

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 12:39 (SGT)
Date of Accident	31/12/2021 06:45 (SGT)
Exact Location of Accident	Near 174 Stadium Rd, Singapore 397731
Additional Location Information	STADIUM CRESCENT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD6484G
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	VETHARETINAM S/O P NARAYANAN @VEDARETNAM
NRIC No	SXXXX419J

Date Of Birth	09/05/1953
Occupation	Outdoor
Date Of Driving Pass	07/11/1978
Driving experience	43 YEARS AND 1 MONTH
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	DRIZZLING
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?	Yes
Was any injured conveyed to hospital by ambulance?	Yes
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	5
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

PASSENGER 4

Name	UNKNOWN
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Serangoon Neighbourhood Police Centre
Police Station Address	50 Serangoon Avenue 2 #01-02
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT - T/20211231/2069

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	SMR4949M
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	UNKNOWN
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SHD6484G
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes

INJURED 2

Name of injured person	UNKNOWN
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SHD6484G
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes

INJURED 3

Name of injured person	UNKNOWN
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SHD6484G
Were seat belts worn?	-



Was this injured conveyed to hospital by ambulance?

Yes

INJURED 4

Name of injured person

UNKNOWN

Gender

Female

Phone No

-

Address

-

Address Complement

-

Post Code

-

Approximate Age Years Old

-

Injuries Sustained

-

Injured person in which vehicle?

SHD6484G

Were seat belts worn?

-

Was this injured conveyed to hospital by ambulance?

Yes

INJURED 5

Name of injured person

VETHARETINAM S/O P NARAYANAN

Gender

Male

Phone No

-

Address

-

Address Complement

-

Post Code

-

Approximate Age Years Old

-

Injuries Sustained

-

Injured person in which vehicle?

SHD6484G

Were seat belts worn?

-

Was this injured conveyed to hospital by ambulance?

No

SKETCH PLAN

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 willful 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. The 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.
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' law firms/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' law firms/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 law firms/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

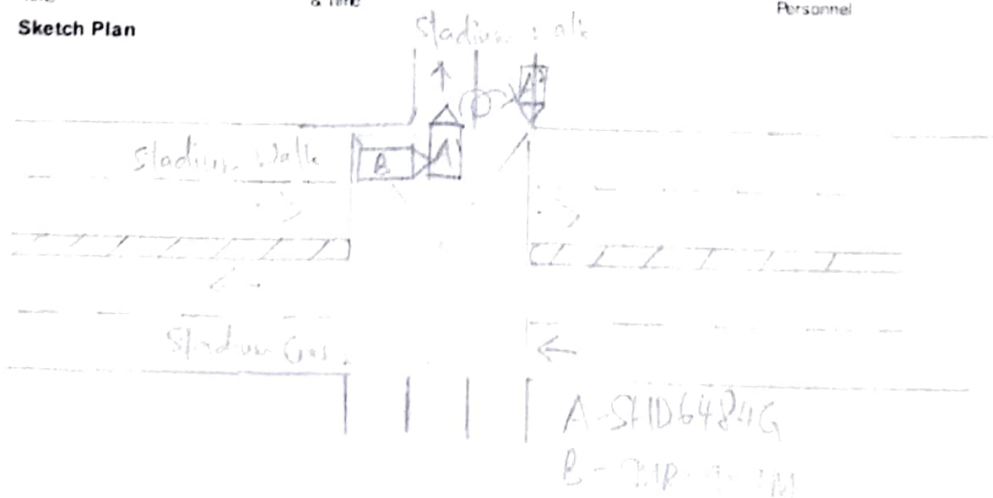


Policyholder's Signature / Date & Time:

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

Describe Circumstances of the Accident

Declaration

We declare the foregoing particulars are true in every respect



Policyholder's Signature / Date &
Time

Uda 3/1/2020

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

Witnessed by Reporting Centre
Personnel


**SINGAPORE
POLICE FORCE**


T/20211231/2069

1 of 3

Police Station Of Origin
Serangoon N.P.C
50 Serangoon Avenue 2 #01-02 SINGAPORE
556129
Tel No: 1800-4880999

Report No: T/20211231/2069

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made 31/12/2021 16:37	Vide Report No.	Station Diary No. 46
---	-----------------	-------------------------

Informant's Particulars

Name of Informant VETHARETINAM S/O P NARAYANAN		Address APT BLK 234 SERANGOON AVENUE 3 #03-72 SINGAPORE 550234	
ID Type / ID No. NRIC NO / S2005419J		Contact No. Home/Office:	Mobile: 91995424
Nationality SINGAPORE CITIZEN		Email:	
Sex: Male	Age 68	Date of Birth 09/05/1953	Type of Informant: Driver
Race Indian		Language:	Institution / School Name:
Occupation Taxi driver		Driving Licence Information: Class: 3	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 31/12/2021 06:45	Type of Location: X-Junction
Location: STADIUM CRESCENT				
Weather Drizzling		Road Surface:		Road Speed Limit:
Traffic Flow:		Traffic Control: Not Controlled		Traffic Volume: No Traffic
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHD6484G	Car				Seriously Damaged	4
SMR4949M	Car				Seriously Damaged	0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20211231/2069

Police Station Of Origin:
Serangoon N P C
50 Serangoon Avenue 2 #01-02 SINGAPORE
556129
Tel No. 1800-4880999

2 of 3

Report No. T/20211231/2069

CONTINUATION OF REPORT

Driver			
Name	VETHARETINAM S/O P NARAYANAN	ID No	S2005419J
Related Vehicle	SHD6484G (Car)	Contact No.	91995424
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	Slight
Driver			
Name	KEE POH KWANG (JIG BAO GUANG)	ID No.	S7220119A
Related Vehicle	SMR4949M (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 31/12/2021 at about 0645 hrs, I was with 4 other passengers, a family, in my taxi. I was driving at a cross junction and the above-mentioned location. I made a stop at the stop line and check for vehicles. I did not see any vehicle. I moved off from the stop line when suddenly heard a loud "bang". A car (SMR4949M) who had travel at a high speed collided into my taxi vehicle left back door, causing it to swirl and go up the kerb. I immediately checked on my passengers if they were injured. While a male passenger who had sat beside me went to scold the other party. I do not know what was their conversation as I was busy checking on the other passengers. After short while, ambulance and police arrived. Ambulance conveyed my passenger to the hospital. Police officer who attended to me provided me an acknowledgement slip and took my SD card for my taxi in car camera footage. I am unable to recall the report number provided to me.

After the collision, I feel uncomfortable at my back region. I wish to inform that I will be seeing a doctor as soon as possible.



**SINGAPORE
POLICE FORCE**



T/2021/231/2069

Police Station Of Origin
Serangoon N.P.C
50 Serangoon Avenue 2 #01-02 SINGAPORE
556129
Tel No. 1800-4880999

1 of 1

Report No. T/2021/231/2069

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

F/

Sgt 2 CHEE WEI SIN

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
31/12/2021 16:37

Officer In Charge Of Case:
TP / GIT /
Staff Sgt NUR ADELINA BINTE MOHAMMAD
FUAT
Contact No : 65476066

Classification Of Case: