

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	29/06/2020 15:31
Date Of Accident	26/06/2020 10:25
Exact Location Of Accident	ALG HOY FATT RD TURNING TWRDS LENG KEE RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA9340J
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	HYUNDAI
Model	AE IONIQ HEV-1.6 (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	TAN LAY HOCK
NRIC No	
Date Of Birth	02/10/1959
Occupation	OUTDOOR
Date Of Driving Pass	26/02/1992
Driving Experience	28 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94525296
Fax Number	
Contact Number	
E-Mail Address	NOEMAIL

Address	APT BLK 456 SEGAR ROAD #05-123 SINGAPORE
Postcode	670456
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	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)	2
Passenger 1	NAME: : JOHN GENDER: : MALE


Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	BUKIT PANJANG
Police Station Address	ROAD: 1 SEGAR ROAD , POSTCODE: 677738 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8929999 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER POLICE REPORT - T/20200626/2039

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	SD CARD W 
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBH3071J
Vehicle Make/Model/Colour	
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)

DETAILS OF INJURED PERSON 1

Name UNKNOWN RIDER

Approximate Age

Injuries Sustain

Injured person in which vehicle? FBH3071J

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: Vero
NRIC/FIN No.:

[https://doi.org/10.1016/j.jmb.2019.07.008](#)

~~INFORMANT - UNUSABLE SOURCE~~

PETER police report - T/20200626/2039.

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

Reporting Centre Personnel's Signature
Name: VADJ.

POLICE REPORT Pg. 1



**SINGAPORE
POLICE FORCE**



T/20200626/2039

Police Station Of Origin:
Bukit Panjang N.P.O
1 Segar Road #01-05 SINGAPORE 677738
Tel No: 1800-8929999

1 of 3

Report No. T/20200626/2039

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 26/06/2020 14:45		Vide Report No.: D/20200626/0042		Station Diary No.: 87	
Informant's Particulars					
Name of Informant: TAN LAY HOCK			Address: APT BLK 456 SEGAR ROAD #05-123 SINGAPORE 670456		
ID Type / ID No.: NRIC NO / [REDACTED]			Contact No.: Home/Office: Mobile: 94525296		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 60	Date of Birth: 02/10/1959	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: 26/06/2020 10:25	Type of Location: T-Junction
Location: Along Road 1 HOY FATT ROAD LENG KEE ROAD HOY FATT ROAD TURNING TOWARDS LENG KEE ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
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
FBH3071J	Motorcycle				Slightly Damaged	0
SHA9340J	TAXI				Slightly Damaged	1

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

POLICE REPORT Pg. 2



**SINGAPORE
POLICE FORCE**



T/20200626/2039

Police Station Of Origin:
Bukit Panjang N.P.C
1 Segar Road #01-05 SINGAPORE 677738
Tel No: 1800-8929999

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Report No. T/20200626/2039

CONTINUATION OF REPORT

Driver			
Name	TAN LAY HOCK		ID No. [REDACTED]
Related Vehicle	SHA9340J (TAXI)		Contact No. 94525296
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
Passenger			
Name	JOHN		ID No. NIL
Related Vehicle	SHA9340J (TAXI)		Contact No. 97453016
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 26th June 2020 at about 1025hrs, I was driving my taxi (SHA9340J) along Hoy Fatt Road turning right towards Leng Kee Road. I stop my vehicle at the stopped line. As I wanted to made a right turn, I made a check on my right and notice a white vehicle, still a distance away. I decided to move on. All of a sudden, a motorcycle (FBH3071J) came out of nowhere from my right. I immediately step on my brake. However, I still collided with the motorcycle. Police and Ambulance came shortly after. My passenger and myself were not injured. The motorcyclist was then conveyed by the ambulance.



**SINGAPORE
POLICE FORCE**



T/20200626/2039

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Report No. T/20200626/2039

Police Station Of Origin:
Bukit Panjang N.P.C
1 Segar Road #01-05 SINGAPORE 677738
Tel No: 1800-8929999

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:

J /

Sgt 3 AUSTIN TAN RI QUAN

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:

TP / GFT /

Staff Sgt LEE GUANG HUI

Contact No.: 65476138

Authentication Stamp

NP168

Signature Of Informant:

[Signature]

Date/Time:

26/06/2020 14:45

Classification Of Case:



SINGAPORE POLICE FORCE ACKNOWLEDGEMENT SLIP

Ref: Report No: #D/20200626/0042

I, SS 7120242 Kefalee
(Recipient's Name, Contact No. / NRIC or Passport No. / Rank and No.)

of Traffic Police HQ.
(Address / Police Station / NPC / NPP)

hereby acknowledge receipt of the below mentioned items of:

- 1 ONE SUMMONER 64 EVO PLUS MICRO SD memory card.
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10

from [REDACTED] Tan Lay Hock
(Name, NRIC or Passport No. / Rank and No.)

of B11c 456 Segor Rd #05-123 S 670456
(Address / Police Station / NPC / NPP)

on 26/06/2020 at 1110 AM.
(Date) (Time)

Witnessed by / * Handed over by:
(* Delete if applicable)

Received by:

[REDACTED]
(Signature)

[REDACTED]
Signature

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

SS 7120242 Kefalee
(Name, Contact No. / NRIC or Passport No. / Rank and No.)

Other Remarks: nil

TP 10 S4B5.
8547609D

1875

1876

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