

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	17/11/2020 14:20
Date Of Accident	16/11/2020 13:45
Exact Location Of Accident	TANJONG KATONG ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHF176A
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	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	YEO LYE SAN
NRIC No	SXXXX574A
Date Of Birth	28/03/1971
Occupation	OUTDOOR
Date Of Driving Pass	31/12/1996
Driving Experience	23 YEARS AND 10 MONTHS
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? 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: : UNKNOWN
 GENDER: : MALE

Details of Police Action

Was the accident reported to the police? YES
 If Yes, Please state which Police Station
 Police Station Name 10 UBI AVENUE 3
 Police Station Address ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , 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/20201116/7037

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 SKX6269X
 Vehicle Make/Model/Colour
 Details Of Properties
 Vehicle Category PRIVATE CAR
 Name of Driver UNKNOWN
 NRIC/Passport Number
 Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

YEO LYE SAN

Approximate Age

Injuries Sustain

Injured person in which vehicle?

SHF176A

Were seat belts worn?

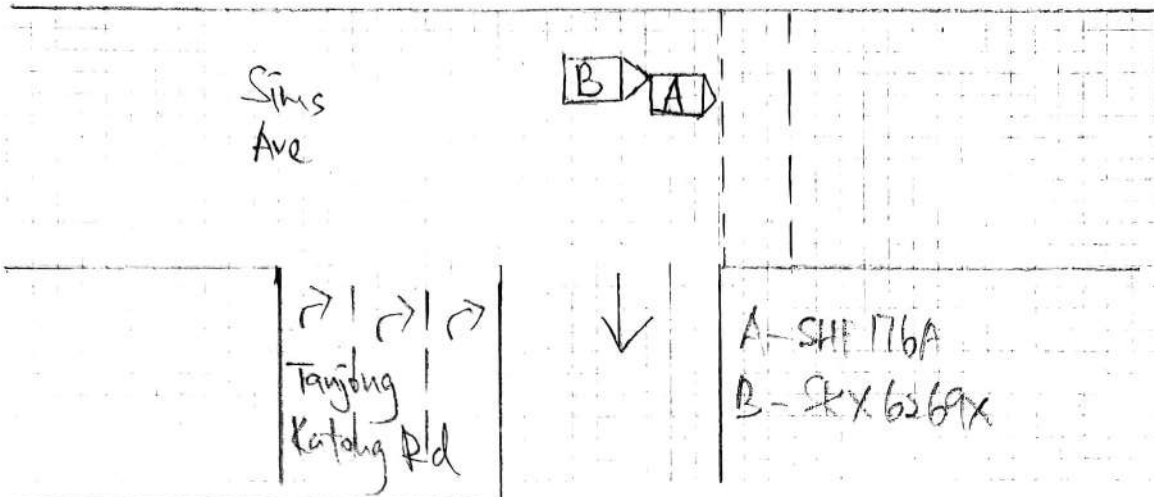
Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

Sketch Plan Pg. 1



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

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**IMPORTANT NOTICE**


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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:

 17/11/2020
Driver's Signature
(If driver is not the policyholder)
Date & Time:

 17/11/20
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Sketch Plan Pg. 3



**SINGAPORE
POLICE FORCE**



T/20201116/7037

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 3

Report No. T/20201116/7037

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 16/11/2020 16:43		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: YEON LYE SAN			Address: 326 WOODLANDS STREET 32 #09-105 SINGAPORE 730326		
ID Type / ID No.: NRIC NO / S7110574A			Contact No.: Home/Office: Mobile: 87548278		
Nationality: SINGAPORE CITIZEN			Email: jaymasteryeoh@gmail.com		
Sex: Male	Age: 49	Date of Birth: 28/03/1971	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation:			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 16/11/2020 13:45	Type of Location: T-Junction
Location: TANJONG KATONG ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume:
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
SHF176A	Car					0
SKX6269X	Car					0

Details of Person Involved

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

Sketch Plan Pg. 4



**SINGAPORE
POLICE FORCE**



T/20201116/7037

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20201116/7037

CONTINUATION OF REPORT

Driver			
Name	YEOH LYE SAN		ID No. S7110574A
Related Vehicle	SHF176A (Car)		Contact No. 87548278
Hospital/Clinic	STREET 11 CLINIC		Class of Driving Licence & Expiry Class: NIL Date of Expiry: NIL
Date	16/11/2020	Date	NIL
No. of Days granted Medical Leave	03	Degree of	Slight

Brief Details.

ON 16/11/2020 AT ABOUT 1345HRS, WHILE I WAS TRAVELLING BEFORE JUNCTION OF TANJONG KATONG ROAD AND SIMS AVENUE. I WAS TRAVELLING ALONG THE EXTREME LEFT LANE AND INTENDING TO TURN RIGHT INTO SIMS AVENUE. WHILE I WAS WAITING FOR THE PEDESTRIAN TO CROSS THE TRAFFIC LIGHT, SUDDENLY I HEARD A LOUD BANG FROM BEHIND AND WHEN I ALIGHTED, I REALISE IT WAS VEHICLE (B) WHO HIT ONTO MY REAR PORTION OF MY VEHICLE (A) CAUSING DAMAGES TO MY VEHICLE. I HAVE 1 PASSENGER INSIDE MY VEHICLE. I HAVE 3 DAYS MC FOR MY INJURY.

(A) SHF176A
(B) SKX6269X

Sketch Plan Pg. 5



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000



T/20201116/7037

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Report No. T/20201116/7037

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPB /
ANG YI TING, STEPHANIE
Contact No.: 65476414

Authentication Stamp
NP168

Signature Of Informant:

The identity of the person making this report has
been authenticated by SingPass. No signature is
required.

Date/Time:
16/11/2020 16:43

Classification Of Case: