

SS1E218C0007 / SMRT AUTOMOTIVE SERVICES PTE LTD
ENTRY DATE & TIME: 13/08/2021 15:38 (SGT)
SUBMITTED BY: SHANTI B THAIYAL NAYAGI (SMRT05)
VERSION: 1 (13/08/2021 15:38 (SGT))

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	13/08/2021 15:38 (SGT)
Date of Accident	12/08/2021 10:00 (SGT)
Exact Location of Accident	Woodlands Ave 3, Singapore
Additional Location Information	WOODLANDS AVE 3 /INFRONT OF MARSILING MALL
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC4209D
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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	JAMIL BIN HAJI TALIB
NRIC No	SXXXX928B

Date Of Birth	09/04/1960
Occupation	Outdoor
Date Of Driving Pass	26/03/1983
Driving experience	38 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-68662672
Alt. Phone Number	-
Email Address	AUTO-SVC-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	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 vehicle 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	Woodlands West Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18003639999
Alt. Police Station Phone No	(Fax) +65-63640997
Police Station Address	1 Woodlands St 12 Singapore 738622
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT - T/20210812/2063

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	XD3882X
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)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	JAMIL BIN HAJI TALIB
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SHC4209D
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes

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

Sketch Plan

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

Witnessed by Reporting Centre Personnel



3 (Impact of missing No. 11)

A - SNC 4209D

B - XD388DX

Declaration

Policyholder's Signature / Date &
Time

Witnessed by Reporting Centre
Personnel



SINGAPORE POLICE FORCE

Police Station/M Origin
Woodlands West N.P.C.
1 Woodlands Street 12 SINGAPORE 730012
Tel No. 1800 303 9999



REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made
12/08/2021 16:31

Vehicle Report No.

Informant's Particulars

Name of Informant
JAMIL BIN HAJI TALIB

ID Type / ID No.

NRIC NO. / S14269288

Nationality

SINGAPORE CITIZEN

Sex

Age

Date of Birth

Male

61

09/04/1960

Race

Malay

Occupation:

Taxi Driver

Address

APT 1118 310 WOODLAND AVENUE 3 UNIT 1118/310

SINGAPORE 730310

Contact No.

Home/Office

Email

Type of Informant

Driver

Language

English

Driving Licence Information

Class: 2B, 2A, 2, 3, 4

General Information of the Accident

Type of
Accident

Injury

Conveyed By Ambulance

Drink

Drive

No

Date/Time of
Accident

12/08/2021 10:00

Location:

WOODLANDS AVENUE 3

Weather

Clear

Traffic Flow

Road Surface

Dry

Traffic Control

Road Speed Limit

Traffic Adverse

Moderate

Anyone Conveyed By

ambulance

Yes

Type of Collision:

Between Moving Vehicles - Head To Rear

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No. of Passengers
SHC4209D	Car	TOYOTA	PRIUS		Seriously Damaged	0
XD3882X	Lorry				No Damage	1

Details of Person Involved

Any Pedestrian Involved: No

No. of Pedestrians Injured: Nil

Use of Pedestrian Crossing: No



**SINGAPORE
POLICE FORCE**



T 20210812/2063

Police Station Of Origin
Woodlands West N.P.C.
1 Woodlands Street 12 SINGAPORE 738622
Tel No. 1800 363 9999

Report No. T 20210812/2063

CONTINUATION OF REPORT

Driver			
Name	JAMIL BIN HAJI TALIB	ID No	S1426928B
Related Vehicle	SHC4209D (Car)	Contact No.	91201198
Hospital/Clinic	KHOO TECK PUAT HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B, 2A, 2, 3, 4 Date of Expiry: NIL
Date Treatment	12/08/2021	Date Discharge	12/08/2021
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

On the above mentioned date, time and location, I was driving my taxi on the left lane along Woodlands Ave 3 and there was a truck (XD3882X) behind me driving on the center lane. Suddenly the lorry swerved into my lane and hit the rear portion of my car which causes my car to spin. My car was then sideways and my driver door was facing the truck and I was hit again the 2nd time.

I then saw the lorry stopped and reversed a bit. After the impact, I was in pain and in shocked and was unable to move. Soon Traffic Police and Ambulance came and I was conveyed to KTPH for outpatient treatment and given 3 days MC.



SINGAPORE
POLICE FORCE

Police Station Of Origin
Raffles Place West N.P.C.
1, Raffles Place, SINGAPORE 038622
Tel No. 6547 6311/9999



T 20210812/061

Ref 1

Report No. T20210812/061

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/

Sgt 1 MUHAMMAD HAZWAN BIN MOHAMMED
HUSSEIN

Signature Of Informant

Signature Of Interpreter

Not applicable

Date/Time:

12/08/2021 16:31

Officer In Charge Of Case:

TP / GIT /

Sr Staff Sgt TAN JUN YAN

Contact No.: 65476311

Classification Of Case

Authentication Stamp

NP168