

## 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	11/09/2019 16:36
Date Of Accident	11/09/2019 08:25
Exact Location Of Accident	FROM BRADDELL ROAD TOWARDS LOR 6 TOA PAYOH RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA8464S
<b>Insured/Policyholder</b>	
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	LIM KOON TIN
NRIC No	S0328490E
Date Of Birth	05/04/1949
Occupation	OUTDOOR
Date Of Driving Pass	29/09/1978
Driving Experience	40 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91295251
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	APT BLK 942 JURONG WEST STREET 91 #02-467 SINGAPORE
Postcode	640942
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?	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)	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	NANYANG N.P.C
Police Station Address	<b>ROAD:</b> 2 JURONG WEST AVE 5 , <b>POSTCODE:</b> 649482 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-7929999 - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER POLICE REPORT (T/20190911/2101)

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	SD CARD WITH IO
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBP1373J
Vehicle Make/Model/Colour	GDR155A (AEROX)
Details Of Properties	
Vehicle Category	MOTORCYCLE
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	UNKNOWN MOTORCYCLIST
Approximate Age	
Injuries Sustain	BLEEDING
Injured person in which vehicle?	FBP1373J
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

**SKETCH PLAN**


**IMPORTANT NOTICE**

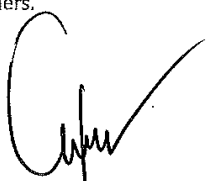
1. Please report correctly the details of the accident to speed up the claims process.
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4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. 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.
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: **Vm1.**  
NRIC/FIN No.:



## POLICE REPORT Pg. 1



**SINGAPORE  
POLICE FORCE**



T/20190911/2101

Police Station Of Origin:  
Nanyang N.P.C  
2 Jurong West Avenue 5 SINGAPORE  
649482  
Tel No: 1800-7929999

1 of 3

Report No. T/20190911/2101

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 11/09/2019 15:25			Vide Report No.:		Station Diary No.: 353
<b>Informant's Particulars</b>					
Name of Informant: LIM KOON TIN			Address: APT BLK 942 JURONG WEST STREET 91 #02-467 SINGAPORE 640942		
ID Type / ID No.: NRIC NO / S0328490E			Contact No.: Home/Office: Mobile: 91295251		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 70	Date of Birth: 05/04/1949	Type of Informant: Driver		
Race: Chinese			Language:	Institution / School Name:	
Occupation: CITYCAB TAXI DRIVER			Driving Licence Information: Class: 3 Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 11/09/2019 08:25	Type of Location:
Location: Along Road 1 Traveling Toward Road 2 BRADDELL ROAD LORONG 6 TOA PAYOH Turning in from Braddell Road to Lor 6 toa payoh before the ERP.				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control:		Traffic Volume: Heavy
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
FBP1373J	Motorcycle	YAMAHA	GDR155A (AEROX)	Red	Slightly Damaged	0
SHA8464S	Car	HYUNDAI	I40 1.7L CRDI AT ABS AIRBAG 4DR	Yellow	Slightly Damaged	1



**SINGAPORE  
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T/20190911/2101

Police Station Of Origin:  
Nanyang N.P.C  
2 Jurong West Avenue 5 SINGAPORE  
649482  
Tel No: 1800-7929999

2 of 3

Report No. T/20190911/2101

**CONTINUATION OF REPORT**

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Driver</b>			
Name	LIM KOON TIN	ID No.	S0328490E
Related Vehicle	NIL	Contact No.	91295251
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On 11/09/2019 at about 0825hrs I was driving along Braddell road, turning to Toa Payoh Lorong 6. As there were heavy traffic, the movement and speed of the vehicles are quite slow. While reaching near to the ERP, the vehicle in front of me suddenly jammed brake, due to my reaction I did the same. After that I heard a loud bang on my vehicle. I went out to make a check and noticed that a motorcycle knocked onto my vehicle. The motorcyclist was injured on the left side of his arm and left leg. I called the ambulance and they came. No government property was damaged. I was informed by the traffic police to make a traffic accident report.



**SINGAPORE  
POLICE FORCE**



T/20190911/2101

Police Station Of Origin:  
Nanyang N.P.C  
2 Jurong West Avenue 5 SINGAPORE  
649482  
Tel No: 1800-7929999

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Report No. T/20190911/2101

**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:

J /

Sgt 2 KELVIN KOK JING XIANG

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

11/09/2019 15:25

Officer In Charge Of Case:

TP / GIT /

SI THABAGESH JEYATHESH

Contact No.: 65476232

Classification Of Case:

Authentication Stamp

NP 108



Signature :

SN 127





**SINGAPORE POLICE FORCE**  
**ACKNOWLEDGEMENT SLIP**

Ref: Report No: E/20190911/0044

I, SS TUDU06 FUDHUS  
(Recipient's Name, NRIC or Passport No. / Rank and No.)  
TP  
of \_\_\_\_\_  
(Address / Police Station / NPC / NPP)

hereby acknowledge receipt of the below mentioned items of:

- 1 One 64GB Samsung Micro SD card
- 2 \_\_\_\_\_
- 3 \_\_\_\_\_
- 4 \_\_\_\_\_
- 5 \_\_\_\_\_
- 6 \_\_\_\_\_
- 7 \_\_\_\_\_
- 8 \_\_\_\_\_
- 9 \_\_\_\_\_
- 10 \_\_\_\_\_

from S0328490E, Lim Koon Tin  
(Name, NRIC or Passport No. / Rank and No.)  
of 942 Jurong West Street 91 #02-467 S 2264  
(Address / Police Station / NPC / NPP)  
on 11/09/19 at 0935 HRS  
(Date) (Time)

Witnessed by / \* Handed over by:  
(\* Delete if applicable)

[Signature]  
(Signature)  
S0328490E  
(Name, NRIC or Passport No. / Rank and No.)

Received by:

[Signature]  
(Signature)  
SS TUDU06  
(Name, NRIC or Passport No. / Rank and No.)

Other Remarks: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Accident Photo



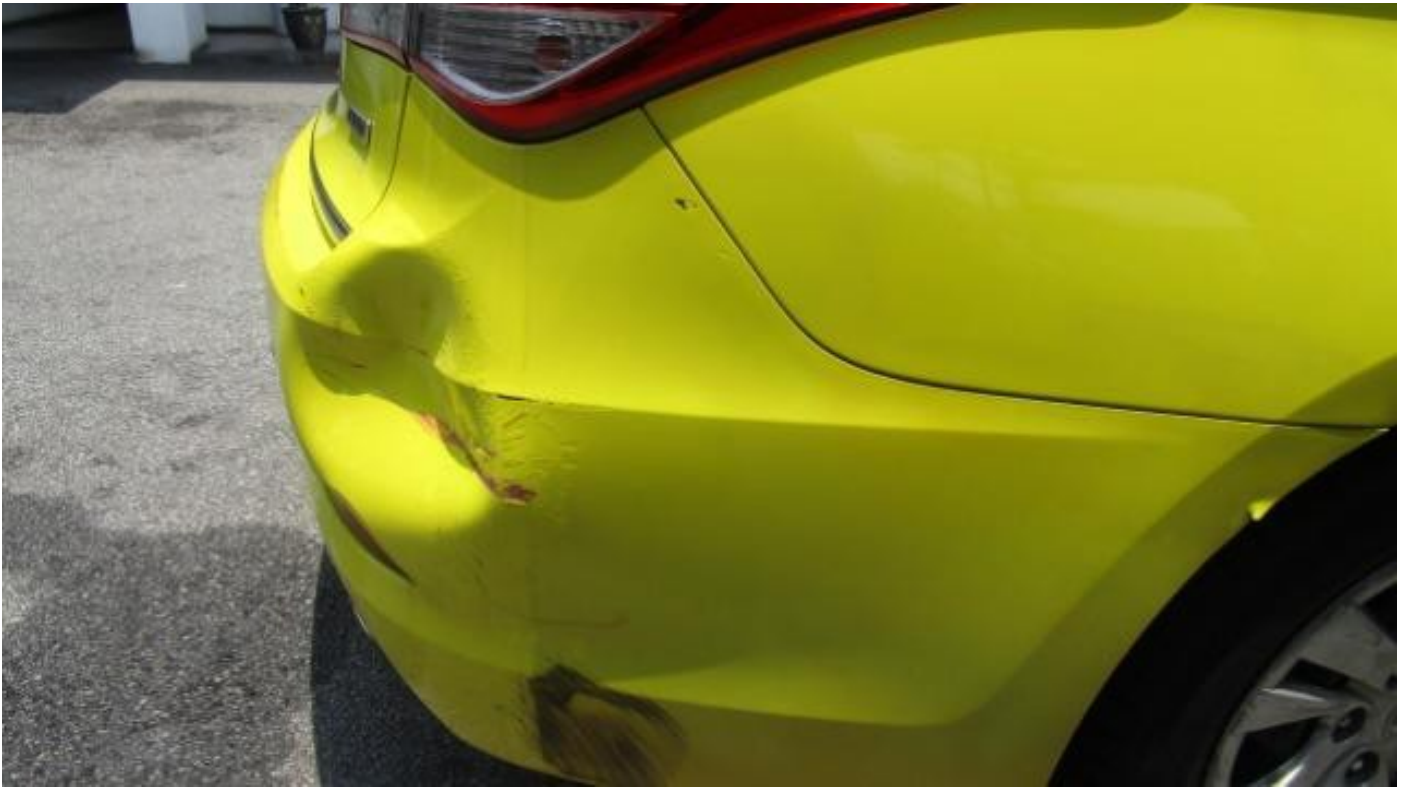
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