

# 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 ..... 05/07/2021 15:26 (SGT)  
Date of Accident ..... 04/07/2021 11:40 (SGT)  
Exact Location of Accident ..... Choa Chu Kang Ave 1, Singapore  
Additional Location Information ..... CHOA CHU KANG AVE 1  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SHC4686J  
  
INSURED/POLICYHOLDER  
  
Is company? ..... Yes  
Name Of Registered Owner ..... SMRT TAXIS PTE LTD  
Company Reg No ..... 1XXXXX369K  
Email Address ..... AUTO-SVC-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 ..... SHAARI BIN ABDUL SHARIFF  
NRIC No ..... SXXXX405I

Date of Birth	17/08/1968
Occupation	Outdoor
Date of Driving Pass	21/06/1993
Driving experience	28 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-68662672
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	Side Swipe
Weather Conditions	DRIZZLING
Road Surface	Wet

#### 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?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	No
Number of Passengers (Including Driver)	4
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

#### PASSENGER 1

Name	UNKNOWN
Gender	Female

#### PASSENGER 2

Name	UNKNOWN
Gender	Female

#### PASSENGER 3

Name	UNKNOWN
Gender	Male

#### DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Choa Chu Kang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18007659999
Alt. Police Station Phone No	(Fax) +65-67644104
Police Station Address	No 20 Choa Chu Kang Street 52 #01-02 Singapore 689286
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

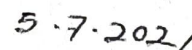
REFER TO POLICE REPORT - T/20210704/2059

ATTACHMENT(S)

Accident photos available for attachment?  
Is there any video captured by Car Camera?  
Is there any audio recorded?

Yes  
No  
No



[illegible]

We declare the foregoing particulars are true in every respect.



Witnessed by Reporting Centre  
Personnel

Jun 5/7/2021

## SKETCH PLAN

### IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
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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 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.

### 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.



Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

5/7/2021





# SINGAPORE POLICE FORCE



T/20210704/2059

Police Station Of Origin:  
Choa Chu Kang N.P.C  
20 Choa Chu Kang Street 52 #01-02  
SINGAPORE 689286  
Tel No: 1800-7659999

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Report No. T/20210704/2059

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 04/07/2021 18:17	Vide Report No.:	Station Diary No.: 71
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Informant's Particulars			
Name of Informant: SHAARI BIN ABDUL SHARIFF		Address: APT BLK 542 CHOA CHU KANG STREET 52 #03-64 SINGAPORE 680542	
ID Type / ID No.: NRIC NO / S68304051		Contact No.: Home/Office: Mobile: 93800825	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 52	Date of Birth: 17/08/1968	Type of Informant: Driver
Race: Malay		Language: English	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	Drink Drive: No	Date/Time of Accident: 04/07/2021 11:40	Type of Location: Straight Road
Location: CHOA CHU KANG AVENUE 1				
Lamp Post Number: 36				
Weather: Drizzling		Road Surface: Wet		Road Speed Limit:
Traffic Flow:		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
GBK6036B	Van				Slightly Damaged	1
SHC4686J	Car				Slightly Damaged	3

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



**SINGAPORE  
POLICE FORCE**



T/20210704/2059

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Report No. T/20210704/2059

Police Station Of Origin:  
Choa Chu Kang N.P.C  
20 Choa Chu Kang Street 52 #01-02  
SINGAPORE 689286  
Tel No: 1800-7659999

**CONTINUATION OF REPORT**

<b>Driver</b>			
Name	SHAARI BIN ABDUL SHARIFF	ID No.	S6830405I
Related Vehicle	SHC4686J (Car)	Contact No.	93800825
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
<b>Driver</b>			
Name	HASAN KAMRUL	ID No.	G8101565T
Related Vehicle	NIL	Contact No.	86465579
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 04/07/2021 at about 1140hrs, I was driving my Taxi (SHC4680J) along Choa Chu Kang Avenue 1 towards Keat Hong, with my family inside the taxi. As I was approaching the junction of Teck Whye Lane, suddenly a van, GBK6036B drove out from the Teck Whye Lane junction. The van collided against my taxi's front left bumper. The collision happened near lamp-post 36. I made a check on my taxi and discovered the left headlight broke. my front left bumper was abit dislodged and scratches on my front left side of the taxi.

No one was injured.

I am lodging this report for SMRT Taxi insurance purposes.





**SINGAPORE  
POLICE FORCE**



T/20210704/2059

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Report No. T/20210704/2059

Police Station Of Origin:  
Choa Chu Kang N.P.C  
20 Choa Chu Kang Street 52 #01-02  
SINGAPORE 689286  
Tel No: 1800-7659999

**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:

J /

Sgt 3 MUHAMMAD SHA'ARI BIN ABDUL  
RASHID

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIA /

SI TAN JEOK LENG

Contact No.: 65476151

Signature Of Informant:

Date/Time:

04/07/2021 18:17

Classification Of Case:

Authentication Stamp

NP168

