

## 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	28/09/2021 09:46 (SGT)
Date of Accident	26/09/2021 16:20 (SGT)
Exact Location of Accident	CTE, Singapore
Additional Location Information	CTE TOWARDS WOODLANDS
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB5246U
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	Strides Taxi 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	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	LAU ENG ZUAN
NRIC No	SXXXX341A

Birth 13/12/1953  
 Location Outdoor  
 Driving Pass 22/01/1979  
 Driving experience 42 YEARS AND 8 MONTHS  
 Gender Male  
 Mobile Number (Phone) +65-68662672  
 Alt. Phone Number -  
 Email Address AUTO-SVCS-TARC@SMRT.COM.SG  
 Address 11  
 Address complement -  
 Postcode -  
 Is the driver the policyholder? No  
 If No, Relationship of the Driver with the Insured RELIEF  
 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? No  
 Was any other vehicle or property damaged? Yes  
 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 Male

#### PASSENGER 2

Name UNKNOWN  
 Gender Female

#### PASSENGER 3

Name UNKNOWN  
 Gender Female

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? Yes  
 Police Station Name Changkat Neighbourhood Police Post  
 Police Station Phone No (Phone) +65-18007819999  
 Alt. Police Station Phone No (Fax) +65-67832722  
 Police Station Address Blk 109 Tampines Street 11 #01-261 Singapore 521109  
 Was notice of intended Prosecution given? No  
 If yes, against whom? -

#### CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT - T/20210927/2042

#### ATTACHMENT(S)

ent photos available for attachment?	Yes
re any video captured by Car Camera?	No
ere any audio recorded?	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMC1129L
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	ZHAO HONG YAN
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

#### INJURED PERSONS DETAILS

##### INJURED 1

Name of injured person	LAU ENG ZUAN
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SHB5246U
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No



**SKETCH PLAN****IMPORTANT NOTICE**

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**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

*[Signature]*

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

*[Signature]* 27/9/2021

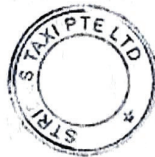
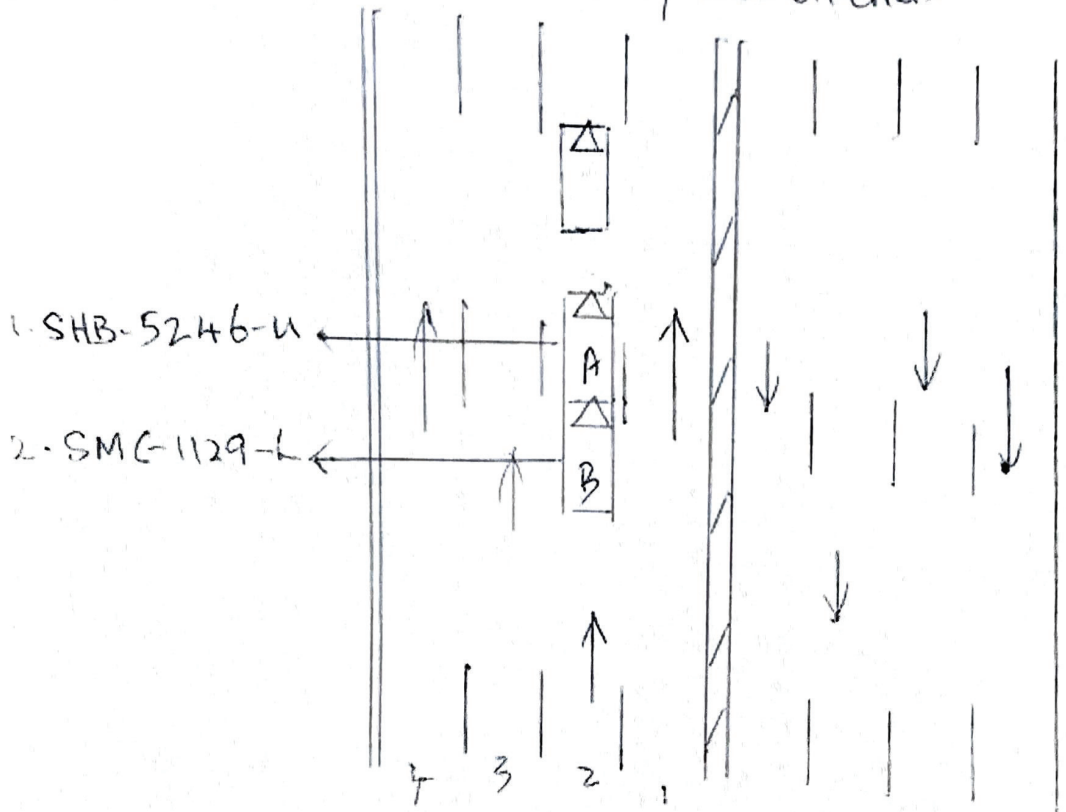
Witnessed by Reporting Centre Personnel

**Sketch Plan**





CTE / woodlands.



*Signature*  
Sep. 27 2021





# SINGAPORE POLICE FORCE



T/20210927/2042

Police Station Of Origin:  
Changkat NPP  
109 Tampines Street 11 #01-261  
SINGAPORE 521109  
Tel No: 1800-7819999

1 of 3

Report No. T/20210927/2042

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 27/09/2021 12:42	Vide Report No.:	Station Diary No.: 17
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**Informant's Particulars**

Name of Informant: LAU ENG ZUAN	Address: APT BLK 112 TAMPINES STREET 11 #07-183 SINGAPORE 521112		
ID Type / ID No.: NRIC NO / S0124341A	Contact No.:	Mobile: 92301820	
Nationality: SINGAPORE CITIZEN	Home/Office:	Email:	
Sex: Male	Age: 67	Date of Birth: 13/12/1953	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**

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 26/09/2021 16:20	Type of Location Straight Road
Location:  CENTRAL EXPRESSWAY				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume: Moderate	
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
SHB5246U	Car				Seriously Damaged	3
SMC1129L	Car				Slightly Damaged	0

**Details of Person Involved**

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



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2 of 3

Report No. T/20210927/2042

## CONTINUATION OF REPORT

<b>Driver</b>			
Name	LAU ENG ZUAN	ID No.	S0124341A
Related Vehicle	SHB5246U (Car)	Contact No.	92301820
Hospital/Clinic	SUNSHINE CLINIC FAMILY PRACTICE & SURGERY	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	27/09/2021	Date Discharge	NIL
No. of Days granted Medical Leave	07	Degree of Injury	Slight
<b>Driver</b>			
Name	ZHAO HONG YAN	ID No.	S2746584F
Related Vehicle	SMC1129L (Car)	Contact No.	93257816
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 26/09/2021 at about 1620hrs I was travelling along CTE towards woodlands. The vehicle in front of me was travelling slowly and eventually came to a stop. I slowly stepped on my brake and also came to a stop. About 1 - 2 seconds later the car behind me (SMC1129L) did not manage to brake in time and hit onto the rear side of my vehicle.

My rear side panel damaged and my trunk was unavailable to lock. The panel was also slightly rubbing onto my right rear tyre. The other vehicle only suffered minor scratches on the front side of her vehicle.

At the point of accident, there were no physical injuries found on both parties including the passengers. On 27/09/2021, I felt pain on my body area and decided to go for a medical check up and was given 7 days MC from 27/09/2021 to 03/10/2021.





**SINGAPORE  
POLICE FORCE**



T/20210927/2042

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Changkat NPP  
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SINGAPORE 521109  
Tel No: 1800-7819999

3 of 3

Report No. T/20210927/2042

**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  
G /  
Sgt 3 ILYAAS BIN KHAMIS

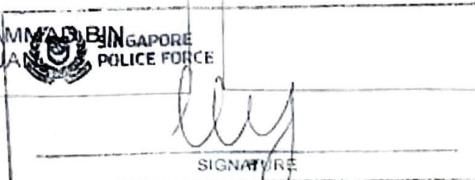
Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
27/09/2021 12:42

Officer In Charge Of Case:  
TP / AEIT /

Sr Staff Sgt SYED ZAYID MUHAMMAD BIN  
SYED ABDUL WAHID ALHINDU  
Contact No.: 65476404



Classification Of Case: