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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding 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

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	24/08/2020 15:28
Date Of Accident	23/08/2020 12:00
Exact Location Of Accident	ALONG AYER RAJAH EXPRESSWAY
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SHB3670R
Insured/Policyholder	
Name Of Registered Owner	CITYCAB PTE LTD
Co Reg No	1XXXXX839G
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	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-18088937MFSH

Cover Note Number

Driver

Name of Driver

ONG SOON LEE

NRIC No

SXXXX135D

Date Of Birth

16/04/1965

Occupation

OUTDOOR

Date Of Driving Pass

06/04/1988

Driving Experience 32 YEARS AND 4 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-90021556

Fax Number

Contact Number

EMail Address NOEMAIL

Address APT BLK 660C JURONG WEST STREET 64 #02-364

SINGAPORE

Postcode 643660

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 - HEAD TO REAR

Weather Conditions RAINING
Road Surface WET

Other Information

ambulance?

Was any foreign vehicle involved in this accident?

Number of vehicles (including own vehicle)

involved in the accident

2

NO

Was any body injured in the Accident? YES

Was any injured conveyed to hospital by

NO

YES

Was any other material or property damaged?

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 TAMPINES NORTH NPP

Police Station Address ROAD: 461 TAMPINES ST 44 #01-56, POSTCODE: 520461, COUNTRY:

SINGAPORE

Police Station Contact TEL NO: - FAX NO:

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT: T/20200824/2041

Attachment(s)

Are accident photos available for attachment?

YES

NO

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

FILE NOT SUITABLE

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SHC7689G
Vehicle Make/Model/Colour CITY CAB TAXI

Details Of Properties FRONT Vehicle Category TAXI

Name of Driver

NRIC/Passport Number

Contact Number

Address Postcode

Page 2 of 21

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

	DETAILS OF INJURED PERSON 1
Name	ONG SOON LEE
Approximate Age	55
Injuries Sustain	3 DAYS MC
Injured person in which vehicle?	SHB3670R
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	APT BLK 660C JURONG WEST STREET 64 #02-364 SINGAPORE
Postcode	6433660

Accident Sketch Plan Pg. 1

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
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- 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. 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: 🐠

NRIC/FIN No.:

Accident Sketch Plan Pg. 2

SKETCH PLAN		
A-SHB		3
HATSHC=	F6896111 III M	Exples way .
DESCRIBE CIRCUMSTANCES O	OF THE ACCIDENT	
	8	1406/4630
Prof. Cham.	1/2000	0004/204/

	11-99/66-6-1	
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		11000
	CONTRACTOR AND	-
1.		
	1.00 May p _{ress}	
	· · · · · · · · · · · · · · · · · · ·	
DECLARATION	··wastie	
I/We declare the foregoing particu	ilars are true in every respect.	
	Call W	
Policyholder's Signature	Driver's Signature	Reporting Centre Personnel's Signature
Date & Time:	(If driver is not the policyholder) Date & Time:	Name: NRIC/FIN No.:

GARME SketchPland-orm, V3

Page 5 of 21

W Y Teh Family Clinic and Surgery

WYTEH FAMILY CLINIC AND SURGERY 462, TAMPINES STREET 44 #01-60 SINGAPORE 520462 Tel: 67836802

Medical Certificate

Date of Visit: 24-Aug-2020

MC No.: MC2008241306

This is to certify that

Name: ONG SOON LEE

NRIC: S .: 135D

is Unfit for Work

for 3 day(s) from 24-Aug-2020 to 26-Aug-2020

Remarks:

DR TEH WEN YANG JOEL

FAMILY PHYSICIAN

MBBS (SINGAPORE)

Doctor Name: Joel Teh MCR: M11254B

Blk 462 Tampines Street 44 #01-60 Singapore 520462 Tel: 6783 6802 Fax: 6783 6039

POLICE REPORT Pg. 1





Police Station Of Origin: Tampines North NPP

Report No. T/20200824/2041

1 of 3

461 Tampines Street 44 #01-56 SINGAPORE

520461

Tel No: 1800-7818999

REPORT	OF A	TRAFFIC	ACCIDENT

	•	 **	
Date/Time Report Ma	ade:	Vide Report No.:	Station Diary No.:
24/08/2020 12:34			9

Address:
APT BLK 660C JURONG WEST STREET 64 #02-364 SINGAPORE 643660
Contact No.: Home/Office: Mobile: 90021556
Email:
Type of Informant: Driver
Language: Institution / School Name:
Driving Licence Information: Class: 3 Date of Expiry:

				•
General informat	ion of the Accident			
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 23/08/2020 12:00	Type of Location: Straight Road
Location:				
AYER RAJAH E	KPRESSWAY			
Weather: Drizzling		load Surface: Vet	F	Road Speed Limit:
Traffic Flow: Two Way		raffic Control: lot Controlled		Fraffic Volume: Moderate
Type of Collision Between Moving	: Vehicles - Head To Rear	•	6	Anyone conveyed by ambulance: No

Details of Ve	etticle involved		The Car			
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SHB3670R	Car				Slightly	0
					Damaged	
SHC7689G	Car				Slightly	2
					Damaged	

		The first section of the	A CONTRACTOR
Details of Person Involved		i = i	
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL	Use of Pedestrian Cros	sing: NA	

POLICE REPORT Pg. 2





2 of 3

Report No: T/20200824/2041

Police Station Of Origin: Tampines North NPP 461 Tampines Street 44 #01-56 SINGAPORE 520461

Tel No: 1800-7818999

Driver	$\frac{\partial^2 C}{\partial x^2} = \frac{\partial^2 C}{\partial x^2} + \frac{\partial^2 C}{\partial$		1	
Name	ONG SOON LEE	ID No	D .	S '135D
Related Vehicle	SHB3670R (Car)	Cont	act No.	90021556
Hospital/Clinic	WYTEH FAMILY CLINIC AND S	URGERY Clas	s of	Class: 3
		Drivi	ng	Date of Expiry: NIL
		Licer	nce &	13
		Expi	y Date	
Date Treatment	24/08/2020	Date Discharge	NIL	
No. of Days gran	ted Medical Leave 03	Degree of Injury	Sligh	

Brief Details.

On 23/08/2020 at 1200hrs, I was driving my taxi(SHB3670R) at the lane 1 of the AYE after Kent Ridge exit towards City to visit my wife in the Singapore General hospital. The car in front of me slowed down and stopped and I followed suit. After that a taxi(SHC7689G) collided onto the back of my taxi. went out of my taxi to take photo of the license plate of the other taxi and took the driver contact number hp:84992632. During the moment, both of us were in a rush so I did not take note of the damage done to his car. My taxi suffered a slight dent from the back. No visible injuries were seen on me and the other. driver. After the accident, I continue to proceed to visit my wife.

On 24/08/2020 at 0600hrs,I woke up and felt pain on my neck and my back area, I proceeded to W Y The Family Clinic and Surgery and I received a 3 day MC from 24/08/2020 to 26/06/2020.

I am lodging this report for my company report and my insurance claim.

POLICE REPORT Pg. 3





Police Station Of Origin: Tampines North NPP 461 Tampines Street 44 #01-56 SINGAPORE 520461 3 of 3 Report No. T/20200824/2041

520461 CONTINUATION OF REPORT Tel No: 1800-7818999

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:	Signature Of Informant:
G1	I I I I I I I I I I I I I I I I I I I
Sgt 2 MUHAMMAD IZZ KHAIRIN BIN	
MOHAMED-HISHAM- Wife Troing	1 My
WONG QING TIE	
Signature Of Interpreter:	Date/Time:
Not applicable	24/08/2020 12:34
Officer In Charge Of Case:	Classification Of Case:
TP/AEIT/	
Sgt 2 SHARIFAH NOR FARIZAN BINTE/SYED	
MOHD SAID	
Contact No.: 65476172	
Authentication Stamp	C. da
NP168	egre























