

## 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	20/01/2020 15:25
Date Of Accident	18/01/2020 15:30
Exact Location Of Accident	SLE TOWARDS WOODLANDS
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC4754X
<b>Insured/Policyholder</b>	
Name Of Registered Owner	SMRT TAXIS PTE LTD
Co Reg No	1XXXXX369K
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	TAN GEOK SWEE
NRIC No	SXXXX703C
Date Of Birth	27/11/1964
Occupation	OUTDOOR
Date Of Driving Pass	24/03/1987
Driving Experience	32 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-80000000
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	318
Postcode	
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?	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	CHANGKAT NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 109 TAMPINES STREET 11 #01-261 , POSTCODE: 521109 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7819999 - FAX NO: 67832722
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT - T/20200118/2141 ON 18/01/2020 AT ABOUT 1530 HRS, I WAS DRIVING MY TAXI ALONG SLE TOWARDS WOODLANDS ALONG LANE 3. THERE WAS SLOW MOVING TRAFFIC AS THERE WAS CONSTRUCTION WORK AHEAD. JUST AS I WAS SLOW MOVING IN MY TAXI, I FELT MY TAXI GETTING HIT FROM BEHIND THAT CAUSED A WHIPLASH EFFECT ON ME. IN STOPPED MY TAXI AT THE ROAD SHOULDER AND REALISED THAT A LORRY HAD ALSO STOPPED IT VEHICLE BY THE ROAD SHOULDER. I ALIGHTED FROM MY TAXI AND MET UP WITH THE SAID LORRY DRIVER. WE EXCHANGED CONTACT DETAILS AND TOOK PHOTOS OF THE DAMAGES TO OUR VEHICLES. SOON AFTER, I DROVE OFF TO THE TAXI COMPANY AFTER ALERTING THEM ABOUT THE ACCIDENT. I FELT PAIN ON THE BACK OF MY NECK, SHOULDER, LOWER BACK AND ON BOTH MY ARMS. I DECIDED TO SEEK MEDICAL TREATMENT AT MOUNT ALVERNIA HOSPITAL WHERE I WAS GIVEN 5 DAYS OF MEDICAL LEAVE FROM 18/01/2020 TO 22/01/2020. DUE TO THE COLLISION, THERE ARE DAMAGES TO THE REAR PORTION OF MY TAXI SUCH AS DENTS AND GAZE MARKS. I DO NOT HAVE A REAR-FACING CAMERA BUT I DO HAVE A FORWARD-FACING CAMERA IN MY TAXI.

#### 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	YP9929G
Vehicle Make/Model/Colour	
Details Of Properties	

Vehicle Category

GOODS VEHICLE

Name of Driver

HONG YEW LEUNG

NRIC/Passport Number

Contact Number

Address

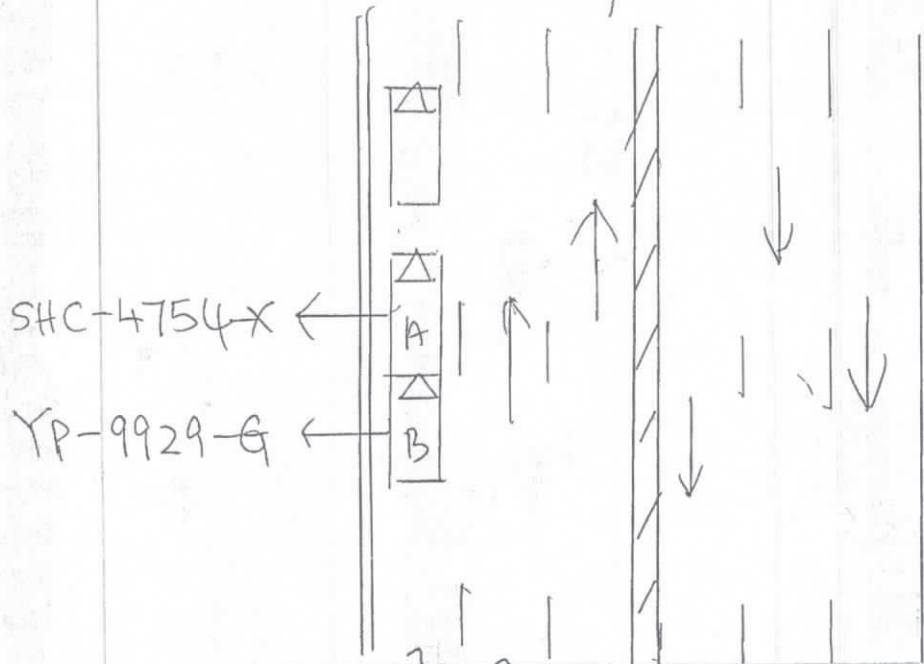
Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)



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 printed text on the paper.

DECLARATION LTD.  
I/We declare the foregoing

Reporting Centre Personnel's Signature  
Name:  
NDIC/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 (a) 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**



T/20200118/2141

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Police Station Of Origin:  
Changkat NPP  
109 Tampines Street 11 #01-261  
SINGAPORE 521109  
Tel No: 1800-7819999

Report No. T/20200118/2141

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 18/01/2020 19:24	Vide Report No.:	Station Diary No.: 15
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Informant's Particulars			
Name of Informant: TAN GEOK SWEE		Address: APT BLK 318 SEMBAWANG VISTA #14-223 SINGAPORE 750318	
ID Type / ID No.: NRIC NO / S1641703C		Contact No.: Home/Office:	Mobile: 9487 5853
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 55	Date of Birth: 27/11/1964	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: Taxi driver		Driving Licence Information: Class: 3,4,5	Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 18/01/2020 15:30	Type of Location: Expressway
Location: Along Road 1 SELETAR EXPRESSWAY  Along SLE towards Woodlands, after the Thomson Flyover Lamp Post Number: 275				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 90 Km/h	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head On			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHC4754X	Taxi	TOYOTA	PRIUS	Maroon	Seriously Damaged	0
YP9929G	Lorry	HINO		White		0

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



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Report No. T/20200118/2141

## CONTINUATION OF REPORT

<b>Driver</b>			
Name	TAN GEOK SWEE	ID No.	S1641703C
Related Vehicle	SHC4754X (Taxi)	Contact No.	9487 5853
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3,4,5 Date of Expiry: NIL
Date Treatment	18/01/2020	Date Discharge	18/01/2020
No. of Days granted Medical Leave	05	Degree of Injury	Slight
<b>Driver</b>			
Name	HONG YEW LEUNG	ID No.	S1654925H
Related Vehicle	NIL	Contact No.	NIL
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 18/01/2020 at about 1530hrs, I was driving my taxi along SLE towards Woodlands along lane 3. There was slow moving traffic as there was construction work up ahead. Just as I was slow moving in my taxi, I felt my taxi getting hit from behind that caused a whiplash effect on me. I stopped my taxi at the road shoulder and realized that a lorry had also stopped its vehicle by the road shoulder. I alighted from my taxi and met up with the said lorry driver. We exchanged contact details and took photos of the damages to our vehicles.

Soon after, I drove off to the taxi company after alerting them about the accident. I felt pain on the back of my neck, shoulder, lower back and on both my arms. I decided to seek medical treatment at Mount Alvernia Hospital where I was given 5 days of medical leave from 18/01/2020 to 22/01/2020. Due to the collision, there are damages to the rear portion of my taxi such as dents and graze marks. I do not have a rear-facing camera but I do have a forward-facing camera in my taxi.



SINGAPORE  
POLICE FORCE

Police Station Of Origin:  
Changkat NPP  
109 Tampines Street 11 #01-261  
SINGAPORE 521109  
Tel No: 1800-7819999



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Report No. T/20200118/2141

## 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 / Staff Sgt MUZAINAH BINTE LATIFF 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 18/01/2020 19:24
Officer In Charge Of Case: TP / AEIT / SI MOHAMAD ZULFAZDLI BIN ABDULLAH Contact No.: 65476204	Classification Of Case:
Authentication Stamp NP168  SINGAPORE POLICE FORCE  SIGNATURE	