

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 | 21/09/2018 11:52 |
| Date Of Accident | 21/09/2018 10:45 |
| Exact Location Of Accident | BISHAN ROAD |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|--------------------|
| Vehicle Registration Number | SHC4877A |
| 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 | LIM CHIN JOO |
| NRIC No | S1200912G |
| Date Of Birth | 03/12/1956 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 04/02/1977 |
| Driving Experience | 41 YEARS AND 7 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-80000000 |
| Fax Number | |
| Contact Number | |
| EEmail Address | NOEMAIL |

| | |
|---|---------------|
| Address | 254 |
| 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) | 2 |
| Passenger 1 | |
| | NAME: : UNKNOWN |
| | GENDER: : FEMALE |

Details of Police Action

| | |
|---|--|
| Was the accident reported to the police? | YES |
| If Yes, Please state which Police Station | |
| Police Station Name | SENGKANG NPC |
| Police Station Address | ROAD: 2 SENGKANG SQUARE #01-02 , POSTCODE: 545025 , 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/20180922/2079 On the 21/09/2018 at about 1045hrs, I was driving my taxi SHC4877A with one female passenger onboard along Bishan Road. As I was approaching the junction, I then slowed down and came to a stop. While my vehicle was stationary, I suddenly felt an impact coming from the rear. I then came out from my taxi and discovered a black Honda car, SLR1222H had already collide with my vehicle. I also noticed the said driver of SLR1222H had reversed his vehicle the moment after I had collide with the rear of my vehicle. I then informed the driver he should not reversed his vehicle immediately after the incident but he only apologise to me. We then exchange particulars before moving off from the location. I then started to feel pain on my back and decide to seek for medical help the following day. I was then given 3 days of MC. I also contacted my passenger and advised her to seek medical attention if she needs to.

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 OTHER VEHICLE PROPERTY 1

| | |
|-----------------------------|----------|
| Vehicle Registration Number | SLR1222H |
| 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) | |

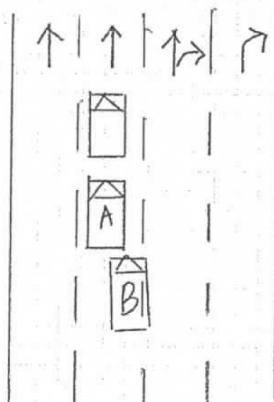
DETAILS OF INJURED PERSON 1

| | |
|---|--------------|
| Name | LIM CHIN JOO |
| Approximate Age | |
| Injuries Sustain | |
| Injured person in which vehicle? | SHC4877A |
| Were seat belts worn? | YES |
| Was this injured conveyed to hospital by ambulance? | NO |
| Address | |
| Postcode | |

SKETCH PLAN

Bishan Road

JC - 76



A - 5HC4877A

B- SLR 1222 H

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

DECLARATION

DECLARATION

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



22/9/2018

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

22/9/2018

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:

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

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



**SINGAPORE
POLICE FORCE**



T/20180922/2079

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/20180922/2079

REPORT OF A TRAFFIC ACCIDENT

| | | | | | |
|--|------------|------------------------------|--|--------------------------|----------------------------|
| Date/Time Report Made: 22/09/2018 13:41 | | Vide Report No.: | | Station Diary No.: 69 | |
| Informant's Particulars | | | | | |
| Name of Informant: LIM CHIN JOO | | | Address: APT BLK 254 COMPASSVALE ROAD #09-710 SINGAPORE 540254 | | |
| ID Type / ID No.: NRIC NO / S1200912G | | | Contact No.: Home/Office: Mobile: 91095039 | | |
| Nationality: SINGAPORE CITIZEN | | | Email: | | |
| Sex: Male | Age: 61 | Date of Birth: 03/12/1956 | Type of Informant: Driver | | |
| Race: Chinese | | | Language: | | Institution / School Name: |
| Occupation: Taxi driver | | | Driving Licence Information: Class: 3,4 | | Date of Expiry: |

| | | | | |
|--|----------------------|---|--|------------------------------------|
| General Information of the Accident | | | | |
| Type of Accident: | Non-Injury Others | Drink Drive: No | Date/Time of Accident: 21/09/2018 10:45 | Type of Location: Straight Road |
| Location: Along Road 1 BISHAN ROAD | | | | |
| DIRECTION TOWARDS TOA PAYOH | | | | |
| Weather: Clear | | Road Surface: Dry | Road Speed Limit: | |
| Traffic Flow: Dual Carriage Way | | Traffic Control: Traffic Light - Working | Traffic Volume: Moderate | |
| Type of Collision: Between Moving Vehicles - Head To Rear | | | Anyone conveyed by ambulance: No | |

| Details of Vehicle Involved | | | | | | |
|------------------------------------|------|--------|-----------------------------|--------|---------------------|------------------|
| Vehicle No. | Type | Make | Model | Color | Condition | No. of Passenger |
| SHC4877A | TAXI | TOYOTA | PRIUS HYBRID 1.8 CVT | Maroon | Slightly Damaged | 1 |
| SLR1222H | Car | HONDA | VEZEL HYBRID 1.5 AUTO | Black | Slightly Damaged | 1 |



**SINGAPORE
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T/20180922/2079

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/20180922/2079

CONTINUATION OF REPORT

| | | | |
|-----------------------------------|------------------------|--|-----------------------------------|
| Details of Person Involved | | | |
| Any Pedestrian Involved: No | | | |
| No. of Pedestrians Injured: NIL | | Use of Pedestrian Crossing: NA | |
| Driver | | | |
| Name | LIM CHIN JOO | ID No. | S1200912G |
| Related Vehicle | SHC4877A (TAXI) | Contact No. | 91095039 |
| Hospital/Clinic | CHANGI CLINIC | Class of Driving Licence & Expiry Date | Class: 3,4 Date of Expiry: NIL |
| Date Treatment | 22/09/2018 | Date Discharge | 22/09/2018 |
| No. of Days granted Medical Leave | 03 | Degree of Injury | Slight |
| Driver | | | |
| Name | MOHD KHAIRI BIN ISMAIL | ID No. | S1674622C |
| Related Vehicle | SLR1222H (Car) | Contact No. | 92760332 |
| 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 21/09/2018 at about 1045hrs, I was driving my taxi SHC4877A with one female passenger onboard along Bishan Road. As I was approaching the junction, I then slowed down and came to a stop. While my vehicle was stationary, I suddenly felt an impact coming from the rear. I then came out from my taxi and discovered a black Honda car, SLR1222H had already collide with my vehicle. I also noticed the said driver of SLR1222H had reversed his vehicle the moment after it had collide with the rear of my vehicle. I then informed the driver he should not reversed his vehicle immediately after the incident but he only apologise to me. We then exchange particulars before moving off from the location. I then started to feel pain on my back and decide to seek for medical help the following day. I was then given 3 days of MC. I also contacted my passenger and advised her to seek medical attention if she needs to.



**SINGAPORE
POLICE FORCE**



T/20180922/2079

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/20180922/2079

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 2 MUHAMMAD FAIRUZ ZAMEEN | Signature Of Informant: |
| Signature Of Interpreter: Not applicable | Date/Time: 22/09/2018 13:41 |
| Officer In Charge Of Case: TP / GIA / Staff Sgt WONG SIEU LU Contact No.: 65476151 | Classification Of Case: SN 085 |
| Authentication Stamp NP168 | Signature: Singapore Police Force |