

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	03/03/2020 13:03
Date Of Accident	02/03/2020 22:00
Exact Location Of Accident	CRAIG ROAD TOWARDS NEIL ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB1816B
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	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-19093197MFSH
Cover Note Number	

Driver

Name of Driver	PUBHINDER SINGH S/O POORAN SINGH
NRIC No	SXXXX273J
Date Of Birth	12/09/1960
Occupation	OUTDOJR
Date Of Driving Pass	18/09/1978
Driving Experience	41 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-80000000
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address 473B
 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 COLLISION - MAJOR/MINOR RD
 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? 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: : MS LEE
 GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police? NO
 If Yes, Please state which Police Station
 Was notice of intended Prosecution given? NO
 If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT T/20200303/2055 REFER TO POLICE REPORT T/20200303/2055/ I AM PUBHINDER SINGH S/O POORAN SINGH, S1409273J. I AM WORKING AS AN SMRT TAXI DRIVER FOR THE PAST 18 YEARS. MY TAXI REGISTRATION NUMBER IS SHB1819B. ON 02/03/2020 AT ABOUT 10 PM, I FETCHED MY PASSENGER MS LEE(HP :967899345) FROM TANJONG PAGAR PLAZA TAXI STAND AND WAS SENDING HER TO HILL VIEW RISE. SHE WAS SEATED AT THE REAR LEFT PASSENGER SEAT. IWHILE I WAS DRIVING ALONG CRAIG ROAD, AT THE JUNCTION BETWEEN CRAIG ROAD AND YAN KIT ROAD, A CAR WITH REGISTRATION NUMBER SJA8922M, SUDDENLY TURNED LEFT FROM YAN KIT ROAD INTO CRAIG ROAD AND CRASHED INTO THE LEFT SIDE OF MY TAXI (IN BETWEEN THE FRONT AND THE REAR DOOR) AND THE CAR CONTINUED TO TURN LEFT AND WENT UP THE PEDESTRIAN PAVEMENT. THE DRIVER THEN DROVE HIS CAR DOWN FROM THE PAVEMENT BACK ON THE ROAD AND STOPPED HIS CAR. HE CAME OUT OF HIS CAR AND APOLOGISED TO ME. WE EXCHANGED PARTICULARS AND LET ME TAKE PICTURE OF HIS NRIC, HIS NAME IS LIN BINXING, NRIC: S9102369E, ADDRESS: 9 JERVOIS CLOSE #03-19. HIS HAND PHONE NUMBER IS 97208922M ONE FEMALE CHINESE PASSENGER NO INJURY

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 SJA8922M
 Vehicle Make/Model/Colour
 Details Of Properties
 Vehicle Category PRIVATE CAR

Name of Driver LIN BINXING
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

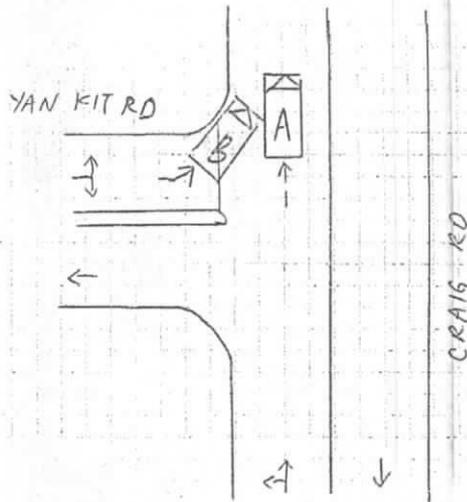
DETAILS OF INJURED PERSON 1

Name PUBHINDER SINGH S/O POORAN SINGH
Approximate Age
Injuries Sustain
Injured person in which vehicle? SHB1816B
Were seat belts worn?
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

Sketch Plan Pg. 1

SKETCH PLAN

A - SHB1816 B
B - SJA8922M



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

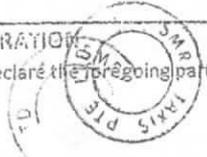
Large rectangular area with horizontal dashed lines for describing the accident circumstances.

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.:



[Signature] 3/8/2020

[Signature] 3/2/20

SKETCH PLAN

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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 any claims including the settlement of the claims and any necessary investigations relating to the claim;
 - (ii) investigating the accident and/or incident;
 - (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/invoice packets); and/or
 - (v) carrying out and/or dealing with my claims, including and/or dealing with my claims, either directly or through my insurer;
- (b) If my insurer or my workshop (and vehicle(s) involved in this accident) and the Insurers' lawyers/law firms, together or jointly, are permitted to disclose my personal data/personal information to any other party for any purpose(s) stated in this form, I consent to such disclosure.
- (c) My insurer or my workshop may be authorised by me to disclose my personal data/personal information to any other party for any purpose(s) stated in this form, I consent to such disclosure.
- (d) My personal data/personal information may be used to provide a better service to me and to other policyholders of the insurer.
- (e) My insurer or my workshop may be authorised by me to disclose my personal data/personal information to any other party for any purpose(s) stated in this form, I consent to such disclosure.
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- (y) My insurer or my workshop may be authorised by me to disclose my personal data/personal information to any other party for any purpose(s) stated in this form, I consent to such disclosure.
- (z) My insurer or my workshop may be authorised by me to disclose my personal data/personal information to any other party for any purpose(s) stated in this form, I consent to such disclosure.



Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name:
NRIC/IN No:



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Marina Bay N.P.C
70 Marina View SINGAPORE 018962
Tel No: 1800-2229999



T/20200303/2055

1 of 4

Report No. T/20200303/2055

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 03/03/2020 12:31	Vide Report No.:	Station Diary No.: 26
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Informant's Particulars

Name of Informant: PUBHINDER SINGH S/O POORAN SINGH		Address: APT BLK 473B UPPER SERANGOON CRESCENT #02-329 SINGAPORE 532473	
ID Type / ID No.: NRIC NO / S1409273J		Contact No.: Home/Office: Mobile: 83720049	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 59	Date of Birth: 12/09/1960	Type of Informant: Driver
Race: Sikh		Language: English	Institution / School Name:
Occupation: Taxi driver		Driving Licence Information: Class: 2B,2A,2,3,4,5	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 02/03/2020 22:00	Type of Location: T-Junction
Location: Junction of Road 1 and Road 2 CRAIG ROAD YAN KIT ROAD Junction of Craig Rd and Yan Kit Rd				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: No Traffic	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No. of Passenger
SHB1816B	Car				Slightly Damaged	1
SJA8922M	Car				Slightly Damaged	1

Details of Person Involved

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



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70 Marina View SINGAPORE 018962
Tel No: 1800-2229999



T/20200303/2055

2 of 4

Report No. T/20200303/2055

CONTINUATION OF REPORT

Driver			
Name	PUBHINDER SINGH S/O POORAN SINGH	ID No.	S1409273J
Related Vehicle	SHB1816B (Car)	Contact No.	83720049
Hospital/Clinic	A LIFE CLINIC PTE LTD	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3,4,5 Date of Expiry: NIL
Date Treatment	03/03/2020	Date Discharge	NIL
No. of Days granted Medical Leave	07	Degree of Injury	Slight
Passenger			
Name	Ms Lee	ID No.	NIL
Related Vehicle	NIL	Contact No.	96799345
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
Driver			
Name	Lin Binxing	ID No.	S9102369E
Related Vehicle	NIL	Contact No.	97202604
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.

I am Pubhinder Singh S/O Pooran Singh, S1409273J. I am working as an SMRT Taxi Driver for the past 18 years. My Taxi registration number is SHB1816B.

2. On 2/3/2020 at about 10pm, I fetched my passenger Ms Lee (HP: 96799345) from Tanjong Pagar Plaza taxi stand and was sending her to Hillview Rise. She was seated at the rear left passenger seat. While I was driving along Craig Road toward Neil Road, at the junction between Craig Road and Yan Kit Road, a car with registration number SJA8922M, suddenly turned left from Yan Kit Road into Craig Road and crashed into the left side of my taxi (in between the front and the rear door) and the car continued to turn left and went up the pedestrian pavement. The driver then drove his car down from the pavement back onto the road and stopped his car. He came out of his car and apologized to me. We exchanged particulars and he let me take picture of his NRIC, his name is Lin Binxing, NRIC: S9102369E, address: 9 Jervois Close #03-19. His handphone number is 9720 8922M.



**SINGAPORE
POLICE FORCE**



T/20200303/2055

3 of 4

Report No. T/20200303/2055

Police Station Of Origin:
Marina Bay N.P.C
70 Marina View SINGAPORE 018962
Tel No: 1800-2229999

CONTINUATION OF REPORT

3. During the collision, my right neck felt pain because my head had hit onto the right side of the car interior. The right side of my upper torso also felt pain. As for my passenger told me that she had some back pain. Both of us had no visible injuries and were not bleeding. Both the front and the rear taxi door was dented in but I am not sure what is the cost of the damages. The front of the other car was also damaged with scratches and the front right headlight was cracked. We did not call police after the incident.

4. On 3/3/2020 in the morning, I went to the clinic at A Life Clinic Pte Ltd together with my passenger where we both saw a doctor for our pain from the accident. I was given an MC of 7 days (from 3 March 2020 to 9 March 2020). Afterward we came together to Marina Bay NPC to lodge a traffic accident report. I am lodging the report for my insurance claim purpose.



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T/20200303/2055

4 of 4

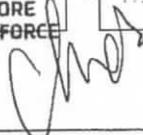
Report No. T/20200303/2055

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: A / ASP CANDICE CHUA SHUMIN 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 03/03/2020 12:31
Officer In Charge Of Case: TP / AEIT / Sr Staff Sgt ONG YONG HOCK Contact No.: 65476436	Classification Of Case:
Authentication Stamp NP168	 SINGAPORE POLICE FORCE SIGNATURE