

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 | 12/07/2019 18:16 |
| Date Of Accident | 12/07/2019 08:30 |
| Exact Location Of Accident | ALONG ROAD 1 LENTOR AVENUE |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|-----------------|
| Vehicle Registration Number | SHC7067B |
| Insured/Policyholder | |
| Name Of Registered Owner | CITYCAB PTE LTD |
| Co Reg No | 199502839G |
| Email Address | NOEMAIL |
| Mobile Phone No | |
| Alternative Phone No | OFFICE-65508768 |

Vehicle Particulars

| | |
|--|--------------------|
| Manufacturer | HYUNDAI |
| Model | I40-1.7 D CRDI (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-18088937MFSH |
| Cover Note Number | |

Driver

| | |
|----------------------|------------------------|
| Name of Driver | OH GEOK LAY |
| NRIC No | S0886630I |
| Date Of Birth | 01/03/1951 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 06/08/1969 |
| Driving Experience | 49 YEARS AND 11 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-86189456 |
| Fax Number | |
| Contact Number | |
| EEmail Address | NOEMAIL |

| | |
|---|---|
| Address | APT BLK 750 YISHUN STREET 72 #04-160 SINGAPORE |
| Postcode | 760750 |
| 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 - 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? | YES |
| 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) | 2 |
| Passenger 1 | 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 | TAMPINES NORTH NEIGHBOURHOOD POLICE POST |
| Police Station Address | ROAD: BLK 461 TAMPINES STREET 44 #01-56 , POSTCODE: 520461 , COUNTRY: SINGAPORE |
| Police Station Contact | TEL NO: 1800-7818999 - FAX NO: 67838603 |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom? | |

Circumstances of Accident

REFER TO ATTACHMENT

Attachment(s)

| | |
|---|-------------------|
| Are accident photos available for attachment? | YES |
| Was there any video captured by Car Camera? | YES |
| Remarks/ Reasons: | FILE NOT SUITABLE |
| Was there any audio recorded? | NO |

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-----------------------------|--------------|
| Vehicle Registration Number | SHC3984E |
| Vehicle Make/Model/Colour | COMFORT TAXI |
| Details Of Properties | |
| Vehicle Category | TAXI |
| 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 | OH GEOK LAY |
| Approximate Age | 68 |
| Injuries Sustain | SLIGHT |
| Injured person in which vehicle? | SHC7067B |
| Were seat belts worn? | YES |
| Was this injured conveyed to hospital by ambulance? | NO |
| Address | APT BLK 750 YISHUN STREET 72 #04-160 SINGAPORE |
| Postcode | 760750 |

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)

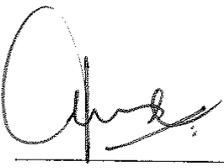
I understand, acknowledge, agree and consent that:

- (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: V
NRIC/FIN No.:

Accident Sketch Plan Pg. 1



**SINGAPORE
POLICE FORCE**



T/20190712/2059

Police Station Of Origin:
Tampines North NPP
461 Tampines Street 44 #01-56 SINGAPORE
520461
Tel No: 1800-7818999

1 of 3

Report No. T/20190712/2059

REPORT OF A TRAFFIC ACCIDENT

| | | |
|--|------------------|-------------------------|
| Date/Time Report Made: 12/07/2019 12:36 | Vide Report No.: | Station Diary No.: 9 |
|--|------------------|-------------------------|

| Informant's Particulars | | | |
|--|------------|--|------------------------------|
| Name of Informant: OH GEOK LAY | | Address: APT BLK 750 YISHUN STREET 72 #04-160 SINGAPORE 760750 | |
| ID Type / ID No.: NRIC NO / S08866301 | | Contact No.: Home/Office: Mobile: 86189456 | |
| Nationality: SINGAPORE CITIZEN | | Email: | |
| Sex: Male | Age: 68 | Date of Birth: 01/03/1951 | Type of Informant: Driver |
| Race: Chinese | | Language: | Institution / School Name: |
| Occupation: Taxi driver | | Driving Licence Information: Class: Date of Expiry: | |

| General Information of the Accident | | | | |
|--|------------------|------------------------------------|--|-------------------------------------|
| Type of Accident: | Injury Others | Drink Drive: No | Date/Time of Accident: 12/07/2019 08:30 | Type of Location: slip road |
| Location: Along Road 1 LENTOR AVENUE slip road towards Yio Chu Kang | | | | |
| Weather: Clear | | Road Surface: Dry | | Road Speed Limit: |
| Traffic Flow: One Way | | Traffic Control: Not Controlled | | Traffic Volume: Moderate |
| 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 |
| SHC3984E | Car | | | | Slightly Damaged | 0 |
| SHC7067B | Car | | | | Slightly Damaged | 1 |

| Details of Person Involved | |
|---------------------------------|--------------------------------|
| Any Pedestrian Involved: No | |
| No. of Pedestrians Injured: NIL | Use of Pedestrian Crossing: NA |



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T/20190712/2059

Police Station Of Origin:
Tampines North NPP
461 Tampines Street 44 #01-56 SINGAPORE
520461
Tel No: 1800-7818999

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Report No. T/20190712/2059

CONTINUATION OF REPORT

| | | | |
|-----------------------------------|---------------------------|--|-----------------------------------|
| Driver | | | |
| Name | OH GEOK LAY | ID No. | S0886630I |
| Related Vehicle | SHC7067B (Car) | Contact No. | 86189456 |
| Hospital/Clinic | Y M CHAN CLINIC & SURGERY | Class of Driving Licence & Expiry Date | Class: NIL Date of Expiry: NIL |
| Date Treatment | 12/07/2019 | Date Discharge | 12/07/2019 |
| No. of Days granted Medical Leave | 03 | Degree of Injury | Slight |

Brief Details.

On the 12/07/2019, at about 8.38am, I was travelling along Lentor Ave in my taxi SHC7067B. Subsequently, my vehicle was stationery along this slip road to merge onto Yio Chu Kang, I was suddenly hit from the rear by another taxi SHC3984E. My vehicle sustained damages on the rear bumper and I have 3 days of MC due to pains on my neck and my right leg from the impact of the accident.



**SINGAPORE
POLICE FORCE**



T/20190712/2059

Police Station Of Origin:
Tampines North NPP
461 Tampines Street 44 #01-56 SINGAPORE
520461
Tel No: 1800-7818999

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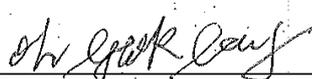
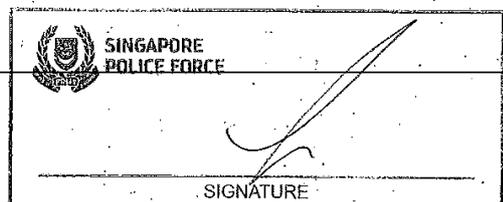
Report No. T/20190712/2059

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 FIRDAUS BIN YUSOFF | Signature Of Informant:  |
| Signature Of Interpreter: Not applicable | Date/Time: 12/07/2019 12:36 |
| Officer In Charge Of Case: TP / AEIT / SI ANG YI TING, STEPHANIE Contact No.: 65476414 | Classification Of Case: |
| Authentication Stamp NP168 |  |

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

