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.

国际的现在分词	ACCIDENT STATEMENT
Date Of Report	30/05/2019 15:30
Date Of Accident	30/05/2019 08:15
Exact Location Of Accident	PIE TOWARDS CITY
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SHB5850A
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	FOO TEE CHYE, SIMON
NRIC No	S7329152F
Date Of Birth	13/08/1973
Occupation	OUTDOOR
Date Of Driving Pass	14/01/1994
Driving Experience	25 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-80000000
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address

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

987B

Insurance Company of Driver's Own Vehicle

General Information of the Accident

SIDE SWIPE Type Of Accident CLEAR Weather Conditions DRY Road Surface

Other Information

Was any foreign vehicle involved in this accident? NO 2

Number of vehicles (including own vehicle) involved in the accident

Was any body injured in the Accident? NO Was any injured conveyed to hospital by NO ambulance?

Was any other material or property damaged? I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Passenger 1

YES

NO

YES

GENDER:

2 NAME:

: UNKNOWN

: FEMALE

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Police Station Name Police Station Address HOUGANG NEIGHBOURHOOD POLICE CENTRE

ROAD: 60 HOUGANG AVE 9, POSTCODE: 538775, COUNTRY:

SINGAPORE

TEL NO: 1800-4890999 - FAX NO: 63128989 Police Station Contact

Was notice of intended Prosecution given?

If Yes, against whom?

NO

Circumstances of Accident

REFER TO POLICE REPORT - T/20190530/2045

Attachment(s)

Are accident photos available for attachment? Was there any video captured by Car Camera? YES YES

Remarks/ Reasons:

FILE TOO BIG

NO

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

Vehicle Make/Model/Colour **Details Of Properties**

Vehicle Category

MOTORCYCLE

Name of Driver

UNKNOWN

FBL1466X

NRIC/Passport Number

Contact Number

Page 2 of 12

Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

KETCH PLAN CTE	Towards City	
	$\begin{array}{c c} A \rightarrow \\ B \rightarrow \end{array}$	
DESCRIBE CIRCUMSTANCES O	A - SAB 5850A B - \$311466X	
DECLARATION I/We declare the foregoing partie	culars are true in every respect.	WW-
Policyholder's Signature Date & Time:	Driver's Signature (If driver is not the policyholder)	Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

Date & Time:

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
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- 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.
- 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)

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:
 - 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.

PTE STE

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.:





Police Station Of Origin:

Hougang N:P.C 60 Hougang Avenue 9 SINGAPORE 538775 Tel No: 1800-4890999

1 of 3 Report No. T/20190530/2045

	F A TRAFFIC		1	Station Diary No.
Date/Time Report Made: 30/05/2019 12:52		lade:	Vide Report No.:	80
Informa	nt's Particu	ılars		
	Informant: E CHYE, S	IMON	Address: APT BLK 987B BUANGKOK 0 532987	GREEN #08-27 SINGAPORE
ID Type / ID No.: NRIC NO / S7329152F		52F	Contact No.: Home/Office:	Mobile: 93556276
Nationali SINGAP	ity: ORE CITIZ	EN	Email:	
Sex: Male	Age:	Date of Birth: 13/08/1973	Type of Informant: Driver	
Race: Chinese	•		Language:	Institution / School Name:
Occupation: TAXI DRIVER			Driving Licence Information: Class: 3,4	Date of Expiry:

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 30/05/2019 08:15	Type of Location: Straight Road
	Traveling Toward Rox XPRESSWAY AVENUE 1	ad 2		
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collis	sion:			Anyone conveyed by ambulance:

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHB5850A (Not Accurate)	taxi				Slightly Damaged	1

Sketch Plan Pg. 4





2 of 3

Report No. T/20190530/2045

Hougang N.P.C 60 Hougang Avenue 9 SINGAPORE 538775

Tel No: 1800-4890999

Police Station Of Origin:

CONTINUATION OF REPORT

Brief Details.

On 30/05/2019 at about 0815-0820hrs, I was driving SMRT taxi with vehicle SHB 5850A along CTE towards Ang Mo Kio Avenue 1. I was driving at 3rd lane and going straight and it was heavy traffic at that point of time. While I was driving, there's a motorcycle (unknown vehicle no) came from behind in a very fast speed. As such, the motorcycle hit my right side mirror. He then just rode off. I did not manage to take down his vehicle no. I have a witness which is my passenger (Ms Goh 90122608). I wish to inform that there is no one injured however there is damages on the taxi which is right side mirror was broken and damaged. I already informed my taxi company and they advise me to lodge Traffic Accident report.





3 of 3

Police Station Of Origin: Hougang N.P.C 60 Hougang Avenue 9 SINGAPORE 538775 Tel No: 1800-4890999

Report No. T/20190530/2045

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 3 NUR KHAIRIAH BINTE KHAIRIL ANWAR	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 30/05/2019 12:52
Officer In Charge Of Case: TP / HRT / SSI GOH GEOK LYE Contact No.: 65476148 SN 985	Classification Of Case:
Authentication Stamp NP168 Signature: June pore Police Force	

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	Commence
Owner ID Type:	Company
Owner ID: Vehicle Details	5369K
Vehicle No.:	SHB5850A
Vehicle to be Exported:	No
Intended Deregistration Date:	03 Jun 2019
Vehicle Make:	TOYOTA
Vehicle Model:	PRIUS HYBRID 1.8 CVT
Primary Colour:	Maroon
Manufacturing Year:	2017
Engine No.:	2ZR8253572
Chassis No.:	JTDKB3FU103575916
Maximum Power Output:	90.0 kW (120 bhp)
Open Market Value:	\$29,007.00
Original Registration Date:	12 Dec 2017
First Registration Date:	12 Dec 2017
Transfer Count:	0
Actual ARF Paid: Intended PARF Rebate Details	\$5,000.00
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	11 Dec 2025
PARF Rebate Amount: Intended COE Rebate Details	\$3,750.00
COE Expiry Date:	11 Dec 2025
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	8
PQP Paid:	\$34,159.00
COE Rebate Amount:	\$27,846.00
Total Rebate Amount: Message	\$31,596.00 t be further renewed. The vehicle must be de-registered upon COE expiry or when the

The information contained herein is correct as at 03 Jun 2019

OK