

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	12/12/2018 13:39
Date Of Accident	11/12/2018 10:15
Exact Location Of Accident	BLK 989D JURONG WEST ST 93
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC4116M
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	GOH TIONG MIN
NRIC No	S1392208Z
Date Of Birth	29/10/1959
Occupation	OUTDOOR
Date Of Driving Pass	18/11/1977
Driving Experience	41 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-80000000
Fax Number	
Contact Number	
EMail 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	COLLIDED INTO PARKED VEHICLE
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?	YES
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	YISHUN NORTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 31 YISHUN CENTRAL , POSTCODE: 768827 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8529999 - FAX NO: 68522299
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20181211/2136 ON 11/12/25018 AT ABOUT 10.15 AM, I WENT TO THE BACK OF MY TAXI (SHC4116M, SMRT) AND OPENED THE BOOT AS I WANTED TO RETRIEVE SOMETHING. WHEN I HAD MY BACK FACING THE ROAD, OUT OF A SUDDEN, ONE VEHICLE WHICH WAS PARKING OPPOSITE ME REVERSED WHERE IT SUBSEQUENTLY COLLIDED ONTO MY LEGS. IT HAD CAUSED MY LEGS TO BE STUCK BETWEEN MY TAXI AND THE OTHER VEHICLE. MY TAXI'S REAR BUMPER ALSO HAD DENTS CAUSING THE BOOT NOT BEING ABLE TO CLOSE. AMBULANCE LATER CAME DOWN TO RENDER MEDICAL ASSISTANCE TO ME. I WAS LATER CONVEYED TO NG TENG FONG HOSPITAL FOR FURTHER MEDICAL TREATMENT. I WAS GIVEN 7 DAYS OF MC (11/12/2018 - 17/12/2018). I SUFFERED LOWED LEG INJURY (BOTH SHIN AND CALVES). MY TAXI DOES NOT HAVE ANY REAR IN-CAR CAMERA INSTALLED.

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	SJC2815T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	KHAIRIL ANUAR BIN JAWANUN

NRIC/Passport Number	S8834496J
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	GOH TIONG MIN
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SHC4116M
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

SKETCH PLAN

BIK 9890 Jurong West Street 93.

SHC 4116 Galaxy West Sheet 15.

A- SHC 4116M
B- SHC 2815T

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

[illegible]

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.:


SKETCH PLAN

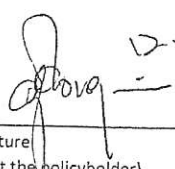
IMPORTANT NOTICE


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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/20181211/2136

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

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Report No. T/20181211/2136 ✓

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 11/12/2018 20:19		Vide Report No.: J/20181211/0058		Station Diary No.: 148
Informant's Particulars				
Name of Informant: GOH TIONG MIN		Address: APT BLK 291 YISHUN STREET 22 #03-337 SINGAPORE 760291		
ID Type / ID No.: NRIC NO / S1392208Z		Contact No.: Home/Office: Mobile: 92370642		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 59	Date of Birth: 29/10/1959	Type of Informant: Driver	
Race: Chinese		Language: English	Institution / School Name:	
Occupation: Taxi driver		Driving Licence Information: Class: 3		Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 11/12/2018 10:15	Type of Location: Car Park
Location: Along Road 1 JURONG WEST STREET 93 BLOCK 989D JURONG WEST STREET 93. AT THE CENTRAL RUBBISH CHUTE				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control: Not Controlled		Traffic Volume:
Type of Collision: Moving Vehicle Against - Pedestrian				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved						
Vehicle No	Type	Make	Model	Color	Condition	No. of Passenger
SJC2815T	Car					0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20181211/2136

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

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Report No. T/20181211/2136

CONTINUATION OF REPORT

Driver			
Name	GOH TIONG MIN		ID No. S1392208Z
Related Vehicle	NIL		Contact No. 92370642
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL		Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: NIL
Date Treatment	11/12/2018	Date Discharge	11/12/2018
No. of Days granted Medical Leave	07	Degree of Injury	Slight

Brief Details.

On 11/12/2018 at about 10.15am, I went to the back of my taxi (SHC4116M, SMRT) and opened the boot as I wanted to retrieve something. When I had my back facing the road, out of a sudden, one vehicle which was parking opposite me reversed where it subsequently collided onto my legs. It had caused my legs to be stuck in between my taxi and the other vehicle. My taxi's rear bumper also had dents causing the boot not being able to close. Ambulance later came down to render medical assistance to me. I was later conveyed to Ng Teng Fong Hospital for further medical treatment. I was given a total of 7-days of MC (11/12/2018-17/12/2018). I suffered lower leg injury (both shins and calves). My taxi does not have any rear in-car camera installed.



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999



T/20181211/2136

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Report No. T/20181211/2136

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 L / Staff Sgt MUHAMMAD KHAIRI SUFYAN BIN YUNOS	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 11/12/2018 20:19
Officer In Charge Of Case: TP / GIT / Sgt 2 LIM HONG LEE Contact No.: 65476438	Classification Of Case:
Authentication Stamp NP168	
Signature:	
Singapore Police Force	