

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 | 13/12/2019 13:46 |
| Date Of Accident | 12/12/2019 20:55 |
| Exact Location Of Accident | JUNCTION OF PASIR RIS DRIVE 3 & PASIR RIS DRIVE 4 |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|-----------------|
| Vehicle Registration Number | SHC7337Y |
| 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 | TOYOTA |
| Model | PRIUS TAXI-1.8 (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 | REPORTING ONLY |
| 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 LYE KIEN |
| NRIC No | S0045150I |
| Date Of Birth | 01/08/1949 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 02/04/1970 |
| Driving Experience | 49 YEARS AND 8 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-96169664 |
| Fax Number | |
| Contact Number | |
| EEmail Address | NOEMAIL |

| | |
|---|---|
| Address | APT BLK 323 TAMPINES STREET 33 #08-164 SINGAPORE |
| Postcode | 520323 |
| 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 | COLLIDED INTO MOTORCYCLIST |
| 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) | 1 |

Details of Police Action

| | |
|---|--|
| Was the accident reported to the police? | YES |
| If Yes, Please state which Police Station | |
| Police Station Name | PASIR RIS NEIGHBOURHOOD POLICE CENTRE |
| Police Station Address | ROAD: 1 PASIR RIS DRIVE 4 , POSTCODE: 519457 , COUNTRY: SINGAPORE |
| Police Station Contact | TEL NO: 1800-5852999 - FAX NO: 65855261 |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom? | |

Circumstances of Accident

REFER TO POLICE REPORT -T/20191212/2218

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 | FBF3207X |
| Vehicle Make/Model/Colour | MOTORCYCLE |
| 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)

1

DETAILS OF INJURED PERSON 1

Name UNKNOWN MOTORCYCLIST
Approximate Age
Injuries Sustain
Injured person in which vehicle? FBF3207X
Were seat belts worn?
Was this injured conveyed to hospital by ambulance? YES
Address
Postcode

SKETCH PLAN

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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.

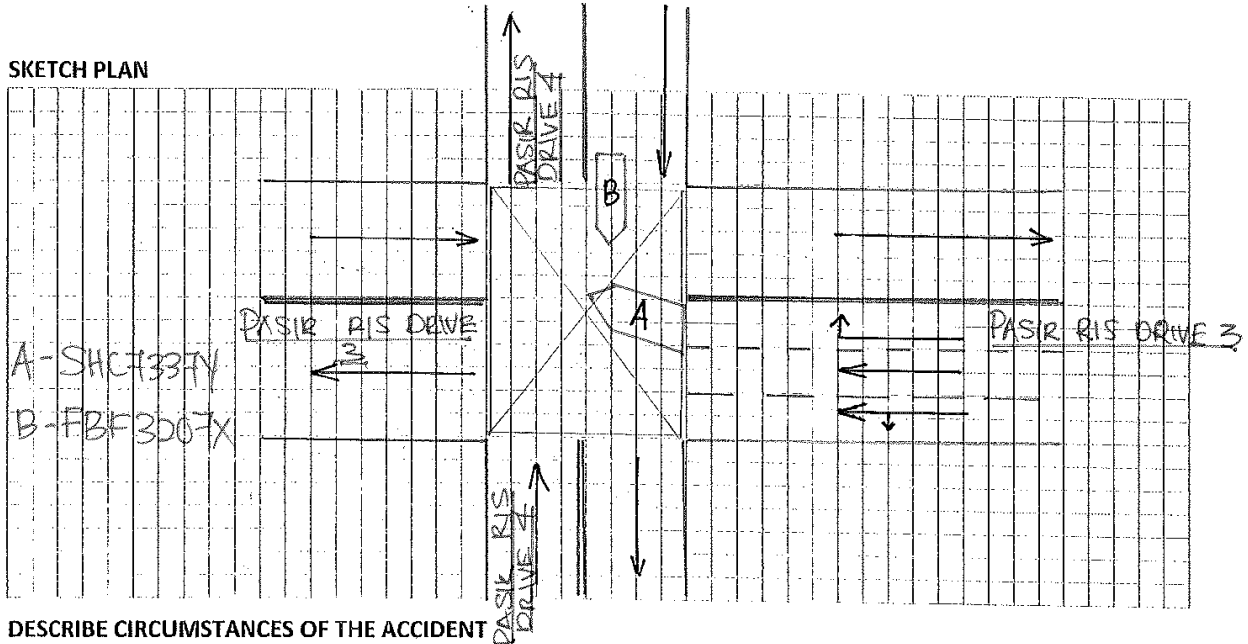
Policyholder's Signature
Date & Time:

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

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

Accident Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFEK POLICE REPORT : T/20191212/2218

DECLARATION

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: VADU
NRIC/FIN No.:



**SINGAPORE
POLICE FORCE**



T/20191212/2218

1 of 3

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

Report No. T/20191212/2218

REPORT OF A TRAFFIC ACCIDENT

| | | | | | |
|--|------------|------------------------------|--|---------------------------|----------------------------|
| Date/Time Report Made: 12/12/2019 23:33 | | Vide Report No.: | | Station Diary No.: 107 | |
| Informant's Particulars | | | | | |
| Name of Informant: LIM LYE KIEN | | | Address: APT BLK 323 TAMPINES STREET 33 #08-164 SINGAPORE 520323 | | |
| ID Type / ID No.: NRIC NO / S0045150I | | | Contact No.: Home/Office: Mobile: 96169664 | | |
| Nationality: SINGAPORE CITIZEN | | | Email: | | |
| Sex: Male | Age: 70 | Date of Birth: 01/08/1949 | Type of Informant: Driver | | |
| Race: Chinese | | | Language: | | Institution / School Name: |
| Occupation: TAXI DRIVER | | | Driving Licence Information: Class: 2B,2A,2,3 Date of Expiry: | | |

General Information of the Accident

| | | | | |
|--|-------------------------------|----------------------|--|--------------------------------------|
| Type of Accident: | Injury: Attended by Police | Drink Drive: No | Date/Time of Accident: 12/12/2019 20:55 | Type of Location: X-Junction |
| Location: Junction of Road 1 and Road 2 PASIR RIS DRIVE 3 PASIR RIS DRIVE 4 Junction of Pasir Ris Dr 3 and Pasir Ris Dr 4; turning right into Pasir Ris Dr 4 | | | | |
| Weather: Clear | | Road Surface: Dry | | Road Speed Limit: |
| Traffic Flow: Two Way | | Traffic Control: | | Traffic Volume: Light |
| Type of Collision: Between Moving Vehicles - Head On | | | | Anyone conveyed by ambulance: Yes |

Details of Vehicle Involved

| Vehicle No. | Type | Make | Model | Color | Condition | No of Passenger |
|-------------|------------|------|-------|-------|------------------|-----------------|
| FBF3207X | Motorcycle | | | | | 1 |
| SHC7337Y | Car | | | | Slightly Damaged | 0 |

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20191212/2218

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

2 of 3

Report No. T/20191212/2218

CONTINUATION OF REPORT

| Driver | | | |
|-----------------------------------|----------------|--|---|
| Name | LIM LYE KIEN | ID No. | S0045150I |
| Related Vehicle | SHC7337Y (Car) | Contact No. | 96169664 |
| Hospital/Clinic | NIL | Class of Driving Licence & Expiry Date | Class: 2B,2A,2,3 Date of Expiry: NIL |
| Date Treatment | NIL | Date Discharge | NIL |
| No. of Days granted Medical Leave | NIL | Degree of Injury | NIL |

Brief Details.

On the above mentioned date time and location, I was intending to turn right from Pasir Ris Drive 3 to Pasir Ris Drive 4 as I was on the way to pick-up a passenger. The right turn was a discretionary right turn, and before I executed my right turn I ensured that there were no pedestrians and no incoming vehicles. I then saw that the road was clear as such I proceeded to make the turn. All of a sudden I noticed that a motorcycle had just sped right in front of me I tried to react by braking however the motorcycle had collided to the front right portion of my car.

The motorcycle then eventually fell somewhere on the opposite side. I then got out of my car and made a check on the motorcyclist and noticed some slight injuries on the arms and legs. The pillion was fine though. I then called for the paramedics however they informed that their resources were already on their way.

Shortly after the paramedics and traffic police arrived. The motorcyclist was conveyed to the hospital and the motorcycle was towed away. The police took the SD card of my in front camera and I was advised to lodge a police report on the accident.



**SINGAPORE
POLICE FORCE**



T/20191212/2218

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

3 of 3

Report No. T/20191212/2218

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 2 MUHAMMAD KHIRUL NA'EM BIN KHIRUDIN | Signature Of Informant: |
| Signature Of Interpreter: Not applicable | Date/Time: 12/12/2019 23:33 |
| Officer In Charge Of Case: TP / GIT / Staff Sgt YAN MINGSHENG DANIEL Contact No.: 65476252 | Classification Of Case: |
| Authentication Stamp NP168 | |



SINGAPORE POLICE FORCE
ACKNOWLEDGEMENT SLIP

Ref: Report No:

G/2019/12/12/0191

I, _____

(Recipient's Name, Contact No. / NRIC or Passport No. / Rank and No.)

of _____

(Address / Police Station / NPC / NPP)

hereby acknowledge receipt of the below mentioned items of:

1

one SGH SD card

2

3

4

5

6

7

8

9

10

from _____

(Name, NRIC or Passport No. / Rank and No.)

of _____

(Address / Police Station / NPC / NPP)

on _____

(Date)

at _____

(Time)

Witnessed by / * Handed over by:

(* Delete if applicable)

(Signature)

(Name, NRIC or Passport No. / Rank and No.)

Received by:

Signature

(Name, Contact No. / NRIC or Passport No. / Rank and No.)

Other Remarks: _____

Accident Photo



Accident Photo



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