

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	05/10/2020 09:43
Date Of Accident	04/10/2020 09:45
Exact Location Of Accident	ALONG BRAS BASAH RD JUNCTION BEACH RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD8596D
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	I40-1.7 D CRDI (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	SEAH TIAM KWEE
NRIC No	S1343904D
Date Of Birth	12/04/1959
Occupation	OUTDOOR
Date Of Driving Pass	01/07/1983
Driving Experience	37 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-85884532
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	APT BLK 329 CLEMENTI AVENUE 2 #07-238 SINGAPORE 120329
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?	
Was any other material or property damaged?	NO
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	CLEMENTI N.P.C
Police Station Address	ROAD: 20 CLEMENTI AVE 5 , POSTCODE: 129858 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT T/20201004/2082.

Attachment(s)

Are accident photos available for attachment?	YES
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	SLU209M
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	SANTIA MILAGROS ESCARILLA
NRIC/Passport Number	S2734765G
Contact Number	97301079
Address	
Postcode	
Insurance Company Name	

Nature Of Damage
No. Of Passenger (Including Driver)

SKETCH PLAN

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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. 1



**SINGAPORE
POLICE FORCE**



T/20201004/2082

Police Station Of Origin:
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999

1 of 3
Report No. T/20201004/2082

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 04/10/2020 20:06		Vide Report No.:		Station Diary No.: 98
Informant's Particulars				
Name of Informant: SEAH TIAM KWEE		Address: APT BLK 329 CLEMENTI AVENUE 2 #07-238 SINGAPORE 120329		
ID Type / ID No.: NRIC NO / S1343904D		Contact No.: Home/Office: Mobile: 85884532		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 61	Date of Birth: 12/04/1959	Type of Informant: Driver	
Race: Chinese		Language:	Institution / School Name:	
Occupation: Taxi driver		Driving Licence Information: Class: 2B,3 Date of Expiry:		

General Information of the Accident				
Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 04/10/2020 09:55	Type of Location: Straight Road
Location: MARINA BOULEVARD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Light	
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
SHD8596D	Car				No Damage	0
SLU209M	Car				Slightly Damaged	2

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

Accident Sketch Plan Pg. 2



**SINGAPORE
POLICE FORCE**



T/20201004/2082

Police Station Of Origin:
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999

2 of 3
Report No. T/20201004/2082

CONTINUATION OF REPORT

Driver			
Name	SEAH TIAM KWEE		ID No. S1343904D
Related Vehicle	SHD8596D (Car)		Contact No. 85884532
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 2B,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	SANTIA MILAGROS ESCARILLA		ID No. S2734765G
Related Vehicle	SLU209M (Car)		Contact No. 97301079
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 04/10/2020 at around 0955hrs I was driving along Marina Boulevard towards Nicoll Highway. I came to a stop at a traffic junction near Suntec City just before a traffic light. The traffic light was red thus I came to a stop. I was supposed to switch to "Parking" mode but I accidentally switched to "Reversed" mode, thus my vehicle reversed and I accidentally hit the vehicle behind me bearing car plate SLU209M. Both of us alight from our vehicle and exchanged contacts. No assault or threat happened. I am lodging this report for record and insurance purposes. I am driving on a 5 lane road, I was on the 3rd lane. My vehicle has a in car camera but it does not record the back.



**SINGAPORE
POLICE FORCE**



T/20201004/2082

Police Station Of Origin:
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999

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Report No. T/20201004/2082

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:
D /
Sgt 2 LYE DARREN

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time
04/10/2020 20:06

Officer In Charge Of Case:
TP / GIA /
Staff Sgt WONG SIEU LUL
Contact No: 65476151

Classification Of Case:

Authentication Stamp
NP168

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



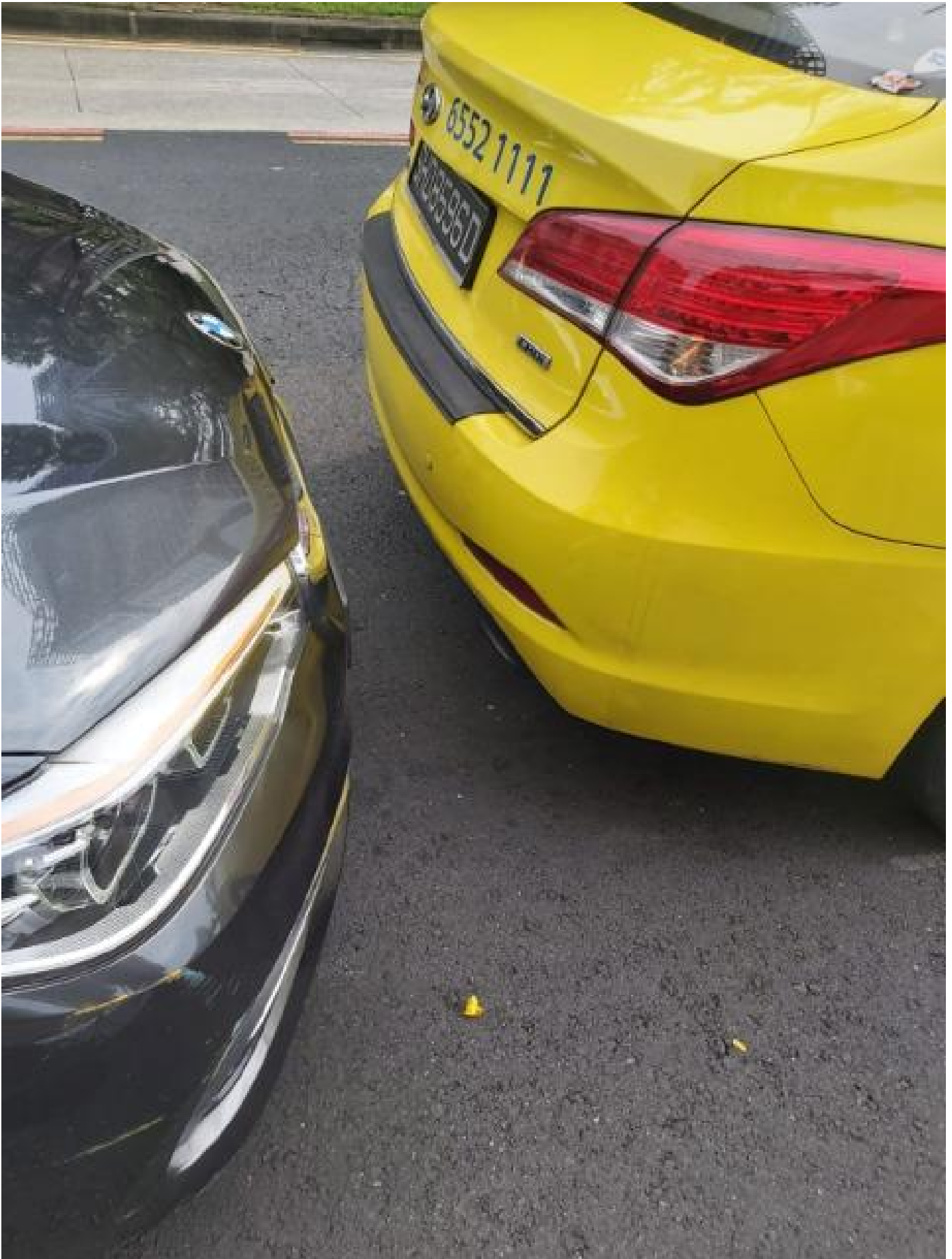
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Accident Photo



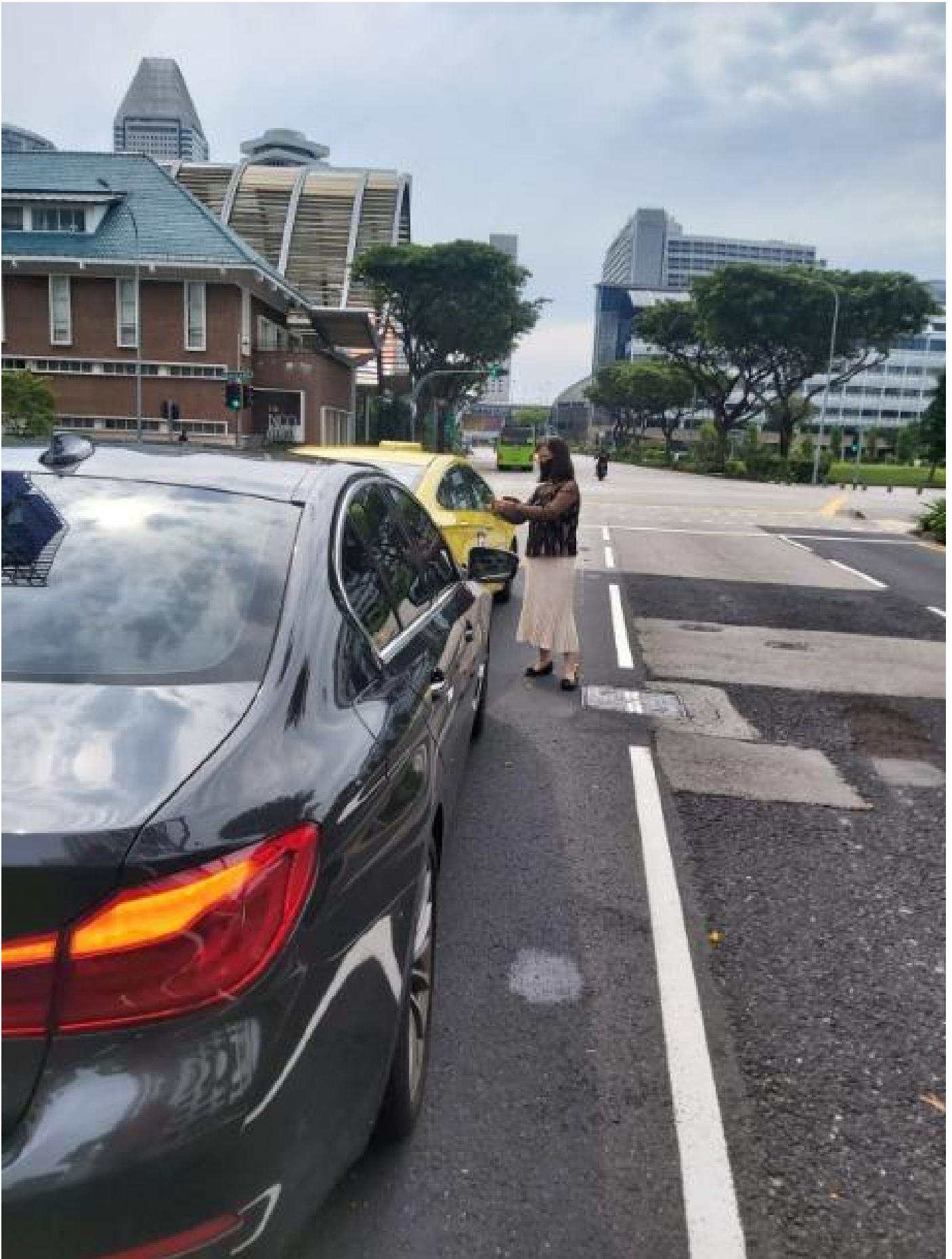
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