

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	29/02/2020 09:06
Date Of Accident	28/02/2020 14:35
Exact Location Of Accident	PIE TOWARDS CHANGI AIRPORT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB5185L
Insured/Policyholder	
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	MOHAMED RAMZAN BIN MOHD DALI
NRIC No	SXXXX283C
Date Of Birth	14/09/1972
Occupation	OUTDOOR
Date Of Driving Pass	21/07/2006
Driving Experience	13 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-80000000
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	917
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: : UNKNOWN GENDER: : MALE

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/20200228/2109

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	SKK8118D
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LENG KENNY
NRIC/Passport Number	SXXXX824F
Contact Number	

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

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SJH8332D
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 MOHAMED RAMZAN BIN MOHD DALI
Approximate Age
Injuries Sustain
Injured person in which vehicle? SHB5185L
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

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:

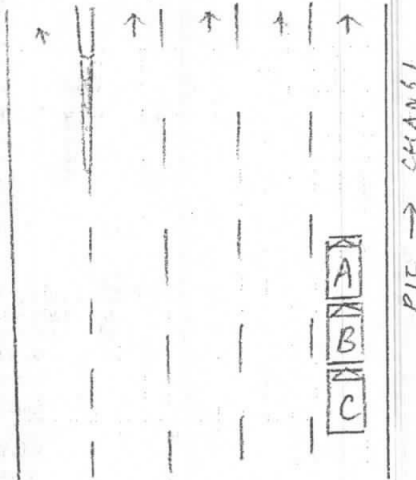
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

ch 29/1/22

Sketch Plan Pg. 2

SKETCH PLAN

EXIT 20B



A - SHB5185L
B - SKK 8118D
C - SJH 8332D

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO POLICE REPORT - 7/20200228/2109

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:
NRIC/FIN No.:

du 29/1/2022



**SINGAPORE
POLICE FORCE**



T/20200228/2109

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Report No. T/20200228/2109

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

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 28/02/2020 19:07	Vide Report No.:	Station Diary No.: 39
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Informant's Particulars

Name of Informant: MOHAMED RAMZAN BIN MOHD DALI			Address: APT BLK 917 JURONG WEST STREET 91 #11-138 SINGAPORE 640917	
ID Type / ID No.: NRIC NO / S7250283C			Contact No.: Home/Office: Mobile: 92291664	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 47	Date of Birth: 14/09/1972	Type of Informant: Driver	
Race: Malay			Language:	Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: 3 Date of Expiry:	

General Information of the Accident

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 28/02/2020 14:35	Type of Location: Straight Road
Location: Along Road 1 PAN ISLAND EXPRESSWAY				
PIE towards Changi before exit 26B				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	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
SHB5185L	Taxi	TOYOTA	PRIUS HYBRID 1.8 CVT	Maroon	Slightly Damaged	1
SJH8332D	Car	KIA	CERATO K3 1.6A SUNROOF	Brown	Slightly Damaged	0



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Report No. T/20200228/2109

CONTINUATION OF REPORT

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SKK8118D	Car	SUZUKI	SWIFT SPORT 1.6 CVT ABS D/AIRBAG 2WD 5DR	Yellow	Slightly Damaged	0

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	MOHAMED RAMZAN BIN MOHD DALI	ID No.	S7250283C
Related Vehicle	SHB5185L (Taxi)	Contact No.	92291664
Hospital/Clinic	NEPTUNE HEALTHCARE MEDICAL & SURGERY	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	28/02/2020	Date Discharge	28/02/2020
No. of Days granted Medical Leave	04	Degree of Injury	Slight
Driver			
Name	LENG KENNY	ID No.	S9122824F
Related Vehicle	SKK8118D (Car)	Contact No.	91178118
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 28/02/2020 at about 1435hrs I driving along PIE towards Changi near to exit 26B and I was in lane 1 and in front of me there's a vehicle jam brake. I manage to brake on time however I could feel a car behind me hit onto my rear side of taxi. It's was huge impact and after that I checked with my male Chinese passenger who sat behind me if he need medical attention however he told me he's not injury. I get out from my taxi and subsequently took photo of the damages of my taxi and exchange particular with the driver. After that I send my passenger to his destination (at Balestier).

Total that involve in the accident is 3 vehicle(including my taxi).

I wish to state that I have 2 inbuild in car camera however the rear side of the camera not functioning. The damages of my taxi is rear side is dented and there's a yellow stain on it.



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T/20200228/2109

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Report No. T/20200228/2109

CONTINUATION OF REPORT

After 1700hrs I went to see doctor as I having shoulder and back pain and doctor gave me 4 days of mc.



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T/20200228/2109

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Report No. T/20200228/2109

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 RAIHAN BIN SUHAIMI

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

28/02/2020 19:07

Officer In Charge Of Case:

TP / GIA /

Staff Sgt WONG SIEU LUI

Contact No.: 65476151

Classification Of Case:

Authentication Stamp

NP168

SINGAPORE
POLICE FORCE

SIGNATURE