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 witholding of material facts may allow insurance companies to repudiate policy liability.
- 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

aloresalu.	
SANDING KADING DINONG	ACCIDENT STATEMENT
Date Of Report	14/11/2018 15:48
Date Of Accident	14/11/2018 10:05
Exact Location Of Accident	CTE TOWARDS CHANGI AIRPORT
Country/State of Loss	SINGAPORE
海州市大学的	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SHC4371S
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	KUAR HONG CHAI
NRIC No	S0198697Z
Date Of Birth	17/03/1950
Occupation	OUTDOOR
Date Of Driving Pass	24/09/1970
Driving Experience	48 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-80000000
Fax Number	(2007.2) .00-0000000
Contact Number	
EMail Address	NOEMAIL
	NOLIVIAL

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)

2

Passenger 1

NAME:

: LAM LUNG WAT

GENDER: : MALE

Details of Police Action

Was the accident reported to the police?

YES

If Yes, Please state which Police Station Police Station Name

YISHUN SOUTH NEIGHBOURHOOD POLICE CENTRE

Police Station Address

ROAD: 32 YISHUN ST 81, POSTCODE: 768456, COUNTRY: SINGAPORE

Police Station Contact

TEL NO: 1800-8522999 - FAX NO: 68522239

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/2018111/2089

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

LAM LUNG WAT

Phone Number

Email Address

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SKE9460P

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR

Vehicle Category Name of Driver

DICKSON NG TI SHEN

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

S9450034F

DETAILS OF INJURED PERSON 1

Name

KUAR HONG CHAI

Approximate Age

Injuries Sustain

Injured person in which vehicle?

SHC4371S

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

NO

Address Postcode

SKETCH PLAN		CTE towards Changi Airpor	f
	A		
	(42)	A= SHC /1271C	
	南南	A- SHC 4371S B-SKE 9460P	
	[8]		
FECRIFICATION OF THE PROPERTY			
ESCRIBE CIRCUMSTANCE	S OF THE ACCIDENT		
CLARATION e declare the foregoing partic	culars are true in every respect.	~ 1	4
0 314 55	TET 14/11/18	Alu Alu	Care
cyholder's Signature & Time:	Driver's Signature (If driver is not the policyholder) Date & Time:	Reporting Centre Personnel's Signa Name: NRIC/FIN No.:	ature

Sketch Plan Pg. 2

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- The 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.
- 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 Pg. 3





Police Station Of Origin: Yishun South N.P.C

32 Yishun Street 81 SINGAPORE 768456 Tel No: 1800-8522999

1 of 4 Report No. T/201811114/2089 Ť,

REPORT OF	A TRAFFI	C ACCIDENT			
Date/Time Report Made: 14/11/2018 14:16		/lade:	Vide Report No.:	Station Diary No.:	
Informan	t's Partic	ulars		BURNOUS CONTRACTOR OF THE SECOND	
Name of I KUAR HC			Address: APT BLK 627 HOUGANG AV 530627	/ENUE 8 #12-138 SINGAPORE	
ID Type / ID No.: NRIC NO / S0198697Z			Contact No.: Home/Office:	Mobile: 92997758	
Nationality: SINGAPORE CITIZEN		EN	Email:		
Sex: Male	Age: 68	Date of Birth: 17/03/1950	Type of Informant: Driver		
Race: Chinese			Language: English	Institution / School Name:	
Occupation: SMRT TAXI DRIVER		R	Driving Licence Information: Class: 2B,2A,2,3	Date of Expiry:	

Type of Accident:	Injury Others	Drive: Acci	e/Time of ident: : 1/2018 10:05	Type of Location Bend
Along CTE to	(PRESSWAY	ort.	×	
Weather: Clear		Road Surface: Wet	Ros	ad Speed Limit:
Traffic Flow: One Way Type of Collis		Traffic Control:	Tra	ffic Volume:

Vehicle No	Type	Make	Model	Color	Condition	No of Passenge
SHC4371S	SMRT Taxi	TOYOTA	THE RESERVE OF THE PARTY OF THE	Maroon	NAME OF TAXABLE PARTY O	1
SKE9460P	Car	HONDA	-	Silver		

Details of Person Involved	CONTROL OF THE PROPERTY OF THE
Any Pedestrian Involved: No	the state of the s
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





Police Station Of Origin: Yishun South N.P.C 32 Yishun Street 81 SINGAPORE 768456 Tel No: 1800-8522999 2 of 4 Report No. T/201811114/2089

CONTINUATION OF REPORT

Passenger			ARE PERSON	Comment of the	
Name	LAM LUNG WAT	SHIRATINE TO SHERRING	ID No		NIL .
Related Vehicle	SHC4371S (SMRT Taxi)		Contact No.		NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL
Date Treatment	NIL	I Data Dias			
	ted Medical Leave NIL	Date Disc Degree of	narge	NIL	
Driver	MANAGEMENT OF THE STREET	1 Degree of	mjury	NIL	
Name	KUAR HONG CHAI		ID No		S0198697Z
Related Vehicle	SHC4371S (SMRT Taxi)		Contact No.		92997758
Hospital/Clinic	HORIZON MEDICAL PTE LTD		Class of Driving Licence & Expiry Date		Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	14/11/2018	Date Disch		NIL	
No. of Days grant	ed Medical Leave 04	Degree of			
Driver	THE SECTION OF THE PERSON OF T	Med since of	injury	141L	
Name	DICKSON NG TI SHEN	CHANGE OF A PARTIE AND A PARTIE	ID No.	RESERVE SERVE	S9450034F
Related Vehicle	SKE9460P (Car)		Contact No.		91008922
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date		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 14/11/2018 at about 1005hrs, I was driving my SMRT taxi registration number SHC 4371S on the right lane along CTE towards Changi Airport . I have one foreigner's passenger with me. As I was driving my taxi at the bend, I suddenly heard a knock from the back of my taxi. Due to the impact, my taxi skidded and moved towards the left lane and rubbed against the side of the kerb. I saw a vehicle had made a Uturn and stopped behind my taxi. I came out from my taxi and made a check and I asked the driver of vehicle registration no. SKE 9460P Honda, silver what had happened. The said driver then told me that had exchanged particulars with the

I had exchanged particulars with the said driver.

My passenger do not have any injury however I suffered pain on my right shoulder and at the back of my neck.

I had seek medical treatment at 'Horizon Medical Pte Ltd' and was given 4 days of medical leave by the

Sketch Plan Pg. 5





Police Station Of Origin: Yishun South N.P.C 32 Yishun Street 81 SINGAPORE 768456 Tel No: 1800-8522999

3 of 4 Report No. T/201811114/2089 $\frac{x_{t}^{2}}{t_{t}}$

CONTINUATION OF REPORT

doctor.



Police Station Of Origin: Yishun South N.P.C 32 Yishun Street 81 SINGAPORE 768456 Tel No: 1800-8522999

T/20181114/2089

4 of 4 Report No. T/20181114/2089

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:	Signature Of Informant:
Staff Sgt ROZITA BINTE JANTAN	拉拉力
Signature Of Interpreter:	Date/Time:
Not applicable	14/11/2018 14:16
Officer In Charge Of Case:	
TP/AEIT/	Classification Of Case:
Sr Staff Sgt MOHAMAD ZULFAZDLI BIN ABDULLAH	SN 085
Contact No.: 65476204	
Authentication Stamp	Signature:
	Singapore Police Force