

## 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	23/03/2019 08:42
Date Of Accident	23/03/2019 05:00
Exact Location Of Accident	TRAFFIC JUNCTION OF PATERSON ROAD AND ORCHARD BLVD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC4127G
<b>Insured/Policyholder</b>	
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	PANG SOON LEE
NRIC No	S7622369F
Date Of Birth	20/07/1976
Occupation	OUTDOOR
Date Of Driving Pass	03/01/1997
Driving Experience	22 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-80000000
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	688
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	COLLISION - CROSS JUNCTION
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)	3
Passenger 1	NAME: : UNKNOWN GENDER: : MALE
Passenger 2	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	TOA PAYOH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	<b>ROAD:</b> 93 TOA PAYOH CENTRAL TOA PAYOH COMMUNITY BUILDING , <b>POSTCODE:</b> 319194 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-2519999 - <b>FAX NO:</b> 63548749
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT - T/20190323/2052 On 23/03/2019 at about 0500hrs, I was driving my taxi bearing registration no. SHC4127G along Paterson Rd towards River Valley Rd. I was travelling on the 3rd lane of a three lane road. At the junction of Orchard Boulevard, the traffic light was in my favour as such I continued driving. However, another taxi bearing registration no. SHC2575J which was along Orchard Boulevard continued driving into the traffic junction yellow box even though his traffic light was red. As such, the front portion of my taxi collided with the other taxi's right side. I wish to inform that the airbags of my taxi was deployed and I blacked out for a while. After I gain consciousness, my two passengers have left the area. I alighted my taxi and exchanged particulars with the other driver. Traffic Police and ambulance came to scene. After which, tow truck came and towed away my taxi. I then felt pain on neck, back, shoulder, chest, knees, hands and both wrist as such I went to the clinic to make a check. I was given 6 days of MC. I have an in-vehicle camera installed in my taxi and I have given the footage to my company.

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	FILE TOO LARGE
Was there any audio recorded?	NO

**DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number	SHC2575J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	ONG SEOW KWEE
NRIC/Passport Number	S0150480J
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

**DETAILS OF INJURED PERSON 1**

Name	PANG SOON LEE
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SHC4127G
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

## Sketch Plan Pg. 1

### 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:

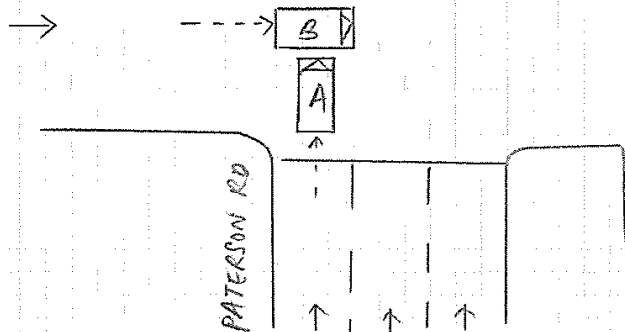
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

23/8/2019.

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

A-SHC 41276

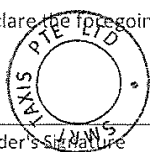
B-SHC 2575 J



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

[illegible]

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



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

23/3/2019

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

chr 23/3/19



**SINGAPORE  
POLICE FORCE**



T/20190323/2052

1 of 3

Police Station Of Origin:

Toa Payoh N.P.C

93 Toa Payoh Central #01-02 Toa Payoh

Community Building SINGAPORE 319194

Tel No: 1800-2519999

Report No. T/20190323/2052

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 23/03/2019 12:09	Video Report No.:	Station Diary No.: 69
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## Informant's Particulars

Name of Informant: PANG SOON LEE			Address: APT BLK 688 JURONG WEST CENTRAL 1 #13-231 SINGAPORE 640688		
ID Type / ID No.: NRIC NO / S7622369F			Contact No.: Home/Office: Mobile: 94897484		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 42	Date of Birth: 20/07/1976	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: 3,4,5 Date of Expiry:		

## General Information of the Accident

General Enquiry Form				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 23/03/2019 05:00	Type of Location: Cross Junction
Location: Junction of Road 1 and Road 2 PATERSON ROAD ORCHARD BOULEVARD Junction of Paterson Rd(towards River Valley Rd) and Orchard Boulevard				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

## Details of Vehicle Involved

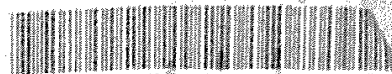
Vehicle No.	Type	Make	Model	Color	Condition	No. of Passenger
SHC2575J	Taxi	HYUNDAI	Ioniq	Blue	Seriously Damaged	2
SHC4127G	Taxi	TOYOTA	Prius	Maroon	Seriously Damaged	2

## Details of Person Involved

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



**SINGAPORE  
POLICE FORCE**



T/20190323/2052

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Report No. T/20190323/2052

Police Station Of Origin:  
Toa Payoh N.P.C  
93 Toa Payoh Central #01-02 Toa Payoh  
Community Building SINGAPORE 319194  
Tel No: 1800-2519999

CONTINUATION OF REPORT

<b>Driver</b>			
Name	ONG SEOW KWEE		ID No. S0150480J
Related Vehicle	SHC2575J (Taxi)		Contact No. 96921083
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
<b>Driver</b>			
Name	PANG SOON LEE		ID No. S7622369F
Related Vehicle	SHC4127G (Taxi)		Contact No. 94897484
Hospital/Clinic	HORIZON MEDICAL CENTRE		Class of Driving Licence & Expiry Date Class: 3,4,5 Date of Expiry: NIL
Date Treatment	23/03/2019	Date Discharge	23/03/2019
No. of Days granted Medical Leave	06	Degree of Injury	Slight

**Brief Details.**

On 23/03/2019 at about 0500hrs, I was driving my taxi bearing registration no.SHC4127G along Paterson Rd towards River Valley Rd. I was travelling on the 3rd lane of a three lane road. At the junction of Orchard Boulevard, the traffic light was in my favour as such I continued driving. However, another taxi bearing registration no. SHC2575J which was along Orchard Boulevard continued driving into the traffic junction yellow box even though his traffic light was red. As such, the front portion of my taxi collided with the other taxi's right side.

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**SINGAPORE  
POLICE FORCE**



T/20190323/2052

Police Station Of Origin:

Toa Payoh N.P.C

93 Toa Payoh Central #01-02 Toa Payoh

Community Building SINGAPORE 319194

Tel No: 1800-2519999

CONTINUATION OF REPORT

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Report No. T/20190323/2052

**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 /

Staff Sgt MUHAMMAD AFIQ BIN SAIFUL  
BAHRY

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:

23/03/2019 12:09

Officer In Charge Of Case:

TP / GIT /

Sr Staff Sgt RAZIZ BIN TAHAR

Contact No.: 65476200



SINGAPORE  
POLICE FORCE

Classification Of Case:

SN 168

Authentication Stamp  
NP168

SIGNATURE



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo

