

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	13/05/2019 14:34
Date Of Accident	11/05/2019 16:00
Exact Location Of Accident	JUNCTION OF PUNGGOL ROAD AND SENGKANG EAST AVE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB5515T
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 - 19093197 MFSH
Cover Note Number	

Driver

Name of Driver	GOH KWAN ENG
NRIC No	S0261285B
Date Of Birth	19/11/1946
Occupation	OUTDOOR
Date Of Driving Pass	01/01/2000
Driving Experience	19 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-80000000
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	90
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	3
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	YES
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: : FEMALE
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	TANAH MERAH NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 51 NEW UPPER CHANGI ROAD #01-1514 , POSTCODE: 461051 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4499999 - FAX NO: 62447251
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT -T/20190512/2043

Attachment(s)

Are accident photos available for attachment?	NOT AVAILABLE DUE TO CIRCUMSTANCES OF ACCIDENT
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

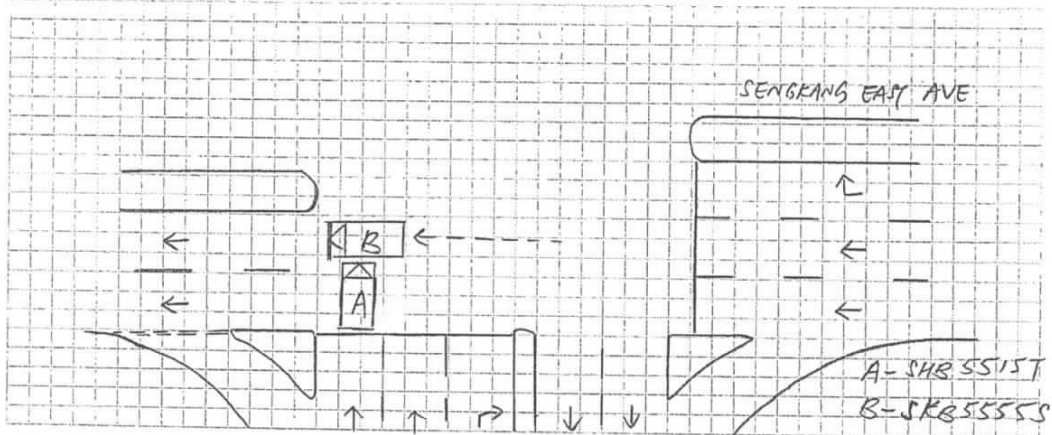
Vehicle Registration Number	SKB5555S
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR

Name of Driver	DIEP HUE DOANG
NRIC/Passport Number	G0099151T
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	GOH KWAN ENG
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SHB5515T
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT *PUNGGOL RD*

REFER TO POLICE REPORT - T/20190512/2043

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:

13/5/19

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

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:

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

13/5/19



**SINGAPORE
POLICE FORCE**



T/20190512/2043

1 of 4

Report No. T/20190512/2043

Police Station Of Origin:
Tanah Merah NPP
51 New Upper Changi Road #01-1514
SINGAPORE 461051
Tel No: 1800-4499999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 12/05/2019 13:39	Vide Report No.: .	Station Diary No.: 11
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Informant's Particulars

Name of Informant: GOH KWAN ENG	Address: 90 GUAN SOON AVENUE SINGAPORE 489649		
ID Type / ID No.: NRIC NO / S0261285B	Contact No.: Home/Office: Mobile: 96554836		
Nationality: SINGAPORE CITIZEN	Email:		
Sex: Male	Age: 72	Date of Birth: 19/11/1946	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 Attended by Police	Drink Drive: No	Date/Time of Accident: 11/05/2019 16:00	Type of Location: X-Junction
Location: Junction of Road 1 and Road 2 PUNGGOL ROAD SENGKANG EAST AVENUE				
Weather: Sunny		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No. of Passenger
SHB5515T	Car				Seriously Damaged	2
SKB5555S	Car				Seriously Damaged	0

Details of Person Involved

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



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Report No. T/20190512/2043

CONTINUATION OF REPORT

Passenger			
Name	CANDY KAI XIN	ID No.	NIL
Related Vehicle	SHB5515T (Car)	Contact No.	92704445
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
Driver			
Name	GOH KWAN ENG	ID No.	S0261285B
Related Vehicle	SHB5515T (Car)	Contact No.	96554836
Hospital/Clinic	SENGKANG GENERAL HOSPITAL PTE. LTD.	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	11/05/2019	Date Discharge	11/05/2019
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	DIEP HUE DOANH	ID No.	G0099151T
Related Vehicle	SKB5555S (Car)	Contact No.	NIL
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 11/05/2019 at about 1600hrs, I was driving my taxi, SHB5515T, along Punggol Road. I had two passengers in my taxi. I stopped my taxi at the junction of Sengkang East Ave as the traffic light was red. When the light turned green, I started to move forward when suddenly a car, SKB5555S, came from the right side collided onto the front side of my vehicle. All the airbags in my taxi activated and I was in a state of shock. I then made a check with my passengers, who is a lady with a young daughter, and they mentioned that they are not injured.

I got out of the taxi and saw the Mercedes which stopped at the side of the road along Sengkang East Ave. The driver then approached me and apologized to me and that she had beat the red light.

The ambulance came shortly after and I was conveyed by ambulance to Sengkang General Hospital. I



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Report No. T/20190512/2043

CONTINUATION OF REPORT

was discharged on the same day and was given 3 days of MC from 11/05/2019 to 13/05/2019.

Traffic police was also at scene and towed my taxi.



**SINGAPORE
POLICE FORCE**



T/20190512/2043

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Report No. T/20190512/2043

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:
G /
Sgt 3 MUHAMMAD FAZLI BIN ZAILANI *[Signature]*

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
Sr Staff Sgt SYED ZAYID MUHAMMAD BIN
SYED ABDUL WAHID ALHINDUAN
Contact No.: 65476394

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
12/05/2019 13:39

Classification Of Case: