

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	04/04/2019 12:40
Date Of Accident	03/04/2019 17:45
Exact Location Of Accident	PIE TOWARDS CTE (BRADDELL OVERHEAD BRIDGE)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC4713P
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-19093197MFSH
Cover Note Number	

Driver

Name of Driver	SHEIKH ZAINI BIN SHAHAR
NRIC No	S1841053B
Date Of Birth	09/05/1964
Occupation	OUTDOOR
Date Of Driving Pass	16/12/1991
Driving Experience	27 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-80000000
Fax Number	
Contact Number	
EEmail 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	CHAIN COLLISION
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	3
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?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20190404/2063

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	SKT2218R
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	AU KOK HUA
NRIC/Passport Number	S2192680I
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2


Vehicle Registration Number	SLP1948H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	NG HUAT SENG
NRIC/Passport Number	S0065111G
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	SHEIKH ZAINI BIN SHAHAR
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SHC4713P
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

[illegible]

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

19  4/4/2019

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLANIMPORTANT NOTICE

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6. The 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 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 Personnel's Signature
Name:
NRIC/FIN No.:



**SINGAPORE
POLICE FORCE**



T/20190404/2063

Police Station Of Origin:
Woodlands East N.P.C.
3 Woodlands Drive 63 SINGAPORE 737890
Tel No: 1800-7679999

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Report No. T/20190404/2063

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 04/04/2019 12:20		Vide Report No.:		Station Diary No.: 120	
Informant's Particulars					
Name of Informant: SHEIKH ZAINI BIN SHAHAR			Address: APT BLK 366 YISHUN RING ROAD #10-1512 SINGAPORE 760366		
ID Type / ID No.: NRIC NO / S1841053B			Contact No.: Home/Office: Mobile: 97324323		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 54	Date of Birth: 09/05/1964	Type of Informant: Driver		
Race: Malay			Language:		Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: 2B,2A,3 Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 03/04/2019 17:45	Type of Location: Straight Road
Location: Along Road 1 BRADDELL ROAD PIE TOWARDS CTE AT BRADDELL ROAD OVER HEAD BRIDGE				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
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
SHC4713P	TAXI				Seriously Damaged	1
SKT2218R	Car				Seriously Damaged	0
SLP1948H	Car				Slightly Damaged	0



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3 Woodlands Drive 63 SINGAPORE 737890
Tel No: 1800-7679999



T/20190404/2063

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Report No. T/20190404/2063

CONTINUATION OF REPORT

Brief Details.

On the 03/04/2019 at about 1745 hrs I (SHC4713P) was travelling on PIE towards CTE along braddell road overhead bridge, there was heavy traffic at that point in time and very slow moving traffic.

My vehicle was stationary and about 1.5 car distance from the vehicle (SLP1948H) in front of my taxi. I then suddenly felt 2 large impact from the rear which pushed my vehicle to the front and hit the vehicle in front.

The driver (SKT2218R) alight and came to confront us asking why did we all stop. EMAS came soon after and quickly cleared the roads. We made a quick exchange of particulars and then we left the place. Nobody was injured at that point in time, only my passenger informed that she felt some neck pains and was later picked up by her friend.

On the 04/04/2019 when I woke up I felt aching and was shivering, I decided to visit a doctor at A Life Clinic Pte Ltd and was given 7 days MC from 04/04/2019 to 10/04/2019.



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POLICE FORCE**



T/20190404/2063

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Woodlands East N.P.C.
3 Woodlands Drive 63 SINGAPORE 737890
Tel No: 1800-7679999

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Report No. T/20190404/2063

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 /	SN 130
Sgt 2 JONATHAN LOW JIN HUA	
Signature Of Interpreter:	
Not applicable	
Singapore Police Force	
Officer In Charge Of Case:	
TP / AEIT /	
SI ANG YI TING, STEPHANIE	
Contact No.: 65476414	

Signature Of Informant:
Date/Time:
04/04/2019 12:20
Classification Of Case:

Authentication Stamp
NP168