

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- 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.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- Any false reporting may be referred to the Police for investigation.
- 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.
- 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 27/11/2020 08:00
Date Of Accident 27/11/2020 04:00
Exact Location Of Accident JUNCTION OF GUILLEMARD ROAD AND LOR 22 GEYLANG
Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE:

Vehicle Registration Number SHB5309Y
Insured/Policyholder
Name Of Registered Owner SMRT TAXIS PTE LTD
Co Reg No 1XXXXX369K
Email Address TARC@SMRT.COM.SG
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 SHIM AIK TIAN
NRIC No SXXXX738J
Date Of Birth 26/06/1960
Occupation OUTDOOR
Date Of Driving Pass 27/12/1978
Driving Experience 41 YEARS AND 11 MONTHS
Gender MALE
Mobile Number (LOCAL) +65-80000000
Fax Number
Contact Number
Email Address NOEMAIL

Is the Driver an employee of the Insured's Company? NO
 What is the Relationship of the Driver with the Insured? OTHER - HIRER
 What is the Vehicle Registration Number of Driver's Own Vehicle? -
 -
 -
 What is the Insurance Company of Driver's Own Vehicle? -
 -
 -

General Information of the Accident

Type Of Accident COLLISION - CROSS JUNCTION
 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) 1

Details of Police Action

Was the accident reported to the police? NO
 If Yes, Please state which Police Station
 Was notice of intended Prosecution given? NO
 If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number FBQ6946T
 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

UNKNOWN RIDER

imate Age
ies Sustain
injured person in which vehicle?
Were seat belts worn?

FBQ6946T

Was this injured conveyed to hospital by
ambulance?

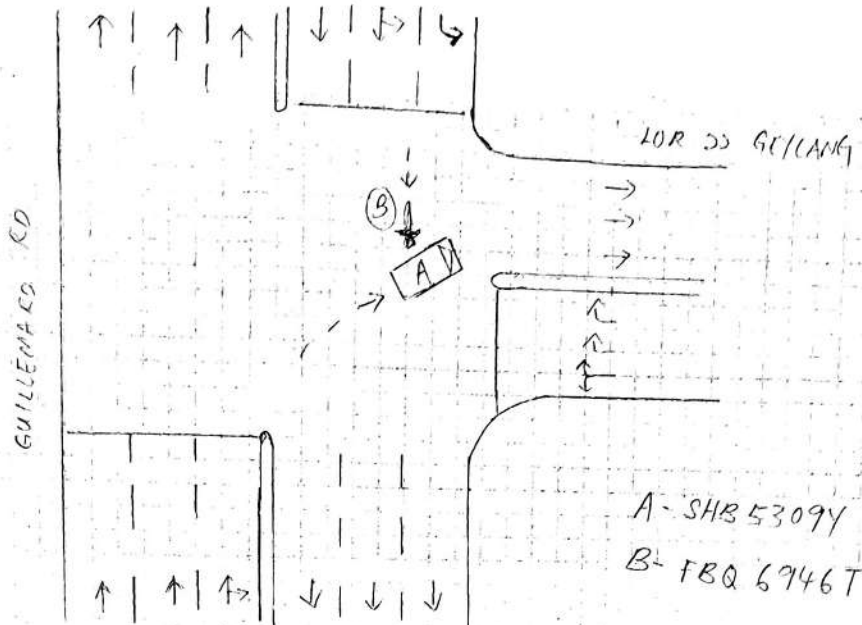
YES

Address

Postcode

Sketch Plan Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO POLICE REPORT

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
MORPH No.:

CONFIDENTIAL

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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 my claim, settling or otherwise dealing with my claims including the settlement of my claims and any necessary legal proceedings relating to the claim;

(ii) for all other legal and/or regulatory requirements;

(iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;

(iv) for the purpose of my claim, including the mailing of correspondence, statements of incident, reports of investigation, etc., which could involve disclosure of certain personal data about me to bring about delivery of the same as well as my claim and/or for the purpose of my claim (including my payment); and/or

(v) for all other legal and/or regulatory requirements.

I understand that the Insurers, my workshop and the GIA may/are permitted to use, disclose and/or process my Personal Information for the purpose(s) of:

(i) for the purpose of my claim, including the mailing of correspondence, statements of incident, reports of investigation, etc., which could involve disclosure of certain personal data about me to bring about delivery of the same as well as my claim and/or for the purpose of my claim (including my payment); and/or

(ii) for all other legal and/or regulatory requirements.

I understand that the Insurers, my workshop and the GIA may/are permitted to use, disclose and/or process my Personal Information for the purpose(s) of:

(i) for the purpose of my claim, including the mailing of correspondence, statements of incident, reports of investigation, etc., which could involve disclosure of certain personal data about me to bring about delivery of the same as well as my claim and/or for the purpose of my claim (including my payment); and/or

(ii) for all other legal and/or regulatory requirements.

Policyholder's Signature
Date & Time:

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

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

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MSR 120105457 Vehicle Registration No: SHB 5309Y

Name (as shown in NRIC) : SMRT TAXIS PTE LTD NRIC/FIN/Passport No : 19J905369K

(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate

Address : _____ Singapore()

Contact (Tel) : _____ Mobile No. : _____

Email Address : TARC@smrt.com.sg

Date of Accident : 27/11/2020 Time of Accident : 0400 HRS

Place of Accident : JUNCTION OF GUILLEMARD RD & LOR 22 GEYLANG

Insurance Company: MS FIRST CAPITAL INSURANCE LTD

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

TO ATTACHED POLICE REPORT

Policyholder / Driver's Signature
Date:

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

SINGAPORE POLICE FORCE



T/20201127/2023

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

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Report No. T/20201127/2023

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 27/11/2020 10:55	Vide Report No.: G/20201127/0036	Station Diary No.: 36
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Informant's Particulars

Name of Informant: SHIM AIK TIAN			Address: APT BLK 109 YISHUN RING ROAD #09-339 SINGAPORE 760109		
ID Type / ID No.: NRIC NO / S1456738J			Contact No.: Home/Office: Mobile: 98473241		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 60	Date of Birth: 26/06/1960	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 27/11/2020 04:00	Type of Location: T-Junction
Location: GUILLEMARD ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Light
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
FBQ6946T	Motorcycle				Seriously Damaged	0
SHB6946T	Taxi				Seriously Damaged	0

Details of Person Involved

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



T/20201127/2023

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

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Report No. T/20201127/2023

CONTINUATION OF REPORT

Driver				
Name	SHIM AIK TIAN		ID No.	S1456738J
Related Vehicle	NIL		Contact No.	98473241
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL

Brief Details.

On 27 November 2020 at about 4am, my taxi bearing the registration number SHB5309Y was involved with motorbike bearing the registration number FBQ6946T. The accident happened at the "T" Junction of Guillemard Road leading to Geylang Lorong 22.

The traffic light arrow shows that I am allowed to turn right to Geylang Lorong 22. Halfway through to turning right, the motorbike rode straight ahead and hit into the left side of my taxi.

I was not injured. But the motorcyclist got injured. I did not manage to exchange particulars with the motorcyclist. The police and ambulance came and the motorcyclist was conveyed to the hospital.

I am making this report as the motorcyclist was injured.

**SINGAPORE
POLICE FORCE**



T/20201127/2023

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

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Report No. T/20201127/2023

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:

L /

ASP MOHAMAD HAZIQ BIN MOHAMAD
IKHSAN

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

Staff Sgt SYED MUHAMMAD ISA BIN OMAR
ALHABSHEE

Contact No.: 65476214

Authentication Stamp

NP168

Signature Of Informant:

Date/Time:

27/11/2020 10:55

Classification Of Case: