

# 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	26/11/2021 12:33 (SGT)
Date of Accident	24/11/2021 23:05 (SGT)
Exact Location of Accident	Lor 1 Toa Payoh, Singapore
Additional Location Information	LORONG 1 TOA PAYOH
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB1106S
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	MG
Model	MG5
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	1

## 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	ZHENG BING JIE JAMES
NRIC No	SXXXX915G

Or Birth	23/09/1974
Location	Outdoor
Of Driving Pass	01/04/2003
ing experience	18 YEARS AND 7 MONTHS
ender	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	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?	No
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	Female

#### DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Toa Payoh Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18002519999
Alt. Police Station Phone No	(Fax) +65-63548749
Police Station Address	93 Toa Payoh Central Toa Payoh Community Building #01-02 Singapore 319194
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT T/20211125/2019

#### ATTACHMENT(S)

Are accident photos available for attachment?	Yes
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 1



Vehicle Registration Number	YP9772R
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	-
Name of Driver	Commercial vehicle
Contact Number	TAN SING KONG
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	ZHENG BENG JIE JAMES
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SHB1106S
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

## SKETCH PLAN

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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.

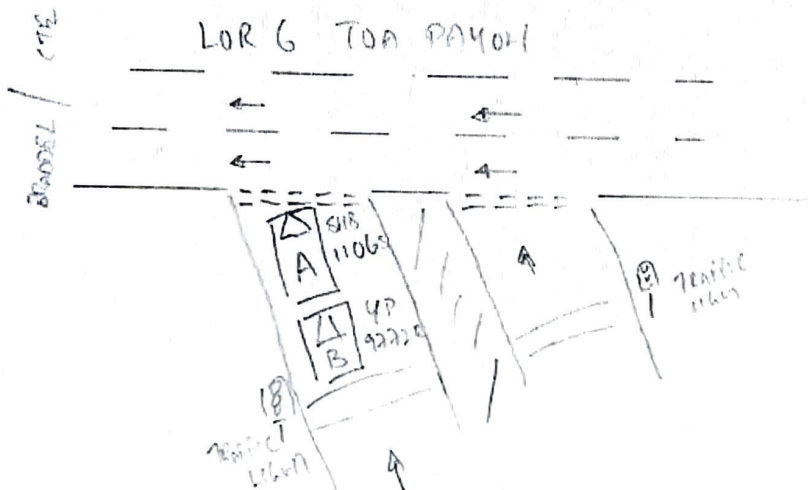


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

### Sketch Plan









**SINGAPORE  
POLICE FORCE**



T/20211125/2019

Police Station Of Origin:  
Toa Payoh N.P.C  
93 Toa Payoh Central #01-02 Toa Payoh  
Community Building SINGAPORE 319194  
Tel No: 1800-2519999

1 of 3

Report No. T/20211125/2019

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 25/11/2021 10:30	Vide Report No.:	Station Diary No.: 21
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**Informant's Particulars**

Name of Informant: ZHENG BING JIE JAMES			Address: APT BLK 319 BUKIT BATOK STREET 33 #03-36 SINGAPORE 650319	
ID Type / ID No.: NRIC NO / S7431915G			Contact No.:	Mobile: 97596664
Nationality: SINGAPORE CITIZEN			Home/Office:	
			Email:	
Sex: Male	Age: 47	Date of Birth: 23/09/1974	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupation: TAXI-DRIVER			Driving Licence Information: Class: 3	Date of Expiry:

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 24/11/2021 23:05	Type of Location: T-Junction
Location:  LORONG 1 TOA PAYOH				
Weather: Clear		Road Surface: Wet	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working	Traffic Volume: Light	
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
SHB1106S	Car				Seriously Damaged	1
YP9772R	Lorry					1

**Details of Person Involved**

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





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T/20211125/2019

Police Station Of Origin:

Toa Payoh N.P.C

93 Toa Payoh Central #01-02 Toa Payoh  
Community Building SINGAPORE 319194

Tel No: 1800-2519999

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Report No. T/20211125/2019

**CONTINUATION OF REPORT**

Driver			
Name	ZHENG BING JIE JAMES	ID No.	S7431915G
Related Vehicle	SHB1106S (Car)	Contact No.	97596664
Hospital/Clinic	HORIZON MEDICAL CENTRE	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	25/11/2021	Date Discharge	25/11/2021
No. of Days granted Medical Leave	04	Degree of Injury	Slight

**Brief Details.**

On 24/11/2021 I was driving my taxi bearing registration number:SHB1106S. On the same day I pick up passenger via the Grab application at Trevista condo. The passenger destination was Bukit Batok. At about 11.05pm, I was driving my taxi along Lorong 1 Toa Payoh & Lorong 6 Toa Payoh. My taxi was at the filter lane of Lorong 1 Toa Payoh towards Braddell road. When my taxi was at the filter lane, I stop my taxi as there was still incoming vehicle on my right. Once the road was clear, I was about to move off when I felt an impact from the rear. After the collision, I made check on my passenger that she inform she was fine. I then move my taxi to the busstop ahead to assess the damage & also exchange particular with the other party. When I came out of my taxi, I observed the vehicle that knock my taxi is a lorry bearing registration number:YP9772R. I exchange particular with driver. As there were damages to my vehicle. I informed my passenger that she need to find other alternative to go to her destination. My passenger then book another vehicle & left the place. My taxi was towed from the location. I wish to state that there is a on-board camera install in my taxi.

On 25/11/2021 I seek medical attention at Horizon Medical Pte Ltd because I felt pain at my back & neck area. I was given 4 days medical leave.

Damage to my taxi:

1. Rear bumper dented inwards.
2. Rear booth unable to close
3. Left rear tail light broken.



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T/20211125/2019

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93 Toa Payoh Central #01-02 Toa Payoh

Community Building SINGAPORE 319194

Tel No: 1800-2519999

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Report No. T/20211125/2019

**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

E /

Sgt 3 MUHAMMAD AL-RAZIF

S/O G SUPPAIYAH MD FAIZAL

Signature Of Interpreter:

Not applicable

Signature Of Informant:

Date/Time:

25/11/2021 10:30

Officer In Charge Of Case:

TP / AEIT /

SI ANG YI TING, STEPHANIE

Contact No.: 65476414

Classification Of Case:

SM 168

Authentication Stamp  
NP168



*[Signature]*  
SIGNATURE