

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 | 02/12/2019 11:27 |
| Date Of Accident | 30/11/2019 12:55 |
| Exact Location Of Accident | PIE TOWARDS CHANGI (THOMSON FLYOVER) |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|--------------------|
| Vehicle Registration Number | SHD6481P |
| 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 | NEO CHIN BEE |
| NRIC No | S1628350I |
| Date Of Birth | 30/01/1964 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 05/01/1984 |
| Driving Experience | 35 YEARS AND 10 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-80000000 |
| Fax Number | |
| Contact Number | |
| Email Address | NOEMAIL |

| | |
|---|---------------|
| Address | 142 |
| 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 | CHAIN COLLISION |
| 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 | 3 |
| 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: : LEE LAY ENG GENDER: : FEMALE |

Details of Police Action

| | |
|---|--|
| Was the accident reported to the police? | YES |
| If Yes, Please state which Police Station | |
| Police Station Name | BOON TECK NEIGHBOURHOOD POLICE POST |
| Police Station Address | ROAD: BLK 207 TOA PAYOH NORTH , POSTCODE: 310207 , COUNTRY: SINGAPORE |
| Police Station Contact | TEL NO: 1800-2549999 - FAX NO: 63554310 |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom? | |

Circumstances of Accident

REFER TO POLICE REPORT - T/20191130/2080

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 | SKK6520M |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | PRIVATE CAR |
| Name of Driver | MOHD ZURYNIE |
| NRIC/Passport Number | |
| Contact Number | |

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

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SMM3536D
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 NEO CHIN BEE
Approximate Age
Injuries Sustain
Injured person in which vehicle? SHD6481P
Were seat belts worn?
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

DETAILS OF INJURED PERSON 2

Name LEE LAY ENG
Approximate Age
Injuries Sustain
Injured person in which vehicle? SHD6481P
Were seat belts worn?
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

SKETCH PLAN

IMPORTANT NOTICE

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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:

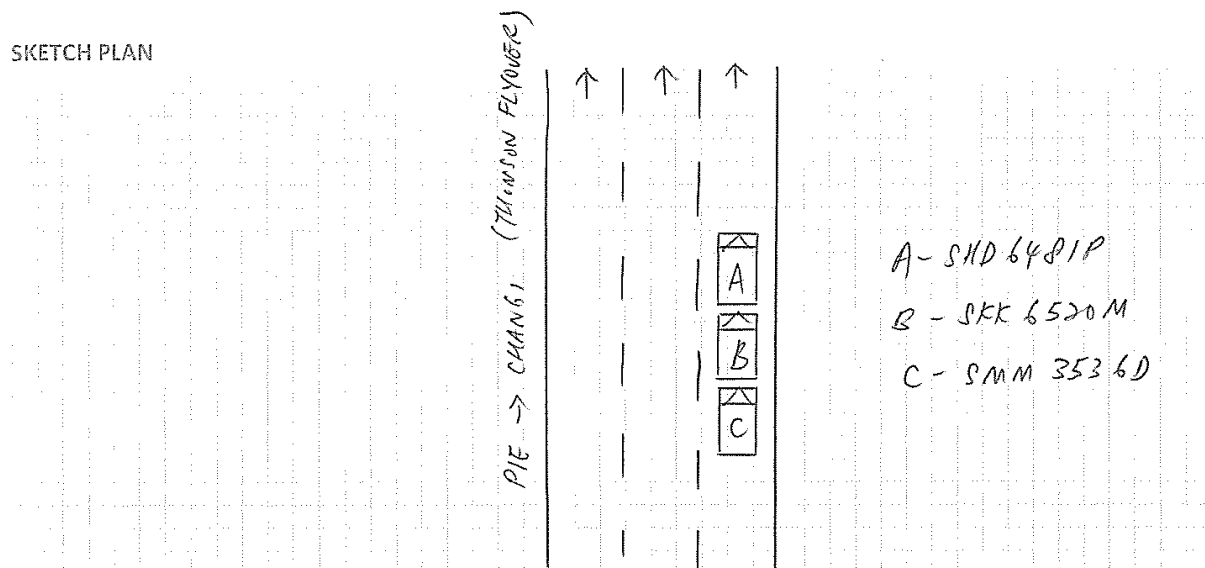
Mac Chien Ben

Driver's Signature
(If driver is not the policyholder)
Date & Time:

Chen Xinyi

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN

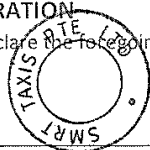


DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO POLICE REPORT - T/ 20191130/ 2080

DECLARATION:

I/We declare the foregoing particulars are true in every respect.



Policyholder's Signature _____
Date & Time: _____

Black Bee

Driver's Signature
(If driver is not the policyholder)
Date & Time:

de 21/12/15

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:



**SINGAPORE
POLICE FORCE**



T/20191130/2080

1 of 4

Police Station Of Origin:
Boon Teck NPP
207 Toa Payoh North #01-1231 SINGAPORE
310207
Tel No: 1800-2549999

Report No. T/20191130/2080

REPORT OF A TRAFFIC ACCIDENT

| | | | | | |
|--|------------|------------------------------|---|--------------------------|----------------------------|
| Date/Time Report Made: 30/11/2019 14:25 | | Vide Report No.: | | Station Diary No.: 15 | |
| Informant's Particulars | | | | | |
| Name of Informant: NEO CHIN BEE | | | Address: APT BLK 142 PETIR ROAD #06-300 SINGAPORE 670142 | | |
| ID Type / ID No.: NRIC NO / S16283501 | | | Contact No.: Home/Office: Mobile: 88167475 | | |
| Nationality: SINGAPORE CITIZEN | | | Email: | | |
| Sex: Male | Age: 55 | Date of Birth: 30/01/1964 | Type of Informant: Driver | | |
| Race: Chinese | | | Language: | | Institution / School Name: |
| Occupation: Taxi driver | | | Driving Licence Information: Class: 2B,3 Date of Expiry: | | |

| | | | | |
|--|------------------|-----------------------|---|--|
| General Information of the Accident | | | | |
| Type of Accident: | Injury Others | Drink Drive: No | Date/Time of Accident: 30/11/2019 12:55 | Type of Location: Flyover |
| Location: Along Road 1 PAN ISLAND EXPRESSWAY Thomson flyover. near to Jalan Toa Payoh | | | | |
| Weather: Clear | | Road Surface: Dry | | Road Speed Limit: |
| Traffic Flow: One Way | | Traffic Control: | | Traffic Volume: Moderate |
| Type of Collision: Chain Collision | | | | Anyone conveyed by ambulance: No |

| Details of Vehicle Involved | | | | | | |
|------------------------------------|------|------|-------|-------|---------------------|-----------------|
| Vehicle No. | Type | Make | Model | Color | Condition | No of Passenger |
| SHD6481P | Car | | | | Slightly Damaged | 1 |
| SKK6520M | Car | | | | | 0 |
| SMM3536D | Car | | | | | 0 |

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



**SINGAPORE
POLICE FORCE**



T/20191130/2080

2 of 4

Police Station Of Origin:
Boon Teck NPP
207 Toa Payoh North #01-1231 SINGAPORE
310207
Tel No: 1800-2549999

Report No. T/20191130/2080

CONTINUATION OF REPORT

| Passenger | | | |
|-----------------------------------|------------------------|--|------------------------------------|
| Name | Lee Lay Eng | ID No. | S1156834C |
| Related Vehicle | SHD6481P (Car) | Contact No. | 98789028 |
| Hospital/Clinic | HORIZON MEDICAL CENTRE | Class of Driving Licence & Expiry Date | Class: NIL Date of Expiry: NIL |
| Date Treatment | 30/11/2019 | Date Discharge | 30/11/2019 |
| No. of Days granted Medical Leave | 04 | Degree of Injury | Slight |
| Driver | | | |
| Name | NEO CHIN BEE | ID No. | S1628350I |
| Related Vehicle | SHD6481P (Car) | Contact No. | 88167475 |
| Hospital/Clinic | HORIZON MEDICAL CENTRE | Class of Driving Licence & Expiry Date | Class: 2B,3 Date of Expiry: NIL |
| Date Treatment | 30/11/2019 | Date Discharge | 30/11/2019 |
| No. of Days granted Medical Leave | 04 | Degree of Injury | Slight |
| Driver | | | |
| Name | Mohd Zurynie | ID No. | NIL |
| Related Vehicle | SKK6520M (Car) | Contact No. | 94595949 |
| 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.

On 30/11/2019 at about 1258hrs, I was driving my vehicle(SHD6481P) and traveling along PIE towards Changi, Thomson flyover near to Jalan Toa Payoh.

My vehicle was moving slowly and had come to a stop, when other vehicle in front of me stopped. That point of time, my vehicle was on the first lane. After my vehicle came to a stationary position, a vehicle SKK6520M hit me from the rear and resulted into a chain collision, where another vehicle (SMM3536D) hit him from the rear.

Subsequently, we all alighted from our vehicle and made a check. I discovered that my vehicle rear bumper was damaged. There was also one passenger in vehicle that point of time. However, no one was conveyed to the hospital and no government property was damaged.



**SINGAPORE
POLICE FORCE**



T/20191130/2080

3 of 4

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Boon Teck NPP

207 Toa Payoh North #01-1231 SINGAPORE

310207

Tel No: 1800-2549999

Report No. T/20191130/2080

CONTINUATION OF REPORT

After the accident, my passenger and I went to Horizon Medical Pte Ltd to consult a doctor and was give 4 days of mc each. My passenger suffered injuries on the right arm and neck area. I then suffered injuries on my neck, back and pain on my right arm.



**SINGAPORE
POLICE FORCE**



T/20191130/2080

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310207
Tel No: 1800-2549999

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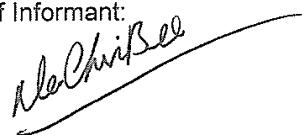


Report No. T/20191130/2080

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: E / Sgt 2 KELVIN ONG LIN WEI | Signature Of Informant:  |
| Signature Of Interpreter: Not applicable | Date/Time: 30/11/2019 14:25 |
| Officer In Charge Of Case: TP / AEIT / Staff Sgt WONG SIEU LUI Contact No.: 6547615 | Classification Of Case: SN 62 |
| Authentication Stamp NP168   | SIGNATURE |

Accident Photo



Accident Photo



Accident Photo



Accident Photo

