

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	19/09/2018 12:32
Date Of Accident	16/09/2018 14:45
Exact Location Of Accident	LAVENDAR STREET AND KALLANG ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB1947G
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	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	MOHAMMAD KHALIL BIN KAMARI
NRIC No	S7821961J
Date Of Birth	29/07/1978
Occupation	OUTDOOR
Date Of Driving Pass	08/08/2000
Driving Experience	18 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-80000000
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	COLLISION - HEAD TO REAR
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)	4
Passenger 1	NAME: : MUHAMMAD RAZIF BIN SIDEK GENDER: : MALE
Passenger 2	NAME: : NUR ANISAH BINTE JAINI GENDER: : FEMALE
Passenger 3	NAME: : BABY BOY 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 - T201809/2092 ON 16/09/2018 AT ABOUT 1445HOURS, I WAS TRAVELLING FROM LAVENDAR STREET HEADING TOWARDS KALLANG ROAD. AS I APPROACHED THE JUNCTION OF LAVENDAR STREET AND KALLANG ROAD THE TRAFFIC LIGHTS WERE RED AS SUCH I CAME TO A COMPLETE STOP AT THE EXTREME RIGHT LANE, I WAS EITHER THE 2ND OR 3RD LANE VEHICLE WAITING TO TURN RIGHT. 30 SECONDS AFTER I CAME TO A COMPLETE STOP, I FELT A STRONG IMPACT FROM THE REAR OF MY VEHICLE. THE COLLISION CAUSED MY VEHICLE TO SURGE FORWARD A LITTLE BUT I DID NOT COLLIDE ONTO THE VEHICLE IN FRONT OF ME AS MY HANDBRAKES WERE ENGAGED. I THEN ALIGHTED AND FOUND OUT THAT ANOTHER CAR HAD COLLIDED ONTO THE REAR OF MY VEHICLE. I FELT PAIN IN THE LOWER BACK AREA AS SUCH I WENT TO SEEK MEDICAL TREATMENT AT RAFFLES HOSPITAL LOCATED AT SENGKANG SQUARE, I RECEIVED OUTPATIENT TREATMENT AND 3 DAYS OF MC FROM 16/09/2018 TO 18/09/2018.

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 OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLU2467X
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Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver TAN YI GE, KEN
NRIC/Passport Number S9704497Z
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name MOHAMMAD KHALIL BIN KAMARI
Approximate Age
Injuries Sustain
Injured person in which vehicle? SHB1947G
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

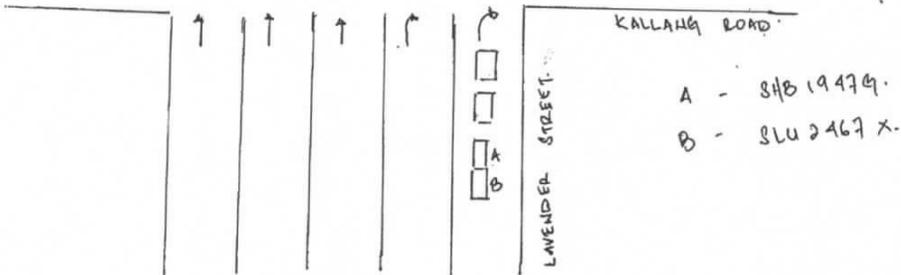
DETAILS OF INJURED PERSON 2

Name NUR ANISAH BINTE JAINI
Approximate Age
Injuries Sustain
Injured person in which vehicle? SHB1947G
Were seat belts worn?
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

DETAILS OF INJURED PERSON 3

Name MUHAMMAD RAZIF BIN SIDEK
Approximate Age
Injuries Sustain
Injured person in which vehicle? SHB1947G
Were seat belts worn?
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

Sketch Plan Pg. 1



[Handwritten Signature]
19 sep 18

A large rectangular area with horizontal lines, intended for additional notes or details.

DECLARATION

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



Policyholder's Signature
Date & Time:

[Handwritten Signature] 19 sep 18

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

[Handwritten Signature]
19/9/2018

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

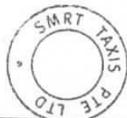
SKETCH PLAN

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.



Policyholder's Signature
Date & Time:

[Signature] 19 Sep 18

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

[Signature] 19/9/2018

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



**SINGAPORE
POLICE FORCE**



T/20180916/2092

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

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Report No. T/20180916/2092

CONTINUATION OF REPORT

Passenger			
Name	Razif	ID No.	NIL
Related Vehicle	NIL	Contact No.	84484467
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
Driver			
Name	MOHAMMAD KHALIL BIN KAMARI	ID No.	S7821961J
Related Vehicle	NIL	Contact No.	94766576
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
Driver			
Name	TAN YI GE, KEN	ID No.	S9704497Z
Related Vehicle	NIL	Contact No.	91739465
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 16/9/2018 at about 1445hours, I was travelling from Lavender Street heading towards Kallang road. As I approached the junction of Lavender Street and Kallang road the traffic lights were red as such I came to a complete stop at the extreme right lane, I was either the 2nd or 3rd vehicle waiting to turn right. 30 seconds after I came to a complete stop, I felt a strong impact from the rear of my vehicle. The collision caused my vehicle to surge forward a little but I did not collide onto the vehicle in front of me as my handbrakes were engaged. I then alighted and found out that another car had collided onto the rear of my vehicle. I felt pain in the lower back area as such I went to seek medical treatment at Raffles Hospital located at Sengkang Square, I received outpatient treatment and 3 days of MC from 16/09/2018 to 18/09/2018.



**SINGAPORE
POLICE FORCE**



T/20180916/2092

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

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Report No. T/20180916/2092

CONTINUATION OF REPORT



SINGAPORE
POLICE FORCE



T/20180916/2092

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

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Report No. T/20180916/2092

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

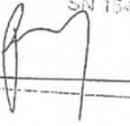
IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report:
F /
Sgt 1 RAY ONG YONG AN 

Signature Of Informant:


Signature Of Interpreter:
Not applicable

Date/Time:
16/09/2018 19:57

Officer In Charge Of Case:
TP / GIA /
Staff Sgt WONG SIEU LUI 
Contact No.: 65476151

Classification Of Case:

Authentication Stamp
NP168