

# 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 .....	21/08/2021 10:01 (SGT)
Date of Accident .....	19/08/2021 10:10 (SGT)
Exact Location of Accident .....	Near PIE, Singapore
Additional Location Information .....	PIE TOWARDS TUAS 24.7KM
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SHB5819S
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### INSURED/POLICYHOLDER

Is company? .....	Yes
Name Of Registered Owner .....	STRIDES TAXIS PTE LTD
Company Reg No .....	1XXXXX369K
Email Address .....	Auto-Svcs-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 .....	1798

### 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 .....	AHMAD BIN SALLEH
NRIC No .....	SXXXX223H

Date Of Birth .....	12/11/1952
Occupation .....	Outdoor
Date Of Driving Pass .....	24/12/1979
Driving experience .....	41 YEARS AND 8 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-68662672
Alt. Phone Number .....	-
Email Address .....	Auto-Svcs-TARC@smrt.com.sg
Address .....	1
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 .....	Chain Collision
Weather Conditions .....	Clear
Road Surface .....	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? .....	No
Number of vehicles involved in the accident .....	5
Was anybody injured in the Accident? .....	No
Was any injured conveyed to hospital by ambulance? .....	-
Was any other vehicle or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### PASSENGER 1

Name .....	UNKNOWN
Gender .....	Male

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Yishun North Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18008529999
Alt. Police Station Phone No .....	(Fax) +65-68522299
Police Station Address .....	31 Yishun Central Singapore 768827
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT - T/20210819/2112

#### ATTACHMENT(S)

Are accident photos available for attachment? .....	Yes
Was there any video captured by Car Camera? .....	No
Was there any audio recorded? .....	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SGD233R
Vehicle Manufacturer .....	-

Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	Blue
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 .....	-
No. Of Passenger (Including Driver) .....	-

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number .....	SKW7093J
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 .....	-
No. Of Passenger (Including Driver) .....	-

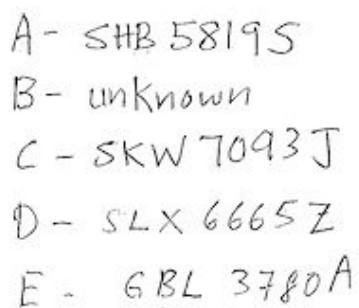
#### DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number .....	SLX6665Z
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 .....	-
No. Of Passenger (Including Driver) .....	-

#### DETAILS OF OTHER VEHICLE PROPERTY 4

Vehicle Registration Number .....	GBL3780A
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle
Name of Driver .....	-
Contact Number .....	-
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-

Details of property damaged in accident ..... -  
No. Of Passenger (Including Driver) ..... -

[illegible]

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

Witnessed by Reporting Centre  
Personnel

## SKETCH PLAN

### IMPORTANT NOTICE

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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 :

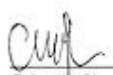
- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
- (ii) investigating the accident and/or my claims;
- (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
- (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

19-8-21

  
Witnessed by Reporting Centre Personnel

### Sketch Plan



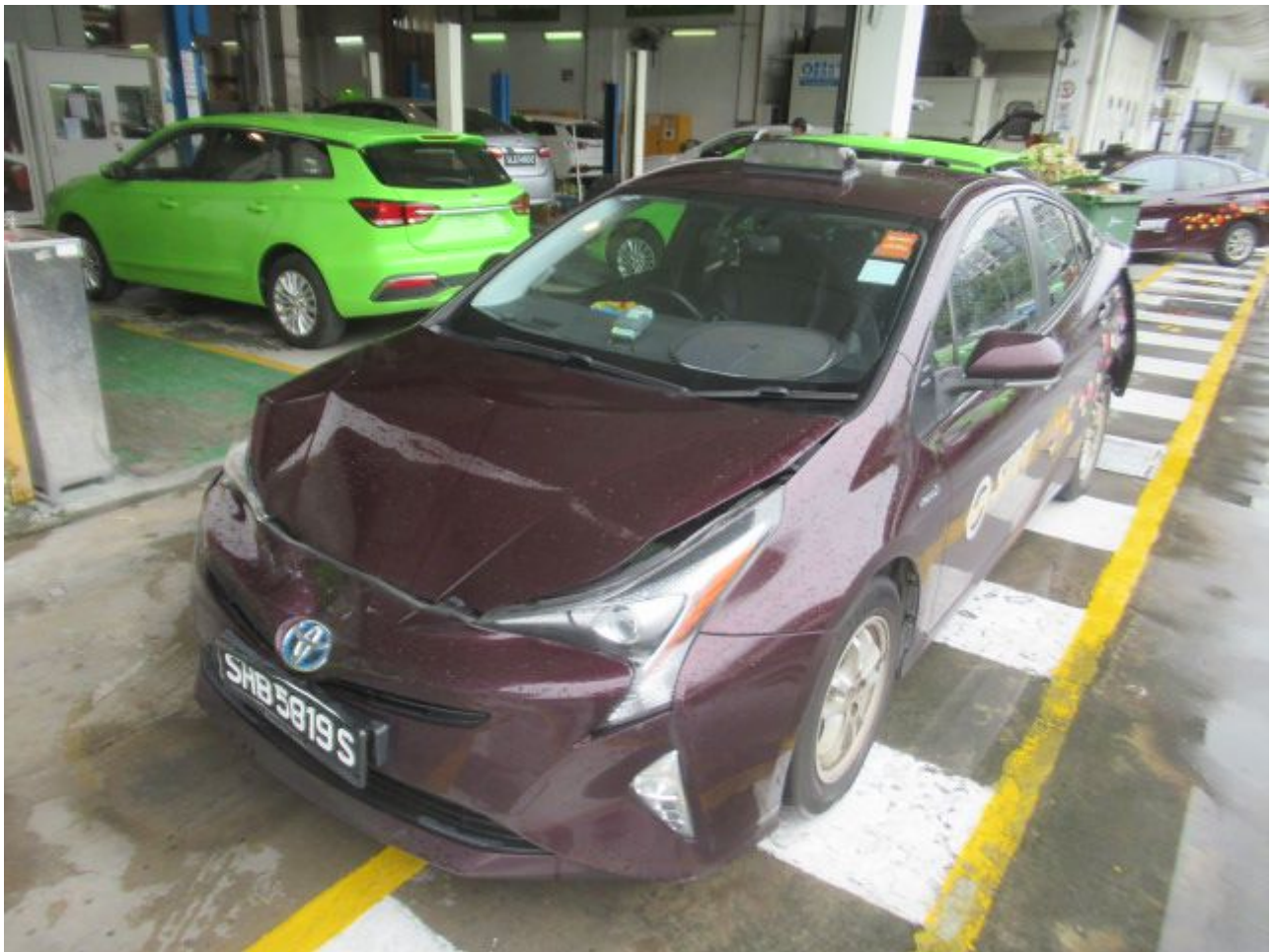


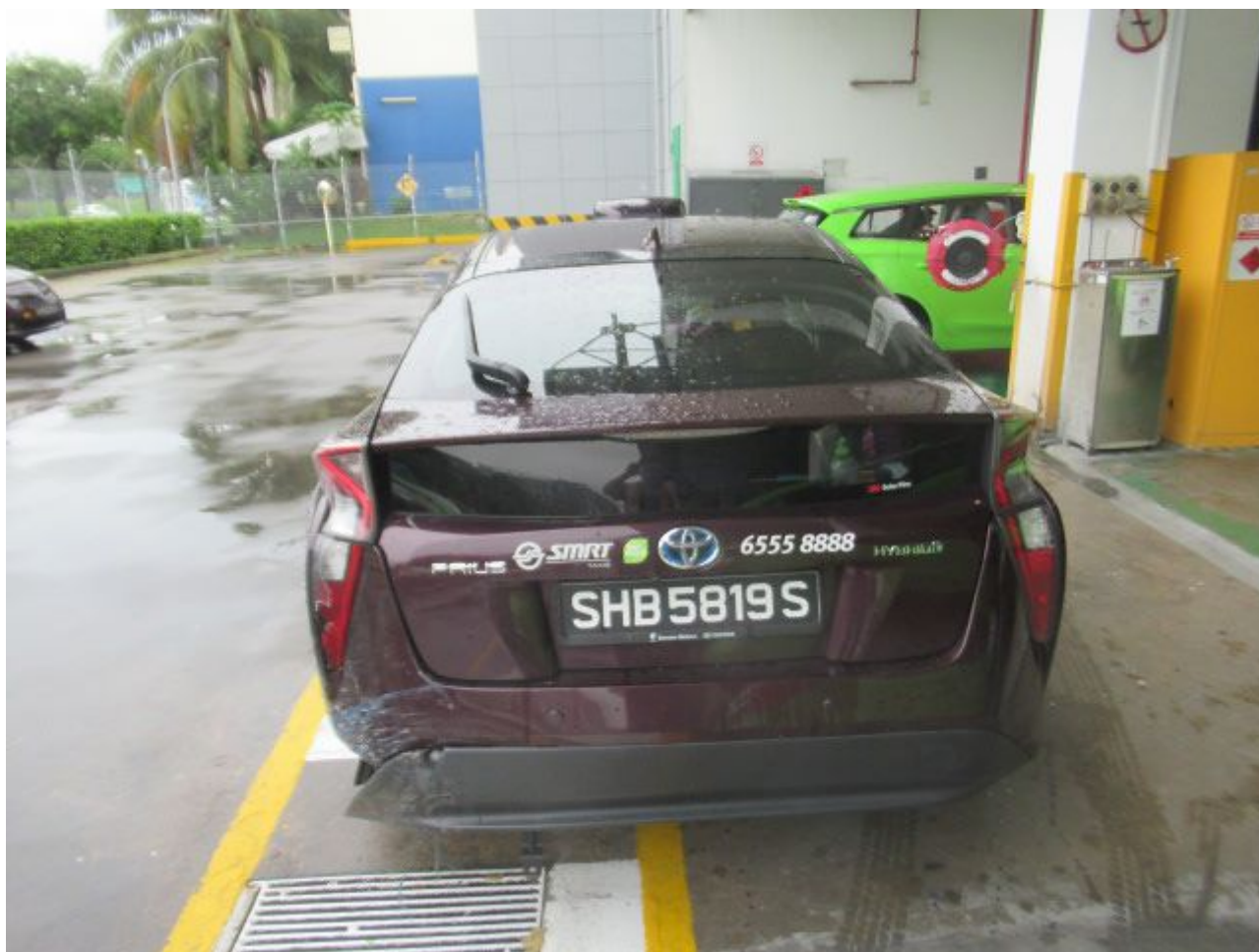






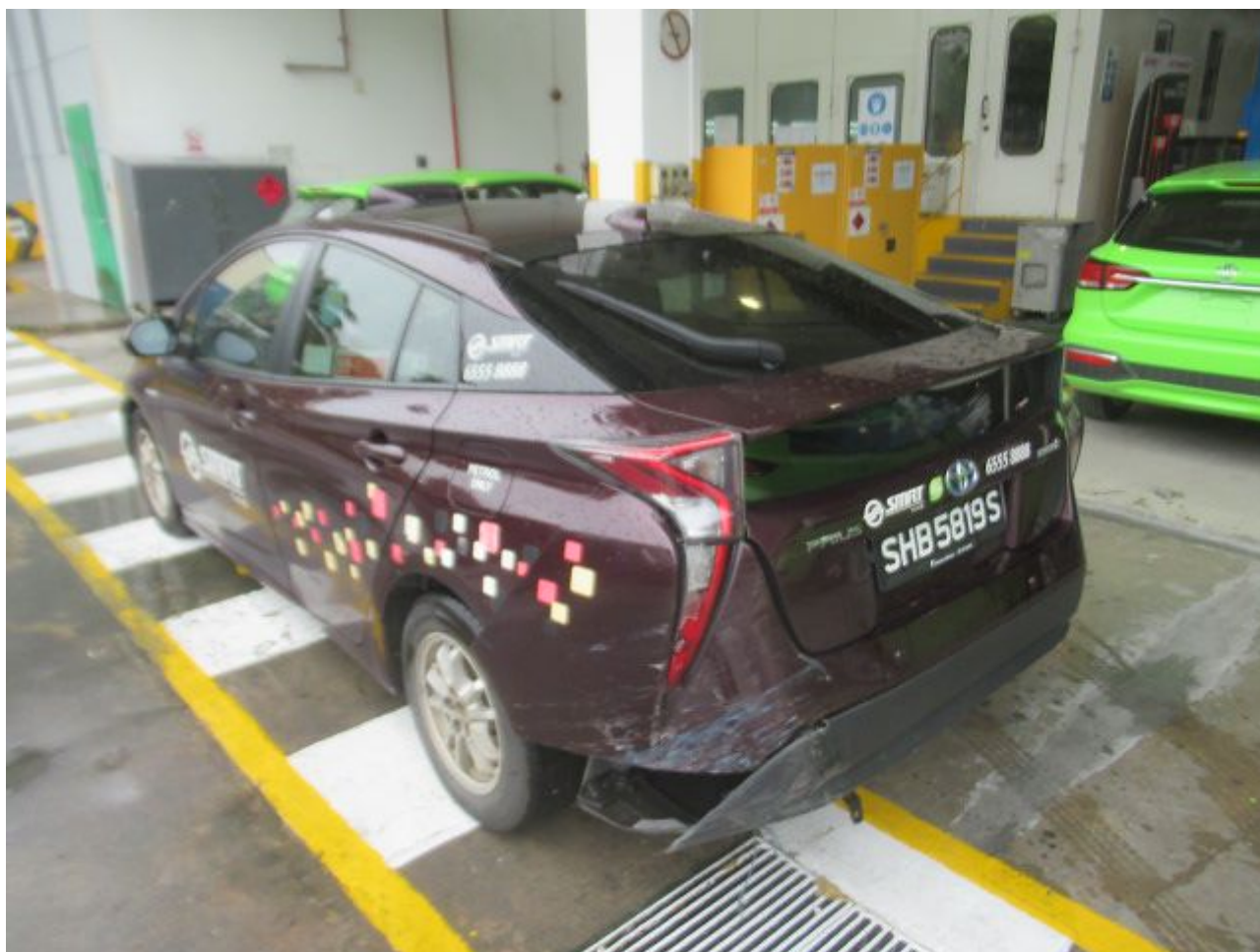














**SINGAPORE  
POLICE FORCE**



T/20210819/2112

1 of 3

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

Report No. T/20210819/2112

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 19/08/2021 19:38		Vide Report No.: J/20210819/0052		Station Diary No.: 110	
<b>Informant's Particulars</b>					
Name of Informant: AHMAD BIN SALLEH			Address: APT BLK 408 YISHUN AVENUE 6 #04-1254 SINGAPORE 760408		
ID Type / ID No.: NRIC NO / S0192223H			Contact No.: Home/Office: Mobile: 81125962		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 68	Date of Birth: 12/11/1952	Type of Informant: Driver		
Race: Malay			Language:		Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: 3		Date of Expiry:

<b>General Information of the Accident</b>				
Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 19/08/2021 10:10	Type of Location: Straight Road
Location: PAN-ISLAND EXPRESSWAY				
Weather: Clear		Road Surface: Wet		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
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
GBL3780A	Lorry			White		0
SHB5819S	Car			Maroon	Seriously Damaged	1
SJG8050Y	Car			White		0
SKP1696X	Car			White		0
SKW7093J	Car			White		0





**SINGAPORE  
POLICE FORCE**

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



T/20210819/2112

2 of 3

Report No. T/20210819/2112

CONTINUATION OF REPORT

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLX6665Z	Car			Black		0

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	AHMAD BIN SALLEH	ID No.	S0192223H
Related Vehicle	NIL	Contact No.	81125962
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 19/8/21 at about 1010hrs, I was driving my SMRT taxi, a maroon Toyota SHB5819S, along PIE towards Tuas, and was approaching the exit to Dunearn and Clementi Road. I was heading to Jln Jurong Kechil to drop off 1 passenger. As the traffic was heavy, I started queuing to enter the filter lane. As I was slowing down, I felt a sudden impact from the rear and my car surged forward, colliding with the car in front SKW7093L. When my car came to a complete stop, I saw a blue car slow down on my left. The said blue car then suddenly accelerated off back into PIE towards Tuas. I alighted and saw that I was involved in a chain collision. By the time I alighted, there were only 6 cars involved in the incident left at scene. I saw that there was blue paint transferred on the rear left side of my vehicle's bumper. Behind my car was a white Toyota car SJG8050Y, whose driver also saw the blue car collide into my car and driving off. Her car was also hit in the rear by SKP1969X, a white Toyota car.

My car collided into a white Honda car SKW7093J. The collision in front of this car was a black Honda car SLX6665Z and the first vehicle was a white Nissan lorry GBL3780A. I did not get the particulars of the other drivers, however when TP arrived at scene, they seized my vehicle's in-car camera SD card. TP also interviewed everyone at scene. I was advised by TP to lodge a police report thereafter.

I am not injured and do not have any discomfort at this time. I do not know the other parties involved. I did not see what was the make model and plate number of the blue car.



# SINGAPORE POLICE FORCE



T/20210819/2112

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

3 of 3

Report No. T/20210819/2112

## 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 /

Sr Staff Sgt SZE WEIJIE, WILSON

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

19/08/2021 19:38

Officer In Charge Of Case:

TP / GIT /

SI MOHAMMED FEROZ BIN HUSSIEH

Contact No.: 65476206

Classification Of Case:

SN 055

Authentication Stamp  
NP168

Signature:   
Singapore Police Force



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

### ADDENDUM

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No: SS1E2180004 Vehicle Registration No: SHB 5819 S

Name (as shown in NRIC): Ahmad Bin Salleh NRIC/FIN/Passport No: SXXXX223H

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

Address: \_\_\_\_\_ Singapore ( )

Contact (Tel): \_\_\_\_\_ Mobile No.: \_\_\_\_\_

Email Address: \_\_\_\_\_

Date of Accident: 19 Aug 2021 Time of Accident: 10.10 AM

Place of Accident: PIE Towards Tuas 24.7 KM

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:

'B' vehicle number :- SGD 233R

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

  
Policyholder / Driver's Signature  
Date: \_\_\_\_\_

lin 23/8/2021  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:  
Date: