

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 13:32 |
| Date Of Accident | 06/12/2018 05:05 |
| Exact Location Of Accident | JUNCTION OF LAVENDER STREET & JALAN BESAR |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|---------------------|
| Vehicle Registration Number | SMD9138C |
| Insured/Policyholder | |
| Name Of Registered Owner | TOKYO JAZZ PTE LTD |
| Co Reg No | 201721427C |
| Email Address | AOGANGEL3@GMAIL.COM |
| Mobile Phone No | |
| Alternative Phone No | OFFICE-96985643 |

Vehicle Particulars

| | |
|--------------|---------------|
| Manufacturer | HONDA |
| Model | FIT-1.3 G (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 PRIVATE HIRE

Insurance Company

| | |
|---------------------------|--------------------------------------|
| Name of Insurance Company | MSIG INSURANCE (SINGAPORE) PTE. LTD. |
| Type Of Coverage | THIRD PARTY FIRE AND/OR THEFT |
| Fleet Policy | NO |
| Policy Number | A 29094515 MCX |
| Cover Note Number | |

Driver

| | |
|----------------------|-----------------------|
| Name of Driver | CHAI MU FENG |
| NRIC No | S8413076A |
| Date Of Birth | 07/05/1984 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 14/04/2004 |
| Driving Experience | 14 YEARS AND 7 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-97436927 |
| Fax Number | |
| Contact Number | |
| E-Mail Address | NOEMAIL |

| | |
|---|----------------------|
| Address | 50B RACE COURSE ROAD |
| Postcode | 218562 |
| 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) | 1 |

Details of Police Action

| | |
|---|------------|
| Was the accident reported to the police? | YES |
| If Yes, Please state which Police Station | |
| POLICE STATION NAME [OTHER] | BISHAN NPC |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom? | |

Circumstances of Accident

REFER TO SKETCH PLAN / POLICE REPORT NO: T/20181206/2070

Attachment(s)

| | |
|---|--|
| Are accident photos available for attachment? | NOT AVAILABLE DUE TO CIRCUMSTANCES OF ACCIDENT |
| Was there any video captured by Car Camera? | NO |
| Was there any audio recorded? | NO |

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-------------------------------------|-------------|
| Vehicle Registration Number | SHD3569R |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | TAXI |
| Name of Driver | ANG BEE ENG |
| NRIC/Passport Number | S1294110B |
| Contact Number | 96828440 |
| Address | |
| Postcode | |
| Insurance Company Name | |
| Nature Of Damage | |
| No. Of Passenger (Including Driver) | |

DETAILS OF INJURED PERSON 1

| | |
|------|--------------|
| Name | CHAI MU FENG |
|------|--------------|

| | |
|---|----------------------|
| Approximate Age | 34 |
| Injuries Sustain | LEFT BACK, WRIST |
| Injured person in which vehicle? | SMD9138C |
| Were seat belts worn? | YES |
| Was this injured conveyed to hospital by ambulance? | NO |
| Address | 50B RACE COURSE ROAD |
| Postcode | 218562 |


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.

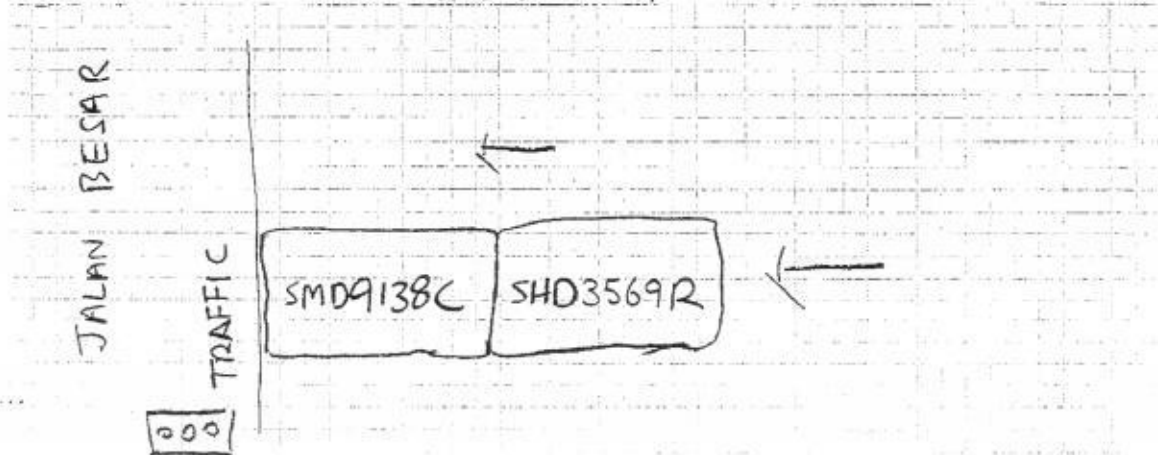

 Policyholder's Signature
 Date & Time:


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


 Reporting Centre Person's Signature
 Name:
 NRIC/FIN No.:
 Jenny Lim
 S6927273H

SKETCH PLAN

LAVENDER ST



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report.

DECLARATION

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

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.:

Jenny Lim
S6927273H



**SINGAPORE
POLICE FORCE**



T/20181206/2070

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

1 of 3

Report No. T/20181206/2070

REPORT OF A TRAFFIC ACCIDENT

| | | |
|--|------------------|--------------------------|
| Date/Time Report Made: 06/12/2018 12:52 | Vide Report No.: | Station Diary No.: 65 |
|--|------------------|--------------------------|

Informant's Particulars

| | | | | | |
|--|------------|------------------------------|--|--|----------------------------|
| Name of Informant: CHAI MU FENG | | | Address: 50B RACE COURSE ROAD SINGAPORE 218562 | | |
| ID Type / ID No.: NRIC NO / S8413076A | | | Contact No.: Home/Office: Mobile: 97436927 | | |
| Nationality: SINGAPORE CITIZEN | | | Email: | | |
| Sex: Male | Age: 34 | Date of Birth: 07/05/1984 | Type of Informant: Driver | | |
| Race: Chinese | | | Language: English | | Institution / School Name: |
| Occupation: PRIVATE HIRE DRIVER | | | Driving Licence Information: Class: 3 Date of Expiry: | | |

General Information of the Accident

| | | | | |
|--|---|-----------------------|---|---------------------------------|
| Type of Accident: | Injury Others | Drink Drive: No | Date/Time of Accident: 06/12/2018 05:00 | Type of Location: X-Junction |
| Location: Along Road 1 LAVENDER STREET | | | | |
| X- Junction of Lavender Street and Jalan Besar | | | | |
| Weather: Clear | Road Surface: Dry | | Road Speed Limit: | |
| Traffic Flow: Dual Carriage Way | Traffic Control: Traffic Light - Working | | Traffic Volume: Light | |
| 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 |
|-------------|------|---------|---|-------|-----------|-----------------|
| SHD3569R | TAXI | HYUNDAI | I40 1.7 CRDI F/L AT ABS AIRBAG 4DR | Blue | | 0 |
| SMD9138C | Car | HONDA | FIT 1.3G A | White | | 0 |

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20181206/2070

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/20181206/2070

CONTINUATION OF REPORT

| | | | |
|-----------------------------------|-------------------------|--|---------------------------------|
| Driver | | | |
| Name | CHAI MU FENG | ID No. | S8413076A |
| Related Vehicle | SMD9138C (Car) | Contact No. | 97436927 |
| Hospital/Clinic | MOUNT ALVERNIA HOSPITAL | Class of Driving Licence & Expiry Date | Class: 3 Date of Expiry: NIL |
| Date Treatment | 06/12/2018 | Date Discharge | 06/12/2018 |
| No. of Days granted Medical Leave | 04 | Degree of Injury | Slight |

Brief Details.

On the above mentioned date and time, I was driving my vehicle along Lavender Street heading towards Balestier Rd direction. As the traffic signal was red at the junction of Jalan Besar, I stopped my vehicle. As my vehicle was stationary and I was waiting for the traffic light to turn green, suddenly I felt an impact from the rear of my vehicle. I alighted and noted that one taxi SHD3569R had collided onto the rear of my vehicle. No police or ambulance came to scene. After taking some photos and exchanging particulars, both of us left the scene.

A few hours after the accident, I felt discomfort on my body as such went to Mount Alvernia Hospital to seek medical treatment and was issued with 4 days MC. I am lodging the report to facilitate insurance claims.

Particulars of the taxi driver:

Ang Bee Eng
S1294110B
96828440



**SINGAPORE
POLICE FORCE**



T/20181206/2070

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/20181206/2070

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 /

Sgt 2 PUA JIAN YAN, JEREMIAH

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /

SSI 2 JUREMAH BINTE AHMAD

Contact No: 65472076

SN 061

Authentication Stamp

NP158

SIGNATURE

Signature Of Informant:

Date/Time:

06/12/2018 12:52

Classification Of Case: