

## 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	07/09/2020 15:31
Date Of Accident	05/09/2020 19:30
Exact Location Of Accident	BOON LAY DRIVE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC4521B
<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
Fleet Policy	YES
Policy Number	D-20095484MFSH
Cover Note Number	

### Driver

Name of Driver	FAN MEI SIONG
NRIC No	SXXXX040B
Date Of Birth	02/03/1957
Occupation	OUTDOOR
Date Of Driving Pass	26/07/2004
Driving Experience	16 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-80000000
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address 11  
 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 - 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 NANYANG N.P.C  
 Police Station Address ROAD: 2 JURONG WEST AVE 5 , POSTCODE: 649482 , COUNTRY: SINGAPORE  
 Police Station Contact TEL NO: 1800-7929999 - FAX NO:  
 Was notice of intended Prosecution given? NO  
 If Yes, against whom?

#### Circumstances of Accident

REFER TO POLICE REPORT - T/20200905/2104

#### Attachment(s)

Are accident photos available for attachment? YES  
 Was there any video captured by Car Camera? NO  
 Was there any audio recorded? NO

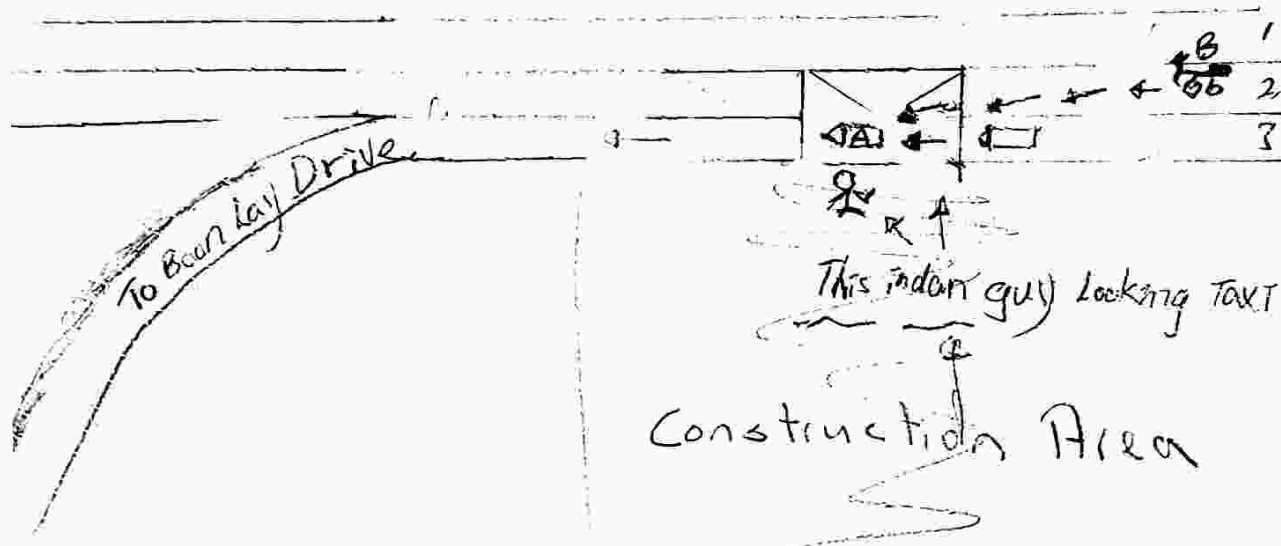
#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number FBF9863L  
 Vehicle Make/Model/Colour  
 Details Of Properties  
 Vehicle Category MOTORCYCLE  
 Name of Driver TEY DANNY  
 NRIC/Passport Number GXXXX888Q  
 Contact Number  
 Address  
 Postcode  
 Insurance Company Name  
 Nature Of Damage

No. Of Passenger (Including Driver)

To

Boon Lay - MRT TRACK



**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

**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:

*[Signature]*

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

*[Signature]* 7/9/2022

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



# SINGAPORE POLICE FORCE

Police Station Of Origin:  
Nanyang N.P.C  
2 Jurong West Avenue 5 SINGAPORE  
649482  
Tel No: 1800-7929999



T/20200905/2104

1 of 3

Report No. T/20200905/2104

REPORT OF A TRAFFIC ACCIDENT		Vide Report No.:		Station Diary No.: 81	
Date/Time Report Made: 05/09/2020 21:54					
<b>Informant's Particulars</b>			Address: APT BLK 633 YISHUN STREET 61 #10-24 SINGAPORE		
Name of Informant: FAN MEI SIONG			Contact No.: 760633		Mobile: 82002300
ID Type / ID No.: NRIC NO / S1249040B			Home/Office: Email:		
Nationality: SINGAPORE CITIZEN			Type of Informant: Driver		Institution / School Name:
Sex: Female	Age: 63	Date of Birth: 02/03/1957	Language:		Date of Expiry:
Race: Chinese			Driving Licence Information: Class:		
Occupation: Taxi driver					
<b>General Information of the Accident</b>					
Type of Accident:	Non-Injury Hit and Run		Drink Drive: No	Date/Time of Accident: 05/09/2020 19:35	Type of Location: Straight Road
Location: BOON LAY WAY		Road Surface: Wet		Road Speed Limit:	
Weather: Clear		Traffic Control: Not Controlled		Traffic Volume: Moderate	
Traffic Flow: One Way		Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction		Anyone conveyed by ambulance: No	
<b>Details of Vehicle Involved</b>					
Vehicle No.	Type	Make	Model	Color	Condition
FBF9863L	Motorcycle				0
SHC4521B	Car				Slightly Damaged
<b>Details of Person Involved</b>					
Any Pedestrian Involved: No					Use of Pedestrian Crossing: NA
No. of Pedestrians Injured: NIL					

## Sketch Plan Pg. 4



**SINGAPORE  
POLICE FORCE**



T/20200905/2104

Police Station Of Origin:  
Nanyang N.P.C  
2 Jurong West Avenue 5 SINGAPORE  
649482  
Tel No: 1800-7929999

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Report No. T/20200905/2104

## CONTINUATION OF REPORT

<b>Rider</b>			
Name	TEY DANNY		ID No. G6917888Q
Related Vehicle	FBF9863L (Motorcycle)		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
<b>Driver</b>			
Name	FAN MEI SIONG		ID No. S1249040B
Related Vehicle	SHC4521B (Car)		Contact No. 82002300
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 05/09/2020, at about 1935hrs, I was driving my taxi bearing registration number SHC4521B along Boon Lay Way on the leftmost lane, near to Boon Lay Drive and inside yellow box. Subsequently, I saw an Indian male person stepped out on the road, thus, I slowed down. Thereafter, a motorcyclist riding motorcycle bearing registration number FBF9863L then hit onto the right rear side of my taxi and the rider fell as a result. There was no car travelling on the right side of my vehicle and I do not know why the motorcyclist had ride near to the right side of my taxi.

After which, I exchanged particulars with the motorcyclist but he left in a hurry without giving his contact number. I was not injured but the motorcyclist was seen to suffer slight abrasion on his arm. Traffic police and ambulance was not called down to scene. My taxi have in-car front camera operating. The rear right side bumper of my taxi became loose, right rear light broken and right rear side of my taxi suffered several scratches as a result of the accident.

I am lodging this report to claim insurance.

Sketch Plan Pg. 5



SINGAPORE  
POLICE FORCE

Police Station Of Origin:  
Nanyang N.P.C  
2 Jurong West Avenue 5 SINGAPORE  
649482  
Tel No: 1800-7929999



T/20200905/2104

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Report No. T/20200905/2104

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.

Finalize amount \$1,600. Repair day 3 days. (L/S, before gst).  
red 3666.45; 77%

Signature Of Officer Recording the Report J / Sgt 2 CHONG JIA WEI	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 05/09/2020 21:54
Officer In Charge Of Case: TP / HRT / Sr Staff Sgt IRMAN BIN MOHAMAD SAID SINGAPORE POLICE FORCE 65476145	Classification Of Case:
Authentication Stamp NP168 	65476145