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.	onsent to the archiving of this report at the centre and to copies of the report being made available
国际产业的企业的企业的企业	ACCIDENT STATEMENT
Date Of Report	29/04/2019 11:13
Date Of Accident	26/04/2019 12:35
Exact Location Of Accident	ANG MO KIO AVE 10
Country/State of Loss	SINGAPORE
THE REPORT OF THE PARTY OF THE	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SHB1046G
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	ТОУОТА
Model	PRIUS TAXI-1.8 (A)
Exact Purpose for which vehicle was being used a time of accident	t 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	THINAGARAN S/O THANGARAJOO
NRIC No	S0274958J
Date Of Birth	10/10/1949
Occupation	OUTDOOR
Date Of Driving Pass	24/12/1975
Driving Experience	43 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-80000000
Fax Number	,
Contact Number	
EMail Address	NOEMAIL

Address

103

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 - MAJOR/MINOR RD

Weather Conditions

RAINING

Road Surface

WET

Other Information

Was any foreign vehicle involved in this accident?

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

YES

ambulance?

Was any other material or property damaged? I have been approached by unknown person(s)

YES

soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

2

Passenger 1

NAME:

: NADA RAJAH

GENDER:

: MALE

Details of Police Action

Was the accident reported to the police?

YES

If Yes, Please state which Police Station Police Station Name

SERANGOON NORTH NEIGHBOURHOOD POLICE POST

Police Station Address

ROAD: BLK 108 SERANGOON NORTH AVENUE 1 #01-709, POSTCODE:

550108, COUNTRY: SINGAPORE

Police Station Contact

TEL NO: 1800-2849999 - FAX NO: 63431742

Was notice of intended Prosecution given?

If Yes, against whom?

NO

Circumstances of Accident

REFER TO POLICE REPORT - T/20190427/2115

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

SLT9188K

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

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

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.
- Information provided must be as <u>truthful</u> and <u>accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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.
- 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)

l 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 (all insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of :
 - 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.
 - 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 Date & Time:

Driver's Signature

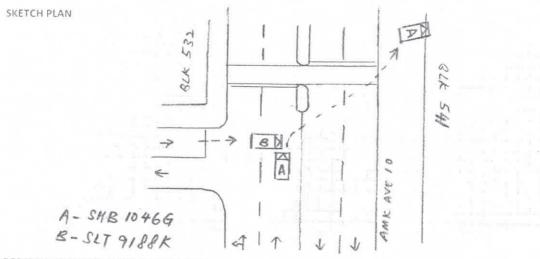
(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature

ph 29/4/19

Name:

NRIC/FIN No.



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REPE	FR 7	70	POLICE	REPART	7/2/	190427	1
	, _ ,		7 00700	10070107	 1/20	170427	2//3

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

Policyholders Sighature Date & Time:

Driver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

OTE	rn T	22	0 - 0 - 0 -	7/	201904271	-
NEP	OR 10	POLICE	REPORT	- //	20190427/211	7

					1	

DECLARATION

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

Policyholder's Steheture

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:





Police Station Of Origin: Serangoon North NPP 108 Serangoon North Ave 1 #01-709 SINGAPORE 550108 Tel No: 1800-2849999 1 of 4 Report No. T/20190427/2115

REPORT OF A TRAFFIC ACCIDENT

27/04/2019 15:38			Vide Report No.: F/20190426/0056	Sta 19	ation Diary No.:	
Informa	int's Partic	ulars			i de la la la como de	
	f Informant:		Address:			
THINAG	SARAN S/O	THANGARAJOO	APT BLK 103 SERANGOON SINGAPORE 550103	NORTH AVENUE	E 1 #05-763	
	/ ID No.:		Contact No.:			
NRIC NO / S0274958J			Home/Office: Mobile: 81619421			
National SINGAP	lity: PORE CITIZ	EN	Email:			
Sex: Male	Age: Date of Birth: 69 10/10/1949		Type of Informant: Driver			
Race: Indian			Language: Institution / School Name:			
Occupation: Taxi driver			Driving Licence Information: Class: 3	Date of Expiry:		

Type of Accident:	Injury Government Prope	orty Drink Drive: No	Date/Time of Accident: 26/04/2019 12:3	Type of Location Straight Road	
Location: Along Road 1 ANG MO KIO Weather:	AVENUE 10				
Delete		Road Surface: Wet		Road Speed Limit:	
Trace MAZE		Traffic Control:	tina	Traffic Volume: Moderate	
		Traffic Light - Wor	KIIIG	Moderate	

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHB1046G	TAXI		200 No. 100 No.		Slightly Damaged	1
SLT9188K	Car				Damageu	0

rian Crossing: NA
STI





2 of 4

Police Station Of Origin: Serangoon North NPP 108 Serangoon North Ave 1 #01-709 SINGAPORE 550108 Tel No: 1800-2849999 2 of 4 Report No. T/20190427/2115

CONTINUATION OF REPORT

Name	THINIACADAN SIO	THANCADA	100	ID No		S0274958J
Name	THINAGARAN S/O THANGARAJOO			ID No.		502/49563
Related Vehicle	SHB1046G (TAXI)			Contact No.		81619421
Hospital/Clinic	SENGKANG GENERAL HOSPITAL PTE. LTD.					Class: 3 Date of Expiry: NIL
Date Treatment	26/04/2019 Date D			harge	27/04	/2019
No. of Days gran	ted Medical Leave	06	Degree of	Injury	NIL	
Passanger						
Name	Nada Rajah			ID No		S0845093E
Related Vehicle	SHB1046G (TAXI)			Contact No.		NIL
Hospital/Clinic	NIL		Class Driving Licent Expiry	g ce &	Class: NIL Date of Expiry: NIL	
Date Treatment	NIL		Date Disc	harge	NIL	
No. of Days gran	ted Medical Leave	NIL	Degree of	-	NIL	

Brief Details.

On 26/04/2019 at about 1236hrs, I was driving my taxi registration plate number SHB1046G along the right most lane of Ang Mo Kio Avenue 10 toward Ang Mo Kio Avenue 5. Out of a sudden, a car registration plate number SLT9188K turned out from 532A Ang Mo Kio Avenue 10 Carpark. I immediately did a Emergency-Brake, as my taxi and the car distance was too short, my taxi left front area collided with the car right front area. After collided with the car, my taxi engine suddenly sounded loudly and my taxi proceeded to mount on the kerb and hit on the government property (Pillar and Metal railing) infront of Blk 541 Ang Mo Kio Avenue 10. After hitting the government property my taxi then came to a stopped. My passenger (Nada Rajah, S0845093E, DOB:27/09/1948 residing at 112 Ang Mo Kio Avenue 10 #09-1197) which was seating at the front seat of my taxi alighted. Some of the passerby assisted me to opened my driver door as my door was semi block by tree. I then alighted my Taxi. Shortly, Ambulance arrived and checked on my passenger. My passenger informed the paramedic that he sustained abrasion on his both knees area. I felt pain on my neck and the paramedic check on my Blood Pressure. The paramedic told me that my blood pressure result was high and told me to rest for awhile. The paramedic advised me to proceed down to hospital if my neck pain still remain and I acknowledged. Subsequently, my passenger was conveyed by ambulance to Senkang General Hospital.

Traffic Police also at scene and issued me a case card (IO: Hidayah, Tel: 6547 6331). My main Taxi Hirer (Mr. Chandar, HP:8378 4828) was at scene to assist, I then proceeded to Sengkang General hospital for checks

My Taxi sustain front area damages. I was informed by Mr. Chandar that my Taxi was tow away to Taxi workshop.

I wish to state that my Taxi had front in car camera and the Traffic Police Officer at scene had took my

Sketch Plan #2 Pg. 4



T/20190427/2115

3 of 4 Report No. T/20190427/2115

Police Station Of Origin: Serangoon North NPP 108 Serangoon North Ave 1 #01-709 SINGAPORE 550108 Tel No: 1800-2849999

CONTINUATION OF REPORT

Taxi in car camera SD Card.

Sketch Plan #2 Pg. 5





Police Station Of Origin: Serangoon North NPP 108 Serangoon North Ave 1 #01-709 SINGAPORE 550108 Tel No: 1800-2849999 4 of 4 Report No. T/20190427/2115

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 LOH GUO SHENG	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 27/04/2019 15:38
Officer In Charge Of Case: TP / AEIT / Sr Staff Sgt MOHAMAD AULFAZDLI BIN ARDULLAH Contact No.: 654 Authentication Staffip NP168 Signature: Arrigapore Police Force	Classification Of Case:

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID: Vehicle Details	5369K
Vehicle No.:	SHB1046G
Vehicle to be Exported:	No
Intended Deregistration Date:	02 May 2019
Vehicle Make:	TOYOTA
Vehicle Model:	PRIUS HYBRID 1.8 CVT
Primary Colour:	Maroon
Manufacturing Year:	2017
Engine No.:	2ZRS094855
Chassis No.:	JTDKB3FU303572306
Maximum Power Output:	90.0 kW (120 bhp)
Open Market Value:	\$29,007.00
Original Registration Date:	10 Oct 2017
First Registration Date:	10 Oct 2017
Transfer Count:	0
Actual ARF Paid: Intended PARF Rebate Details	\$5,000.00
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	09 Oct 2025
PARF Rebate Amount: Intended COE Rebate Details	\$3,750.00
COE Expiry Date:	09 Oct 2025
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	8
PQP Paid:	\$34,052.00
COE Rebate Amount:	\$27,392.00
Total Rebate Amount: Message	\$31,142.00

Please note that the 8-year COE for this vehicle cannot be further renewed. The vehicle must be de-registered upon COE expiry or when the vehicle reaches its statutory lifespan (if applicable), whichever is earlier.

The information contained herein is correct as at 02 May 2019

OK