

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	15/02/2019 16:18
Date Of Accident	14/02/2019 17:40
Exact Location Of Accident	ALONG MARINA BLVD TOWARDS AYE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA8520M
Insured/Policyholder	
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	TOYOTA
Model	PRIUS HYBRID-1.8 CVT (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	KHOO YONG PENG
NRIC No	S1759351Z
Date Of Birth	20/02/1966
Occupation	OUTDOOR
Date Of Driving Pass	19/03/1984
Driving Experience	34 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91283443
Fax Number	
Contact Number	
E-Mail Address	NOEMAIL

Address	APT BLK 485C CHOA CHU KANG AVENUE 5 #11-128 SINGAPORE 683485
Postcode	
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - RELIEF
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 (including own vehicle) involved in the accident	2
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	BOON TECK NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 207 TOA PAYOH NORTH , POSTCODE: 310207 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2549999 - FAX NO: 63554310
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT (T/20190215/2104) .

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	FILE NOT SUITABLE
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLS4069J
Vehicle Make/Model/Colour	PORSCHE CAYMAN S 3.4A
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LEONG KAI MENG
NRIC/Passport Number	S8436771J

Contact Number 97517778
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name KHOO YONG PENG
Approximate Age
Injuries Sustain SLIGHT
Injured person in which vehicle? SHA8520M
Were seat belts worn?
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

Accident Sketch Plan Pg. 1

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/20190215/2104

Police Station Of Origin:
Boon Teck NPP
207 Toa Payoh North #01-1231 SINGAPORE
310207
Tel No: 1800-2549999

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Report No. T/20190215/2104

CONTINUATION OF REPORT

Brief Details.

On 14/2/18 at about 1743hrs, I was driving my taxi bearing plate number SHA8520M along marina boulevard towards AYE. At that point of time, my vehicle was stationary along the third lane of a four lane road as the traffic light is red. When the traffic light turned green, I started to move my vehicle and suddenly one vehicle bearing plate number SLS4089J knocked onto the rear of my taxi. Shortly later, there is a police vehicle which came and told us to exchange our particulars. There is no one injured. My taxi rear portion is seriously damaged due to the collision. There is a lady passenger on my taxi and she informed that she is fine.

On 15/2/19, I went to see a doctor at Horizon Medical Pte Ltd as I felt sharp pain at my rear neck and back area. 4 days of medical leave from 15/2/19 to 18/2/19 was issued to me.

Details of the other driver:

Leong Kai Meng
S8436771J



**SINGAPORE
POLICE FORCE**



T/20190215/2104

Police Station Of Origin:
Bóon Teck NPP
207 Toa Payoh North #01-1231 SINGAPORE
310207
Tel No: 1800-2549999

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Report No. T/20190215/2104

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 LIM BRANDON <i>[Signature]</i>
Signature Of Interpreter: Not applicable
Officer In Charge Of Case: <i>[Signature]</i> SN 062 TP / AEIT / SSI 2 YEO GEAK ENG CECILIA Contact No. 65476404
Authentication Stamp NP168

Signature Of Informant: <i>[Signature]</i>
Date/Time: 15/02/2019 14:56
Classification Of Case:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



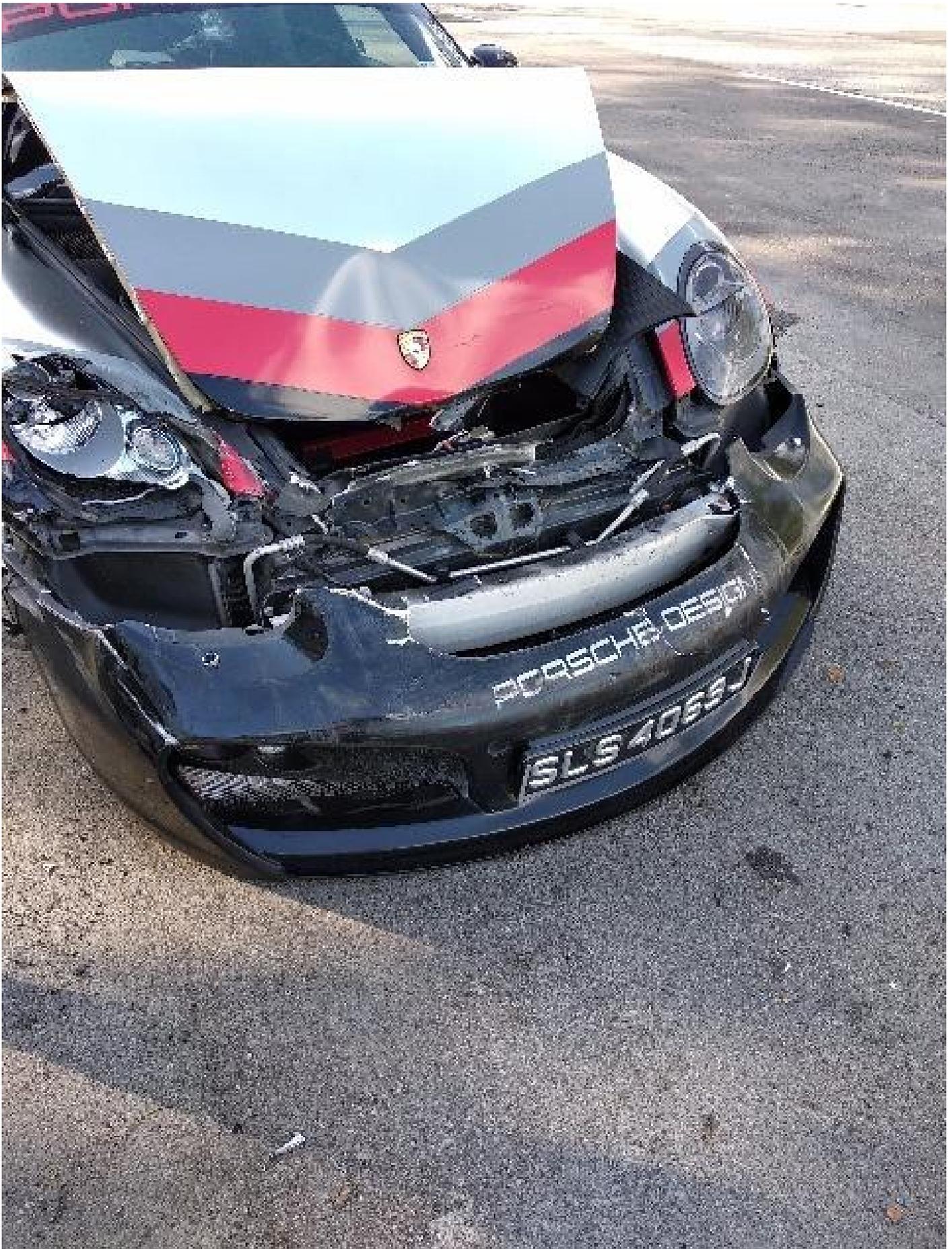
Accident Photo



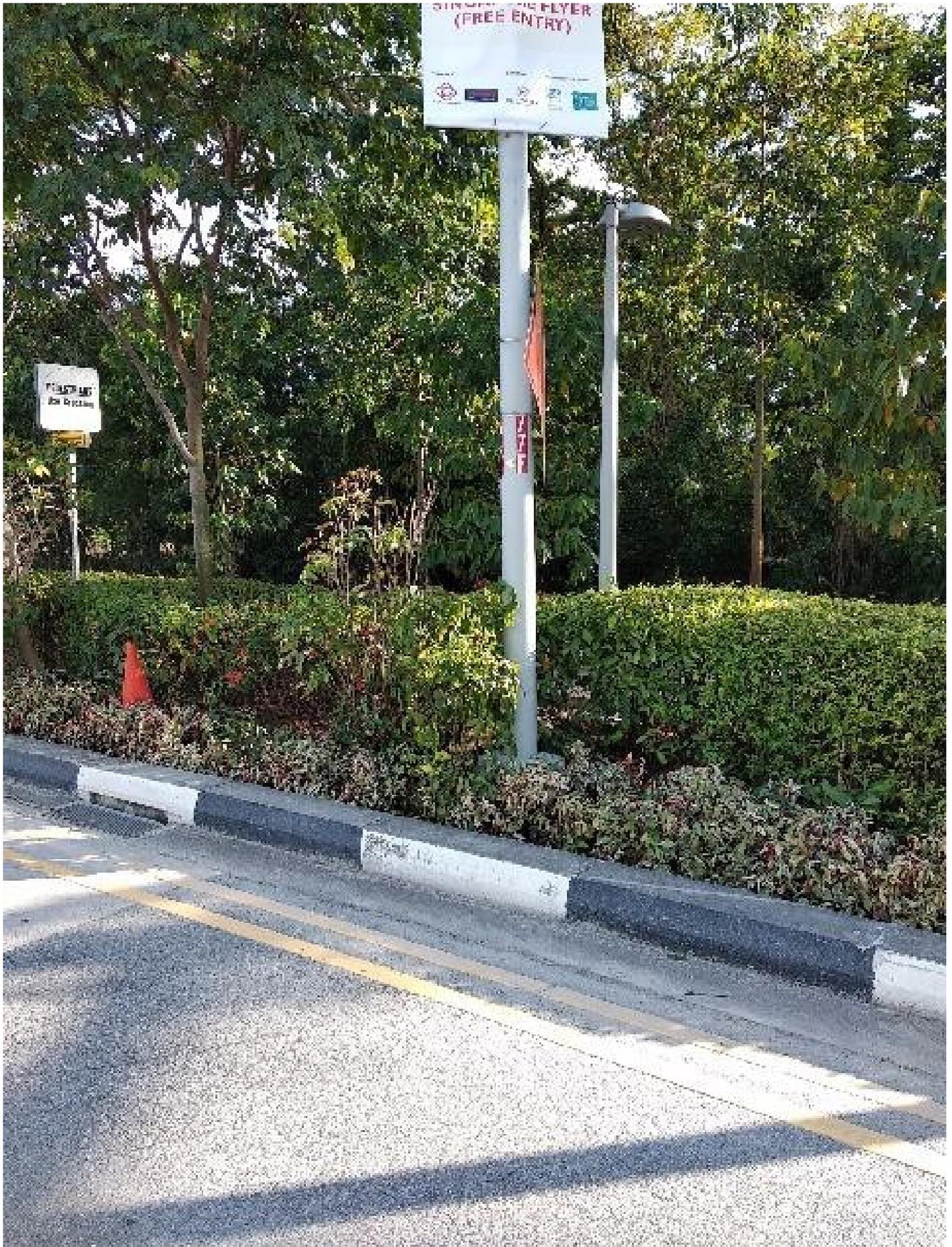
Accident Photo



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