

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	28/05/2019 10:30
Date Of Accident	27/05/2019 20:00
Exact Location Of Accident	JUNCTION OF BAYFRONT AVE AND MARINA BOULEVARD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHF362D
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	POH SWEE KHENG (FU RUQING)
NRIC No	S7301091H
Date Of Birth	10/01/1973
Occupation	OUTDOOR
Date Of Driving Pass	14/07/1994
Driving Experience	24 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-80000000
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	521
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?	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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	WOODLANDS EAST N.P.C
Police Station Address	ROAD: 3 WOODLANDS DRIVE 63 , POSTCODE: 737890 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20190528/2065

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	SLP5542T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	

Address	521
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	-
	-
	-

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DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLP5542T
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)

DETAILS OF INJURED PERSON 1

Name

POH SWEE KHENG

Approximate Age

Injuries Sustain

Injured person in which vehicle?

SHF362D

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

YES

Address

Postcode

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.

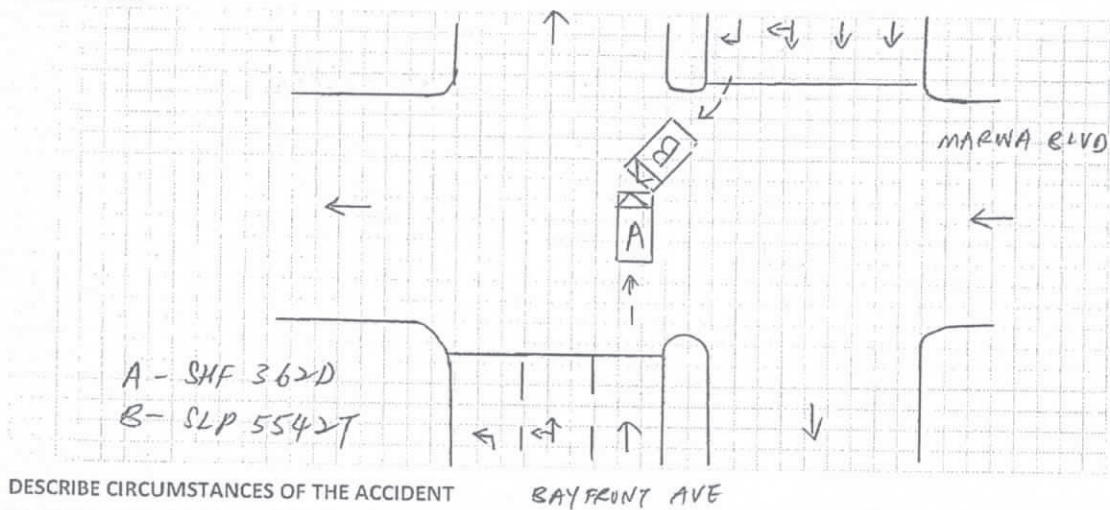


Policyholder's Signature
Date & Time:

CAA 28/5/2019
Driver's Signature
(If driver is not the policyholder)
Date & Time:

ah 28/5/19
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

BAYFRONT AVE

REFER TO POLICE REPORT

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.:



**SINGAPORE
POLICE FORCE**

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



T/20190528/2065

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Report No. T/20190528/2065

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 28/05/2019 12:21		Vide Report No.:		Station Diary No : 61	
Informant's Particulars					
Name of Informant: POH SWEE KHENG			Address: APT BLK 521 WOODLANDS DRIVE 14 #06-339 SINGAPORE 730521		
ID Type / ID No. NRIC NO / S7301091H			Contact No. Home/Office: Mobile: 97973893		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 46	Date of Birth: 10/01/1973	Type of Informant: Driver		
Race: Chinese			Language: Chinese		Institution / School Name:
Occupation: TAXI DRIVER			Driving Licence Information: Class: 2B,3,4		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 27/05/2019 20:00	Type of Location: X-Junction
Location: Junction of Road 1 and Road 2 BAYFRONT AVENUE MARINA BOULEVARD CROSS-JUNCTION OF BAYFRONT AVENUE AND MARINA BOULEVARD				
Weather: Clear	Road Surface: Dry	Road Speed Limit: 50 Km/h		
Traffic Flow: One Way	Traffic Control: Traffic Light - Working	Traffic Volume: Light		
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
SHF362D	Car				Slightly Damaged	0
SLP5542T	Car				Slightly Damaged	1

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**

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/20190528/2065

CONTINUATION OF REPORT

Driver			
Name	POH SWEE KHENG	ID No.	S7301091H
Related Vehicle	SHF362D (Car)	Contact No.	97973893
Hospital/Clinic	SINGAPORE GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,3,4 Date of Expiry: NIL
Date Treatment	27/05/2019	Date Discharge	27/05/2019
No. of Days granted Medical Leave	05	Degree of Injury	Slight

Brief Details.

On 27/05/2019 at about 2000hrs, I was driving my SMRT taxi (SHF362D) with no passenger along Bayfront Avenue towards Shenton Way direction. Eventually, I was arriving at the cross-junction of Bayfront Avenue and Marina Boulevard and driving along the lane 1 (Most right lane). I wish to state that I was driving at the speed of estimate 50km/hour or lesser at that time. After I arrived at the cross-junction the traffic light was green in my favour I then proceeded to drive into the cross-junction. Another vehicle (SLP5542T) from the opposite of the road was attempting to make a right turn from Bayfront Avenue to Marina Boulevard road. The other vehicle then tried to make a turn and had entered into my lane while I was driving and approaching the cross-junction.

Both the vehicles then collided. I got off my vehicle then took a few photos of the scene. However, I was feeling dizzy and uncomfortable and went back to my vehicle to rest and await the ambulance and traffic police to come down to scene. I wish to state that I was feeling very dizzy and unable to keep aware of my surroundings, and did not talk or check the other driver details or contacts or both the vehicles damage. Both the ambulance and the traffic police came down to scene, and I was being conveyed to Singapore General Hospital while conscious. I was discharged on 27/05/2019 and given a 5 days medical certificate from 27/05/2019 to 31/05/2019 reference EMD2019200883. I wish to state that I am unable to police reference number for this incident. I recall the other vehicle had one female passenger.

I am lodging this report for own record and under the SMRT company instruction.

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



T/20190528/2065

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Report No. T/20190528/2065

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 /
Sr Staff Sgt POH JIANYU

Signature Of Informant:



Signature Of Interpreter:
Not applicable

Date/Time:
28/05/2019 12:21

Officer In Charge Of Case:
TP / GIT /
Insp TAN CHIN YONG SN 130
Contact No: 65476178

Classification Of Case:

Authentication Stamp
NP168

 Singapore Police Force

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	5369K
Vehicle Details	
Vehicle No.:	SHF362D
Vehicle to be Exported:	No
Intended Deregistration Date:	31 May 2019
Vehicle Make:	TOYOTA
Vehicle Model:	PRIUS HYBRID 1.8 CVT
Primary Colour:	Maroon
Manufacturing Year:	2017
Engine No.:	2ZR8258272
Chassis No.:	JTDKB3FU603576608
Maximum Power Output:	90.0 kW (120 bhp)
Open Market Value:	\$29,007.00
Original Registration Date:	14 Dec 2017
First Registration Date:	14 Dec 2017
Transfer Count:	0
Actual ARF Paid:	\$5,000.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	13 Dec 2025
PARF Rebate Amount:	\$3,750.00
Intended COE Rebate Details	
COE Expiry Date:	13 Dec 2025
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	8
PQP Paid:	\$34,159.00
COE Rebate Amount:	\$27,903.00
Total Rebate Amount:	\$31,653.00
Message	
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 31 May 2019

OK