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 aforesaid.

ACCIDENT STATEMENT	
Date Of Report	12/03/2019 10:14
Date Of Accident	11/03/2019 11:20
Exact Location Of Accident	RAFFLES AVE AT THE ENTRANCE OF THE RITZ-CARLTON HO
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SHC4256S
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	JAU MENG JUAM
NRIC No	S1457255D
Date Of Birth	23/08/1960
Occupation	OUTDOOR
Date Of Driving Pass	06/03/1979
Driving Experience	40 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	SIDE SWIPE
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?	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)	2
Passenger 1	NAME: : UNKNOWN GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	NO
If Yes,Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes,against whom?	

Circumstances of Accident

ON 11/03/19 AT 1123HRS, I WAS PICKING UP A PASSENGER AT RITZ-CARLTON HOTEL USING MY TAXI BEARING PLATE NUMBER SHC4256S. I THEN DROVE MY CAR OUT OF THE EXIT OF RITZ-CARLTON HOTEL ALONG RAFFLES AVENUE AND DROVE AT THE RIGHT MOST LANE. WHILE DRIVING ALMOST 10M AFTER THE EXIT, A LORRY BEARING PLATE NUMBER YK5721R THEN ENTERED MY LANE AND HIT THE LEFT FRONT PORTION OF MY VEHICLE. DUE TO THE ACCIDENT, MY LEFT HEADLIGHT WAS BROKEN, MY CAR LEFT BUMPER CAME OFF AND THERE WERE SCRATCHES AND DENTS ALONG THE LEFT PORTION OF MY CAR. I WOULD LIKE TO INFORM THAT THERE WAS NO INJURIES TO MY 3 PASSENGERS AND MYSELF. I WOULD ALSO LIKE TO STATE THAT THE LORRY DRIVER DID STOP BUT WE DID NOT MANAGE TO EXCHANGE PARTICULARS. I ALSO HAVE THE VIDEO OF THE WHOLE INCIDENT AS THERE IS AN IN-CAR BUILT CAMERA IN MY VEHICLE. I AM LODGING FOR POLICE ASSISTANCE. THAT'S ALL.

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	YK5721R
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	UNKNOWN
NRIC/Passport Number	

Contact Number

Address

Postcode

Insurance Company Name

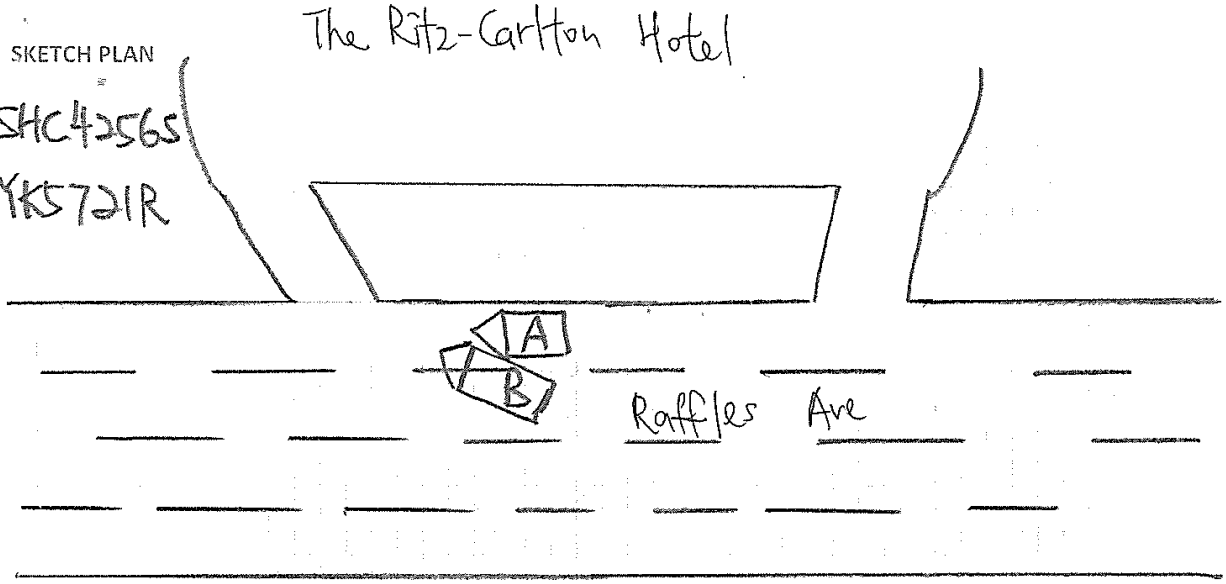
Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan Pg. 1

SKETCH PLAN

A-SHC4256S
B-YK5721R



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report T/20190311/2062

DECLARATION

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

SMRT TAXIS PTE LTD

Policyholder's Signature	Driver's Signature	Reporting Centre Personnel's Signature
Date & Time:	11/3/19 (If driver is not the policyholder)	4/3/19 Name:
	Date & Time:	NRIC/FIN No.:

SKETCH PLAN

IMPORTANT NOTICE

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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.

SMART TAXIS PTE LTD

Policyholder's Signature Date & Time:	Driver's Signature (If driver is not the policyholder) Date & Time: 11/3/19	Reporting Centre Personnel's Signature Name: NRIC/FIN No.: 11/3/19

SINGAPORE POLICE FORCE

T/20190311/2062

Police Station Of Origin:
Ang Mo Kio North N.P.C
51 Ang Mo Kio Avenue 9 SINGAPORE 569784
Tel No: 1800-4849999

Report No. T/20190311/2062

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:	Vide Report No.:	Station Diary No.:
11/03/2019 12:40		32

Informant's Particulars

Name of Informant:			Address:
JAU MENG JUAM			APT BLK 513 ANG MO KIO AVENUE 8 #04-2794 SINGAPORE 560513
ID Type / ID No.:			Contact No.:
NRIC NO / S1457255D			Home/Office: Mobile: 90047777
Nationality:			Email:
SINGAPORE CITIZEN			
Sex:	Age:	Date of Birth:	Type of Informant:
Male	58	23/08/1960	Driver
Race:			Language: / Institution / School Name:
Chinese			
Occupation:			Driving Licence Information:
Taxi driver			Class: Date of Expiry:

1 of 3

Report No. T/20190311/2062

nation of the Accident

Type of Accident:	Non-Injury Others	Drink Drive:	Date/Time of Accident:	Type of Location:
		No	11/03/2019 11:20	Straight Road

Location:
Along Road 1
RAFFLES AVENUE
Name or
At the entrance of Ritz-Carlton Hotel

Weather:	Road Surface:	Road Speed Limit:
Clear	Dry	
Traffic Flow:	Traffic Control:	Traffic Volume:
One Way	Traffic Light - Working	
Type of Collision:		Anyone conveyed by ambulance:
Between Moving Vehicles - Side Swipe - Same Direction		No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHC4256S	Car				Seriously Damaged	3
YK5721R	Lorry					0

s erson Involved

Any Pedestrian Involved: No

No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA

SINGAPORE POLICE FORCE

T/20190311/2062

Police Station Of Origin:
Ang Mo Kio North N.P.C
Ang Mo Kio Avenue 9 SINGAPORE
Tel No: 1800-4849999

Report No. T/20190311/2062

CONTINUATION OF REPORT

Driver			
Name	JAU MENG JUAM	ID No.	S1457255D
Related Vehicle	SHC4256S (Car)	Contact No.	90047777
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 11/03/2019 at 1123hrs, I was picking up a passenger at Ritz-Carlton hotel using my taxi bearing plate number SHC4256S. I then drove my car out of the exit of Ritz-Carlton hotel along Raffles Avenue and drove at the right most lane.

While driving almost 10m after the exit, a lorry bearing plate number YK5721R then entered my lane and hit the left front portion of my vehicle. Due to the accident, my left headlight was broken, my car left bumper came off and there were scratches and dents along the left portion of my car.

I would like to inform that there was no injuries to my 3 passengers and myself.

I would also like to state that the lorry driver did stop but we did not manage to exchange particulars.

I also have the video of the whole incident as there is an in-car built camera in my vehicle.

I am lodging for police assistance.

That's All.

SINGAPORE POLICE FORCE

T/20190311/2062

Police Station Of Origin:
Ang Mo Kio North N.P.C
51 Ang Mo Kio Avenue 9 SINGAPORE
569784
Tel No: 1800-4849999

Report No. T/20190311/2062

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: F / Sgt 2 MUHAMMAD AZRI AMIRUL BIN SAZARI	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 11/03/2019 12:40
Officer In Charge Of Case: TP / GIA / Staff Sgt WONG SIEU LUI Contact No.: 65476151	Classification Of Case:

Authentication Stamp
NP168

Accident Photo

Accident Photo

Accident Photo

Accident Photo

Accident Photo