



# 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 Submission	15/05/2021 08:41 (SGT)
Date of Accident	13/05/2021 01:30 (SGT)
Exact Location of Accident	Yio Chu Kang Rd, Singapore
Additional Location Information	YIO CHU KANG ROAD
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number SHB530G

### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	SMRT TAXIS PTE LTD
Company Reg No	1XXXXX369K
Email Address	TARC@SMRT.COM.SG
Mobile Phone No	(Phone) +65-68662671
Alternative Phone No	(Office) +65-68662672

### VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Prius
Variant	-
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 - Claiming third party
Vehicle Category	Taxi
Transmission	Auto
CC	1800

### INSURANCE COMPANY

Name of Insurance Company	MS First Capital Insurance Ltd
Type of Coverage	ThirdParty
Fleet Policy	Yes
Policy Number	D-21097466MFSH
Cover Note Number	-

### DRIVER

Name of Driver	LIM HUAY LUI
NRIC No	SXXXX077H

Date Of Birth	17/07/1957
Occupation	Outdoor
Date Of Driving Pass	09/07/1985
Driving experience	35 YEARS AND 10 MONTHS
Gender	Female
Mobile Number	(Phone) +65-68662671
Alt. Phone Number	-
Email Address	TARC@SMRT.COM SG
Address	11
Address complement	-
Postcode	-
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

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 the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	Yes
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT - T/20210513/7017

ATTACHMENT(S)

Are accident photos available for attachment?	No
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	FILE TOO BIG
Was there any audio recorded?	No

**DETAILS OF OTHER VEHICLE PROPERTY**

Vehicle Registration Number	SLZ260L
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-

Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	UNKNOWN
No. Of Passenger (Including Driver)	-

**INJURED PERSONS DETAILS**

INJURED 1

Name of injured person	LIM HUAY LUI
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SHB530G
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes

SKETCH PLAN

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**3. 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 insurers) 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 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.



Policyholder's Signature / Date & Time

Sketch Plan

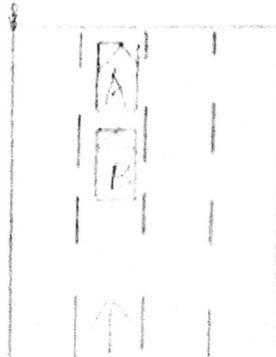
*JAN 14/5/21*

Driver's Signature (if driver is not the policyholder) / Date & Time

*Yio Chu Kang Rd*

*14/5/2021*

Witnessed by Reporting Centre Personnel



*A - SHB530G*

*B - SL2260L*




**SINGAPORE  
POLICE FORCE**

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



T/20210513/7017

1 of 3

Report No. T/20210513/7017

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 13/05/2021 20:49	Vide Report No.:	Station Diary No.:
<b>Informant's Particulars</b>		
Name of Informant LIM HUAY LUI	Address: 581 BUANGKOK GREEN #06 508 SINGAPORE 530581	
ID Type / ID No.: NRIC NO / S1230077H	Contact No.: Home/Office	Mobile: 92701387
Nationality: SINGAPORE CITIZEN	Email: Dorissimo57@gmail.com	
Sex: Female	Age: 63	Date of Birth: 17/07/1957
Race: Chinese	Type of Informant: Driver	Institution / School Name:
Occupation: TAXI DRIVER	Language: English	Driving Licence Information: Class: 3
		Date of Expiry:

**General Information of the Accident**

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 13/05/2021 01:30	Type of Location: X-Junction
Location: YIO CHU KANG ROAD				
Weather: Clear	Road Surface: Dry	Road Speed Limit: 50 Km/h	Traffic Volume: Light	
Traffic Flow: One Way	Traffic Control: Not Controlled	Anyone conveyed by ambulance: Yes		
Type of Collision: Between Moving Vehicles - Head To Rear				

**Details of Vehicle Involved**

Vehicle No	Type	Make	Model	Color	Conditio Seriously Damaged	No of
SHB530G	Car				0	
SLZ260L	Car				0	



**SINGAPORE  
POLICE FORCE**



T/20210513/7017

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

Report No T/20210513/7017

## CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved		No	
No. of Pedestrians Injured		NIL	
		Use of Pedestrian Crossing	
NA			
Driver			
Name	LIM HUAY LUI	ID No	S1230077H
Related Vehicle	SHB530G (Car)	Contact No	92701387
Hospital/Clinic	SENGKANG GENERAL HOSPITAL PTE. LTD.	Class of Driving Licence & Expiry	Class 3 Date of Expiry: NIL
Date	13/05/2021	Date	13/05/2021
No. of Days granted Medical Leave	04	Degree of	Serious

Brief Details

ON THE STATED DATE AND TIME, I VEHICLE A BEARING (SHB530G) WAS STATIONARY AT THE X-JUNCTION WAITING FOR THE TRAFFIC LIGHT TO TURN GREEN. SUDDENLY, I FELT A STRONG IMPACT FROM MY REAR. I, THEN ALIGHTED AND REALIZED THAT VEHICLE B BEARING (SLZ260L) HIT ONTO ME.

AFTER THE ACCIDENT, I WAS CONVEYED UP THE AMBULANCE TO SENKANG GENERAL HOSPITAL BECAUSE I FELT PAIN ON MY NECK, BACK AND CHEST. I THEN RECEIVED 4 DAYS MC.