

# 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 .....	04/01/2022 09:12 (SGT)
Date of Accident .....	03/01/2022 02:30 (SGT)
Exact Location of Accident .....	Dairy Farm Rd, Singapore
Additional Location Information .....	DAIRY FARM ROAD TOWARDS BUKIT TIMAH ROAD
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SHF49J
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### 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 .....	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 .....	HO TIEN LOONG LIONEL ( HE TIANLONG )
NRIC No .....	SXXXX687E



Date Of Birth .....	20/12/1985
Occupation .....	Outdoor
Date Of Driving Pass .....	09/02/2006
Driving experience .....	15 YEARS AND 11 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 .....	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? .....	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 .....	Male

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Bukit Merah West Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18003779999
Alt. Police Station Phone No .....	(Fax) +65-63773923
Police Station Address .....	500 Bukit Merah View #01-01 Singapore 159682
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT - T/20220103/2017

#### 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 .....	SMJ4158X
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) .....	-

## INJURED PERSONS DETAILS

### INJURED 1

Name of injured person .....	HO TIEN LOONG LIONEL
Gender .....	-
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	SHF49J
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	No



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

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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.



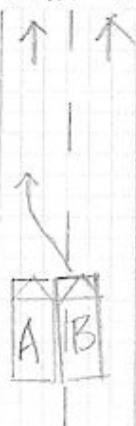
Policyholder's Signature / Date & Time

**Sketch Plan**

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

Witnessed by Reporting Centre Personnel

Dairy Farm towards Bukit Timah Road



A- SHF 49J

B- SMJ 4158X



### Describe Circumstances of the Accident

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.

### Declaration

We declare the foregoing particulars are true in every respect.

  
Policyholder's Signature

Policyholder's Signature / Date &  
Time

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

Witnessed by Reporting Centre Personnel





# SINGAPORE POLICE FORCE



T/20220103/2017

Police Station Of Origin:  
Bukit Merah West N.P.C  
500 Bukit Merah View #01-01 SINGAPORE  
159682  
Tel No: 1800-3779999

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Report No. T/20220103/2017

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 03/01/2022 10:53	Vide Report No.:	Station Diary No.: 22
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### Informant's Particulars

Name of Informant: HO TIEN LOONG, LIONEL			Address: APT BLK 138 JALAN BUKIT MERAH #03-1404 SINGAPORE 160138		
ID Type / ID No.: NRIC NO / S8538687E			Contact No.: Home/Office: Mobile: 80283828		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 36	Date of Birth: 20/12/1985	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: 3,4 Date of Expiry:		

### General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 03/01/2022 02:30	Type of Location: T-Junction
Location:  DAIRY FARM ROAD				
Weather: Raining		Road Surface: Wet		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: No Traffic
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

### Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHF49J	Car	TOYOTA	PRIUS HYBRID 1.8 CVT	Maroon	Slightly Damaged	1
SMJ4158X	Car	HONDA	VEZEL HYBRID 1.5X AUTO	Black	Slightly Damaged	0





**SINGAPORE  
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159682  
Tel No: 1800-3779999

Report No. T/20220103/2017

## CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Driver</b>			
Name	HO TIEN LOONG, LIONEL	ID No.	S8538687E
Related Vehicle	SHF49J (Car)	Contact No.	80283828
Hospital/Clinic	HL FAMILY CLINIC & SURGERY PTE LTD	Class of Driving Licence & Expiry Date	Class: 3,4 Date of Expiry: NIL
Date Treatment	03/01/2022	Date Discharge	03/01/2022
No. of Days granted Medical Leave	03	Degree of Injury	Slight
<b>Driver</b>			
Name	JOE WONG HENG WAH	ID No.	S1150660G
Related Vehicle	SMJ4158X (Car)	Contact No.	NIL
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 03/01/2022 at about 0230hrs, I was driving my taxi along Dairy Farm Road towards Upper Bt Timah Road. At that point of time, I was waiting on the second lane on the right turn T-junction of Dairy Farm Road towards Bt Timah Road and there was a black colour vehicle on the first lane. Both of the vehicles were waiting for the traffic light to turn green. When the traffic light turned green from red, I proceeded to make a right turn on to Bt Timah Road and remained on my lane while doing so. As I was making the turn, the black vehicle's rear side swiped my taxi on the driver's side, hitting on my vehicle's front part. As a result of the impact, my vehicle's right side mirror was broken.

After my vehicle was hit, I braked immediately. The other vehicle did not stopped immediately hence I honked and the other vehicle stopped about 10meters ahead of my vehicle. I then exited from my taxi and exchanged particulars with the driver from the other vehicle. The driver mentioned that he did not stop until he heard a honk because he did not felt any impact on his vehicle. I did not managed to get the driver's contact number as he was in a rush to leave.

After the accident, I called for a company tow truck to tow away my taxi as advised by my company. I then returned home and went to my family clinic to see a doctor due to neck pain on my right.





**SINGAPORE  
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T/20220103/2017

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CONTINUATION OF REPORT





**SINGAPORE  
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T/20220103/2017

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Report No. T/20220103/2017

**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 D / Sgt 3 TAN HUI YU	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 03/01/2022 10:53
Officer In Charge Of Case: TP / AEIT / Insp (1) BOON YEN KIAN / Contact No.: 65476172,	Classification Of Case:
Authentication Stamp NP168	SN 45
SIGNATURE	