

### 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	17/06/2019 09:28
Date Of Accident	15/06/2019 14:40
Exact Location Of Accident	KAMPONG BHARU ROAD TOWARDS VIVO CITY
Country/State of Loss	SINGAPORE

#### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHF138K
<b>Insured/Policyholder</b>	
Name Of Registered Owner	SMRT TAXIS PTE LTD
Co Reg No	198905369K
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-80000000
Alternative Phone No	OFFICE-80000000

#### Vehicle Particulars

Manufacturer	SSANGYONG
Model	RODIUS SV270-2.7 D (A)
Exact Purpose for which vehicle was being used at time of accident	
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	GOH SWEE CHOON
NRIC No	S0541723F
Date Of Birth	12/10/1948
Occupation	OUTDOOR
Date Of Driving Pass	12/03/1966
Driving Experience	53 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-80000000
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	623C
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 - HEAD TO REAR
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?	YES
If Yes, Please state which Police Station	
Police Station Name	KAMPONG KEMBANGAN NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 112 LENGKONG TIGA #01-215 , POSTCODE: 410112 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7489999 - FAX NO: 67454676
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT - T/20190617/2151

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	FILE TOO BIG
Was there any audio recorded?	NO

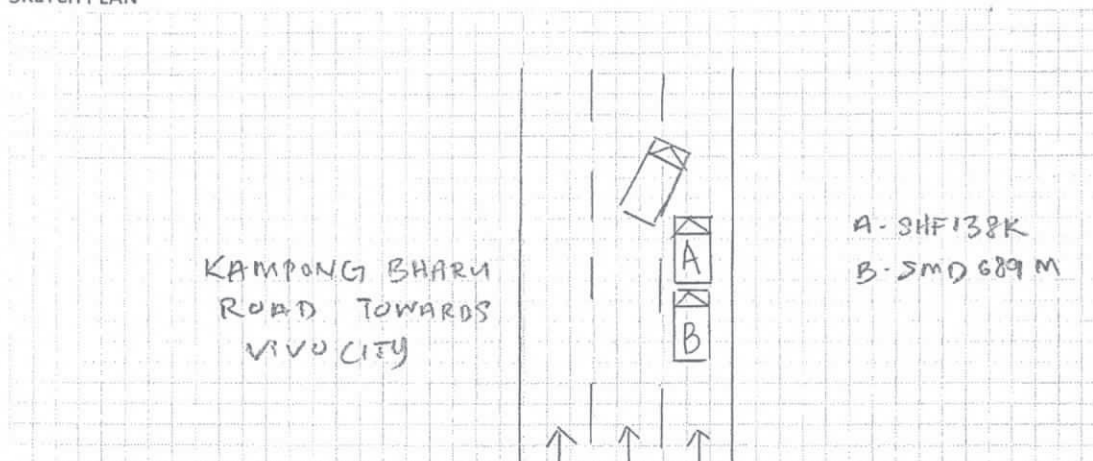
#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMD689M
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	JONATHAN MICHELANGELO HACON
NRIC/Passport Number	S7288233D
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

### SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

DECLARATION S.

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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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.:

**SINGAPORE POLICE FORCE**

Police Station: CY Ought  
Kampung Kembangan 2075  
112 Leong Hong Tze #01 218 BONGSAH 311E  
410112  
Tel No: 1800-7480000

1 of 5  
Report No: KCHG001702151

**REPORT OF A TRAFFIC ACCIDENT**  
Date/Time Report Made: 17/06/2019 16:12

Vide Report No: \_\_\_\_\_ Station Diary No: 36

**Informant's Particulars**

Name of Informant GOH SWEE CHOON		Address APT BLK 623C PUNGGOL CENTRAL #09-374 SINGAPORE	
ID Type / ID No NRIC NO / S0541723F	Contact No	Mobile: 97673299	
Nationality SINGAPORE CITIZEN	Home/Office	Email	
Sex Male	Age 70	Date of Birth 12/10/1948	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 Others	Drink Drive: No	Date/Time of Accident: 15/06/2019 14:40	Type of Location: T-Junction
Location: Along Road 1 KAMPONG BAHRU ROAD				
Near to Junction of Telok Blangah Road				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No. of Passenger
SHF138K	Car				Slightly Damaged	0
SMD689M	Car				Slightly Damaged	2

**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  
Kampong Kembangan NPP  
112 Lengkok Tiga #01-215 SINGAPORE  
410112  
Tel No: 1800-7489999



2 of 3  
Report No: 1/20190617/2161



CONTINUATION OF REPORT

<b>Driver</b>				
Name	GOH SWEE CHOON		ID No	S0541723F
Related Vehicle	SHF138K (Car)		Contact No	97673299
Hospital/Clinic	SENGKANG GENERAL HOSPITAL PTE LTD.		Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	15/06/2019		Date Discharge	15/06/2019
No. of Days granted Medical Leave	03		Degree of Injury	Slight
<b>Driver</b>				
Name	Jonathan Michelangelo Hacon		ID No.	S7288233D
Related Vehicle	SMD689M (Car)		Contact No.	98292458
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.**

I am the above mentioned person. I am the driver of SMRT taxi SHF138K. On 15/06/2019 at about 1440hrs, I was driving along Kg Bahru Road towards the junction of Telok Blangah Road. My vehicle was in lane 1, wanting to turn right towards Vivo City. As I was approaching the traffic junction, an unknown vehicle cut from lane 2 into my lane and I had to brake my vehicle to avoid collision. The unknown vehicle turned into lane 1 and drove off. However, due to the avoidance, another vehicle SMD689M came from the rear of my vehicle and collided into the rear of my taxi.

After the accident, both drivers came down from our vehicles and assessed the damages. We exchanged our particulars eventually. As I was feeling unwell after the accident, I went to Sengkang Hospital for medical treatment and was given 3 days MC. No Police or Ambulance was activated. That is all.

 <b>SINGAPORE POLICE FORCE</b>			
Police Station Of Origin Kembangan Kembangan Area 112 Lengkok Tera #01-216 SINGAPORE 410112 Tel No. 1800-7460339		Report No. T4014081172101	
Sketch Plan Informant is not able to provide sketch plan		CONTINUATION OF REPORT	
<p><b>IMPORTANT:</b> 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 <u>report number</u> as reference.</p>			
Signature Of Officer Recording The Report: G/ SI TAN ZHI QIN, BENJAMIN		Signature Of Informant:	
Signature Of Interpreter: Not applicable		Date/Time: 17/06/2019 19:12	
Officer In Charge Of Case: TP / AEIT / Sgt 2 SHARIFAH NOR FARIZAN BINTE SYED MOHD SAID Contact No.: 65476172		Classification Of Case:	
Authentication Stamp NP168			



> [Back to OneMotoring](#)

## Enquire PARF/COE Rebate for Registered Vehicle

<b>Vehicle Owner Particulars</b>	
Owner ID Type:	Company
Owner ID:	5369K
<b>Vehicle Details</b>	
Vehicle No.:	SHF138K
Vehicle to be Exported:	No
Intended Deregistration Date:	19 Jun 2019
Vehicle Make:	SSANGYONG
Vehicle Model:	RODIUS AUTO TAXI
Primary Colour:	Beige
Manufacturing Year:	2011
Engine No.:	66592622546459
Chassis No.:	KPTV0B1FSCP066700
Maximum Power Output:	121.0 kW (162 bhp)
Open Market Value:	\$21,115.00
Original Registration Date:	13 Jun 2012
First Registration Date:	13 Jun 2012
Transfer Count:	0
Actual ARF Paid:	\$21,115.00
<b>Intended PARF Rebate Details</b>	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	12 Jun 2020
PARF Rebate Amount:	\$12,669.00
<b>Intended COE Rebate Details</b>	
COE Expiry Date:	12 Jun 2020
COE Category:	A - Car (1600cc & below)
COE Period(Years):	8
QP Paid:	\$46,801.00
COE Rebate Amount:	\$5,746.00
<b>Total Rebate Amount:</b>	<b>\$18,415.00</b>
<b>Message</b>	
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 19 Jun 2019

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