

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	15/04/2019 09:59
Date Of Accident	13/04/2019 03:50
Exact Location Of Accident	ORCHARD TOWER TAXI STAND
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB185U
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	CHOO KIM PENG
NRIC No	S1372201C
Date Of Birth	19/04/1959
Occupation	OUTDOOR
Date Of Driving Pass	15/03/1980
Driving Experience	39 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-80000000
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	237
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)	1

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

Attachment(s)

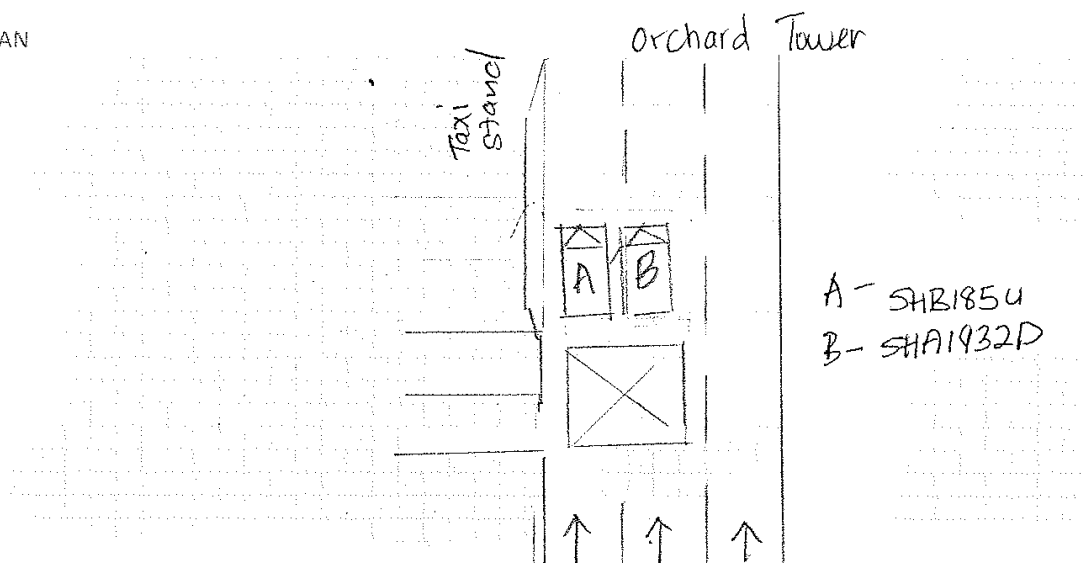
Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHA1932D
Vehicle Make/Model/Colour	COMFORT TAXI
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan Pg. 1

SKETCH PLAN



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

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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/20190414/2040

1 of 3

Police Station Of Origin:
Bishan N.P.C
20 Bishan Street 23 SINGAPORE 579757
Tel No: 1800-5529999

Report No: T/20190414/2040

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 14/04/2019 13:19	Vide Report No.:	Station Diary No.: 52
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Informant's Particulars

Name of Informant: CHOO KIM PENG			Address: APT BLK 237 COMPASSVALE WALK #10-528 SINGAPORE 540237		
ID Type / ID No NRIC NO / S1372201C			Contact No.: Home/Office: Mobile: 90012218		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 59	Date of Birth: 19/04/1959	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 Hit and Run	Drink Drive: No	Date/Time of Accident: 13/04/2019 03:50	Type of Location: Straight Road
Location: Along Road 1 CLAYMORE ROAD				
Taxi stand beside Orchard Towers				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHA1932D	Taxi					0
SHB185U	Taxi					2

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20190414/2040

2 of 3

Police Station Of Origin:
Bishan N.P.C
20 Bishan Street 23 SINGAPORE 579757
Tel No: 1800-5529999

Report No. T/20190414/2040

CONTINUATION OF REPORT

Driver			
Name	CHOO KIM PENG	ID No.	S1372201C
Related Vehicle	SHB185U (Taxi)	Contact No.	90012218
Hospital/Clinic	INTERMEDICAL 24 HR CLINIC	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	14/04/2019	Date Discharge	14/04/2019
No. of Days granted Medical Leave	03	Degree of Injury	NIL

Brief Details.

On 13/4/19 at about 0350hrs, I was in my taxi SHB185U and was parking at the taxi stand beside Orchard Towers. At that point of time, my passengers were alighting and I was waiting for them to pay the taxi fare. While waiting, I felt an impact from my right, and due to the impact, I got a shock and quickly turned to my right to see what happened. I noticed that there was a blue taxi parked beside me on my right. The front passenger door of the said taxi was opened and hit onto the right of my taxi. The edge of the said door was stuck in between the gap of my driver side door and the car body. The passenger of the blue taxi tried to pull back the passenger door but was unsuccessful. The taxi driver then told me to drive forward but I did not as it will damage the taxi door if I move forward. After I refused to move, the blue taxi forcefully drove forward and stopped in front of my taxi. After the passenger of the blue taxi alighted, the blue taxi driver did not stop and resolve the matter with me and instead he drove off from the location. Later in the day, I reported the matter to my company and from the company in car camera, we managed to retrieve the vehicle number of the blue taxi which is SHA1932D.

I want to state that due to the impact, during the accident, when I turned to my right in a shock manner, I accidentally twisted my neck area and was given 3 days of medical certificate due to it. My taxi driver side door was not able to open fully due to the impact.

Sketch Plan #4 Pg. 1



SINGAPORE
POLICE FORCE



T/20190414/2040

Police Station Of Origin:
Bishan N.P.C
20 Bishan Street 23 SINGAPORE 579757
Tel No: 1800-5529999

3 of 3


Report No T/20190414/2040

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 / Staff Sgt LIM BENG LEE	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 14/04/2019 13:19
Officer In Charge Of Case: TP / HRT / SI KALESWARI PALANI Contact No.: 65476902	Classification Of Case: SN 061
Authentication Stamp NP168	

Sketch Plan #4 Pg. 2

Officer- In -Charge
Investigation Section
Traffic Police Department

10 Ubi Avenue 3
Singapore 408865

Name: Choo Kim Peng
NRIC No: S13722010
Add: Apt Blk 237 Compassvale
Walk
#10-528 Singapore 540237
Hp: 90012218

Dear Sir/Mdm,

Report of an accident involving SH1A1932D and SH1A185u along Claymore Road
next to Orchard Towers on 13/04/2019 at 0350hrs

On 14/04/2019 (date) at 1319hrs (time), I lodged a traffic accident report vide:
T/20190414/2040


I wish to amend in the brief details as follows:

1) On 14/04/2019, my company had retrieved the in-car camera footage of my vehicle.
Footage revealed that while I was driving straight towards the taxi stand, there is one
vehicle SG1A1932D had stopped at the 2nd lane. Upon the vehicle came to a stop, the
passenger who were seated at the front seat open the door to alight.

At that point of time, my vehicle is still moving. Due to that, the door swing outwards
and hit my vehicle.

Yours faithfully,


Signature

If a police officer records this amendment, please complete the following:	
Name / Rank No: SGT (3) Afina Roslan	Station Diary No. eSD 41 dated on 15/04/2019 @1215hrs
Signature	
	

Accident Photo



Accident Photo



Accident Photo



Accident Photo

