

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 29/12/2021 13:01 (SGT)
Date of Accident 16/12/2021 23:45 (SGT)
Exact Location of Accident Choa Chu Kang Dr, Singapore
Additional Location Information CHOA CHU KANG DRIVE TOWARDS KJE
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHB5377A

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 TAN KEM CHIEW
NRIC No SXXXX739H

| | |
|--|----------------------------|
| Date Of Birth | 04/02/1955 |
| Occupation | Outdoor |
| Date Of Driving Pass | 09/06/1979 |
| Driving experience | 42 YEARS AND 6 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 | Raining |
| 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? | Yes |
| Number of Passengers (Including Driver) | 3 |
| 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 |

DETAILS OF POLICE ACTION

| | |
|---|--|
| Was the accident reported to the police? | Yes |
| Police Station Name | Hong Kah North Neighbourhood Police Post |
| Police Station Phone No | (Phone) +65-18005679999 |
| Alt. Police Station Phone No | (Fax) +65-65652508 |
| Police Station Address | Blk 370 Bukit Batok Street 31 #01-201 Singapore 650370 |
| Was notice of intended Prosecution given? | No |
| If yes, against whom? | - |

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT - T820211217/2014

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 | SMU1679X |
| Vehicle Manufacturer | - |
| Vehicle Model | - |
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Private car |
| Name of Driver | LEE YEOW CHUAN |
| Contact Number | - |
| Address | - |
| Address complement | - |
| Postcode | - |
| Insurance Company Name | - |
| Nature Of Damage | - |
| Details of property damaged in accident | - |
| No. Of Passenger (Including Driver) | - |

SKETCH PLAN

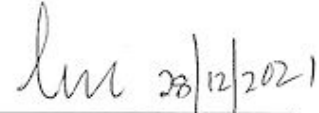
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7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**
I understand, 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

Sketch Plan


Driver's Signature (If driver is not the policyholder) / Date & Time
26 Dec 21 1430 hrs
Choq Chai Kang Drive


Witnessed by Reporting Centre Personnel

Sketch Plan

A - SHB5377A
B - SMU1679X

↑ | ↗ | P

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

I/We declare the foregoing particulars are true in every respect.



Driver's Signature (If driver is not the policyholder) / Date
& Time 28 Dec 21, 14 20 hrs

Witnessed by Reporting Centre
Personnel











**SINGAPORE
POLICE FORCE**



T/20211217/2104

1 of 3

Police Station Of Origin:
Hong Kah North NPP
370 Bukit Batok Street 31 #01-201
SINGAPORE 650370
Tel No: 1800-5679999

Report No. T/20211217/2104

REPORT OF A TRAFFIC ACCIDENT

| | | |
|--|------------------|--------------------------|
| Date/Time Report Made: 17/12/2021 19:14 | Vide Report No.: | Station Diary No.: 38 |
|--|------------------|--------------------------|

Informant's Particulars

| | | | | |
|--|------------|------------------------------|---|----------------------------|
| Name of Informant: TAN KEM CHIOU | | | Address: APT BLK 345 BUKIT BATOK STREET 34 #12-270 SINGAPORE 650345 | |
| ID Type / ID No.: NRIC NO / S1502739H | | | Contact No.: | Mobile: 93823912 |
| Nationality: SINGAPORE CITIZEN | | | Home/Office: | |
| | | | Email: | |
| Sex: Male | Age: 66 | Date of Birth: 04/02/1955 | Type of Informant: Driver | |
| Race: Chinese | | | Language: English | Institution / School Name: |
| Occupation: TAXI DRIVER RELIEF | | | Driving Licence Information: Class: 2B,2A,2,3 | Date of Expiry: |

General Information of the Accident

| | | | | |
|---|------------|---|--|-------------------------------------|
| Type of Accident: | Non-Injury | Drink Drive: No | Date/Time of Accident: 16/12/2021 23:45 | Type of Location: X-Junction |
| Location: CHOA CHU KANG DRIVE | | | | |
| Weather: Raining | | Road Surface: Wet | | Road Speed Limit: |
| Traffic Flow: One Way | | Traffic Control: Traffic Light - Working | | Traffic Volume: Light |
| Type of Collision: Moving Vehicle Against - Parked Vehicle | | | | Anyone conveyed by ambulance: No |

Details of Vehicle Involved

| Vehicle No. | Type | Make | Model | Color | Condition | No of Passenger |
|-------------|------|------|-------|-------|------------------|-----------------|
| SHB5377A | Car | | | | Slightly Damaged | 2 |
| SMU1679X | Car | | | | Slightly Damaged | 1 |

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20211217/2104

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Report No. T/20211217/2104

Police Station Of Origin:
Hong Kah North NPP
370 Bukit Batok Street 31 #01-201
SINGAPORE 650370
Tel No: 1800-5679999

CONTINUATION OF REPORT

| | | | |
|-----------------------------------|----------------|------------------|---|
| Driver | | | |
| Name | TAN KEM CHIOU | | ID No. S1502739H |
| Related Vehicle | SHB5377A (Car) | | Contact No. 93823912 |
| Hospital/Clinic | NIL | | Class of Driving Licence & Expiry Date Class: 2B,2A,2,3 Date of Expiry: NIL |
| Date Treatment | NIL | Date Discharge | NIL |
| No. of Days granted Medical Leave | NIL | Degree of Injury | NIL |
| Driver | | | |
| Name | LEE YEOW CHUAN | | ID No. S1329247G |
| Related Vehicle | SMU1679X (Car) | | Contact No. 88099839 |
| 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 the 16/12/2021 at about 2348hrs, I was driving an SMRT taxi as a relief driver bearing the registration number SHB5377A along Choa Chu Kang Drive towards Yew Tee MRT. I had stopped at the traffic light behind 2 other cars and was waiting for the light to turn green so that I can turn into KJE expressway. While waiting, I heard a sound at the back that sounded like a car braking, and subsequently felt a collision at the back of my vehicle. I alighted to make a check and saw that a vehicle bearing the registration number SMU1679X had collided into the rear of my vehicle as the driver did not manage to brake in time. The other driver then told me that he wanted to settle privately, however I later called the phone number that he provided, but it says that the number is not in use. I am unsure whether I had copied down or heard the wrong number. I did provide my NRIC and contact number to the driver, however he has yet to contact me too. My vehicle sustained damages of a dented rear bumper, leading to a misaligned rear bonnet door. Nobody was injured. No ambulance or Traffic Police at scene.


**SINGAPORE
POLICE FORCE**


T/20211217/2104

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Report No. T/20211217/2104

Police Station Of Origin:
Hong Kah North NPP
370 Bukit Batok Street 31 #01-201
SINGAPORE 650370
Tel No: 1800-5679999

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 NG CHOR MUI

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
17/12/2021 19:14

Officer In Charge Of Case:
TP / GIA /
DSP (2) YIP YEW SENG NELSON
Contact No.: 65476182

Classification Of Case:

Authentication Stamp
NP163



SIGNATURE