

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	14/01/2022 13:27 (SGT)
Date of Accident	12/01/2022 15:30 (SGT)
Exact Location of Accident	Chai Chee Rd, Singapore
Additional Location Information	CHAI CHEE ROAD TOWARDS CHANGI ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD6199E
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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) +65-6866271
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	SHD6199E
NRIC No	SXXXX145I

Date Of Birth	03/09/1959
Occupation	Outdoor
Date Of Driving Pass	21/05/1980
Driving experience	41 YEARS AND 8 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	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)	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	Marine Parade Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18004428999
Alt. Police Station Phone No	(Fax) +65-62447678
Police Station Address	300 Marine Parade Road Singapore 449296
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT - T/20220114/2027

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	GBL933X
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)	-

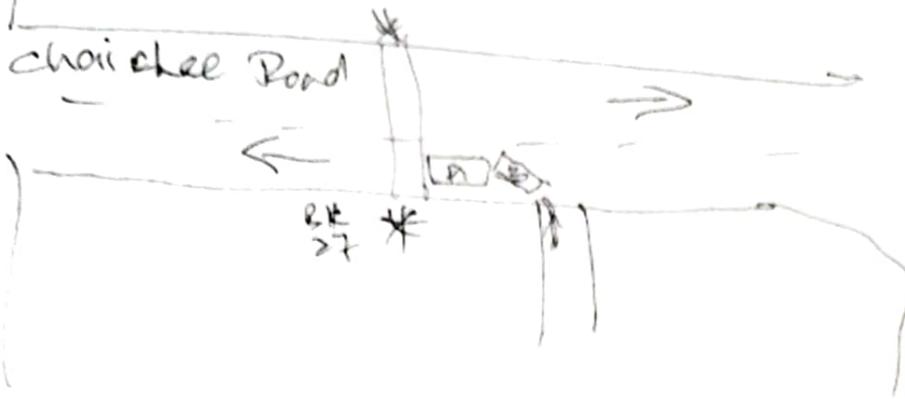
INJURED PERSONS DETAILS

INJURED 1

Name of injured person	CHEW HOCK LEONG
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SHD6199E
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

Changi Road.

Chai Chee Road



[Signature]
13/2/2022

Lined area for notes or additional details.

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

[Signature]
13/2/2022

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

[Signature] 13/1/2022

Witnessed by Reporting Centre Personnel

SKETCH PLAN

IMPORTANT NOTICE

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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

[Signature]

13/1/2022

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

[Signature] 13/1/2022

Witnessed by Reporting Centre Personnel

Sketch Plan

SKETCH PLAN

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- (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 based 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**



1:20220114/2021

Police Station Of Origin
Marine Parade N.P.C.
300 Marine Parade Road SINGAPORE
449298
Tel No. 1800-4428999

Report No. 1:20210114/2021

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made
14/01/2022 12:38

Video Report No

Station Diary No
34

Informant's Particulars

Name of Informant CHEW HOCK LEONG			Address 606B EAST COAST ROAD SINGAPORE 459003		
ID Type / ID No NRIC NO / S13941451			Contact No Home/Office Mobile 97321805		
Nationality SINGAPORE CITIZEN			Email		
Sex Male	Age 62	Date of Birth 03/09/1959	Type of Informant Driver		
Race Chinese			Language		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 12/01/2022 15:30	Type of Location Straight Road
Location CHAI CHEE ROAD				
Weather Clear		Road Surface Dry		Road Speed Limit
Traffic Flow Two Way		Traffic Control Traffic Light - Working		Traffic Volume Light
Type of Collision Moving vehicle against stopped vehicle				Anyone conveyed by ambulance No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passengers
GBL933X	Van					3
SHD6199E	Car				Seriously Damaged	0

Details of Pedestrians Involved

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



**SINGAPORE
POLICE FORCE**

Police Station Of Origin
Marine Parade N.P.C
300 Marine Parade Road SINGAPORE
449266
Tel No 1800-4428999



T/20220114/2027

2 of 3

Report No: T/20220114/2027

CONTINUATION OF REPORT

Name	MURAD	ID No	063095583
Related Vehicle	GBL933X (Van)	Contact No	855555073
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
Name	CHEW HOCK LEONG	ID No	S13941451
Related Vehicle	SHD6199E (Car)	Contact No	97321805
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class 3 Date of Expiry NIL
Date Treatment	13/01/2022	Date Discharge	13/01/2022
No of Days granted Medical Leave	07	Degree of Injury	Serious

Brief Details.

On 12/01/2022 at about 3.30pm, I was driving my taxi along Chai Chee Road towards Changi Road. I then stopped my taxi at the red light junction of 27 Chai Chee Road. Suddenly, a van GBL933X turning out from the HDB carpark hit onto the rear right side of my taxi with great impact. The impact causes things on my dashboard to fall off. I came down to make a check and the rear right lights and rear bumper of my taxi was damaged. I exchanged particulars with the driver. On 13/01/2022, I felt pain on my shoulder, center of my neck, center lower back, waist and my legs. I went to Mount Alvernia Hospital and the doctor informed I suffered whiplash from the accident. I was given 7 days MC. There is only front in car camera in my taxi.



SINGAPORE POLICE FORCE

Police Station Of Origin
Marine Parade N P C
300 Marine Parade Road SINGAPORE
449296
Tel No: 1800-4428990



1700201147007

Report No: 17002001147007

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
G /
Sr Staff Sgt HUANG JINYING,
EVELYN

Signature of Informant

Signature Of Interpreter:
Not applicable

Date/Time
14/01/2022 12:38

Officer In Charge Of Case
TP / AEIT /
SSI TAY CHUN KEEN
Contact No: 65476436

Classification Of Case

Authentication Stamp
NP162

