVER			Driving Licence Information: Class: 3	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: Yes	Date/Time of Accident: 04/09/2018 11:30	Type of Location: Straight Road
Location: Along Road 1 CENTRAL EXPRESSWAY Along CTE towards SLE (Near Whampoa Exit)				
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 - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No. of Passenger
SHD6219G	Car	TOYOTA	Prius	Maroon	Slightly Damaged	1
SLC6360M	Car	HONDA	Vezel			0

Details of Person Involved

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



**SINGAPORE
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Police Station Of Origin:
Bishan N.P.C
20 Bishan Street 23 SINGAPORE 579757
Tel No: 1800-5529999



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Report No. T/20180905/2013

CONTINUATION OF REPORT

Driver			
Name	CHIN SING PIAN	ID No.	S1016813I
Related Vehicle	SHD6219G (Car)	Contact No.	97398193
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	MS KAD	ID No.	NIL
Related Vehicle	SHD6219G (Car)	Contact No.	87672823
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 04 Sept 2018 at about 11.30pm, I was driving my taxi (SHD6219G) together with one passenger along CTE towards SLE (near Whampoa exit) and was on the third lane. Suddenly, I felt an impact on my vehicle's right centre portion. My vehicle then surged forward ahead of the vehicle (SLC6360M), the driver again hit onto the rear of my taxi twice. However, the driver did not stop his vehicle (SLC6360M) and continued driving off. I sounded my horn multiple times asking him to stop, but the driver did not stop. I then chased after the driver until Ang Mo Kio Ave 1 and noticed the driver colliding onto other vehicles, causing a chain collision involving another 4 vehicles. Thereafter, I alighted from my vehicle and made a check and at that point of time, my passenger and myself was not injured or requires any immediate medical attention. We were then attended by Traffic Police vide: F/20180904/0270 (TP IO Dzul Hairie), I then noticed the driver who hit onto my vehicle was arrested by the Police. I have an in-car camera installed in the vehicle, but it was faulty and did not record the incident. No government property was damaged.



**SINGAPORE
POLICE FORCE**



T/20180905/2013

Police Station Of Origin:
Bishan N.P.C
20 Bishan Street 23 SINGAPORE 579757
Tel No: 1800-5529999

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Report No. T/20180905/2013

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: E / Staff Sgt TAN AI HWEE, TERESA	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 05/09/2018 02:25
Officer In Charge Of Case: TP / GIT / Staff Sgt MOHAMED SUFIAN BIN SUFIAN Contact No.: 65476367	Classification Of Case: SN 061
Authentication Stamp NP168	 SIGNATURE