

## 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 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 aforesaid.

### ACCIDENT STATEMENT

Date Of Report	06/12/2018 13:44
Date Of Accident	05/12/2018 11:40
Exact Location Of Accident	ALONG GEYLANG LORONG 23 ( AT OPEN SPACE CAR PARK )
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB4588P
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CITYCAB PTE LTD
Co Reg No	199502839G
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-65508768

### Vehicle Particulars

Manufacturer	HYUNDAI
Model	I40-1.7 D CRDI (A)
Exact Purpose for which vehicle was being used at time of accident	
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-18088937MFSH
Cover Note Number	

### Driver

Name of Driver	OW YONG KUEN WENG
NRIC No	S0247731I
Date Of Birth	02/12/1950
Occupation	OUTDOOR
Date Of Driving Pass	29/06/1972
Driving Experience	46 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93727914
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	APT BLK 441 JURONG WEST AVENUE 1 #08-720 SINGAPORE
Postcode	640441
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)	0

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	JURONG WEST NEIGHBOURHOOD POLICE CENTRE
Police Station Address	<b>ROAD:</b> 700 CORPORATION ROAD , <b>POSTCODE:</b> 649818 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-2689999 - <b>FAX NO:</b> 62672438
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT T/20181205/2072 & SKETCH PLAN .

#### 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	SHD4900K
Vehicle Make/Model/Colour	I40 (BULE )
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

**SKETCH PLAN**


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5. Any false reporting may be referred to the Police for investigation.
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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.:



# Accident Sketch Plan Pg. 1



**SINGAPORE  
POLICE FORCE**



T/20181205/2072

Police Station Of Origin:  
Jurong West N.P.C  
700 Corporation Road SINGAPORE 649818  
Tel No: 1800-2689999

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Report No. T/20181205/2072

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 05/12/2018 14:19		Vide Report No.:	Station Diary No.: 105
<b>Informant's Particulars</b>			
Name of Informant: OW YONG KUEN WENG		Address: APT BLK 441 JURONG WEST AVENUE 1 #08-720 SINGAPORE 640441	
ID Type / ID No.: NRIC NO / S02477311		Contact No.: Home/Office: Mobile: 93727914	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 68	Date of Birth: 02/12/1950	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: taxi driver		Driving Licence Information: Class: 2B,2A,2,3 Date of Expiry:	

<b>General Information of the Accident</b>				
Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 05/12/2018 11:40	Type of Location:
Location: Along Road 1 GEYLANG ROAD  Geylang Lorong 23 (At the open space car park)				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume: No Traffic	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: No	

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHB4588P	Car				Slightly Damaged	0
SHD4900K	Car					0

Accident Sketch Plan Pg. 2



SINGAPORE  
POLICE FORCE



T/20181205/2072

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Report No. T/20181205/2072

CONTINUATION OF REPORT

**Brief Details.**

On 05/12/2018 at about 1140hrs, I had parked my citicab taxi V1) SHB4588P at one of the parking lots at the open space carpark of geylang lorong 23. I went to UOB bank to bank in some cash. When I returned back, I witnessed, another comfort delgro taxi V2) SHD1900K reversing and colliding onto the front of V1 from the rear. Subsequently, the driver of V2 had accelerated forward and reversed again and park right in front of V1. I then approached the driver of V2 who was a male Chinese believed to be in his 40s however he just ignored me. I have informed my workshop about this matter and they advised me to lodge a police report. There is an in vehicle camera in V1 however it was not recording during the incident as my engine was off. V1 is slightly damaged at the front portion.



**SINGAPORE  
POLICE FORCE**



T/20181205/2072

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Report No. T/20181205/2072

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: J / Sgt 3 ARVIN PILLAI S/O MANI RAJAN	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 05/12/2018 14:19
Officer In Charge Of Case: TP / HRT / Sr Staff Sgt IRMAN BIN MOHAMAD SAID Contact No.: 65476145	Classification Of Case:
 Signature: Singapore Police Force	