

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	28/03/2022 15:33 (SGT)
Date of Accident	26/03/2022 12:30 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	PIE TOWARDS TAMPINES
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB388B
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	THNG BOON CHUAN
NRIC No	SXXXX871E

Date Of Birth	26/10/1970
Occupation	Outdoor
Date Of Driving Pass	01/12/1988
Driving experience	33 YEARS AND 3 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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	UNKNOWN
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Ang Mo Kio Division Headquarters
Police Station Phone No	(Phone) +65-18002180000
Alt. Police Station Phone No	(Fax) +65-64814246
Police Station Address	51 Ang Mo Kio Avenue 9 Singapore 569784
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT - F/20220327/7013

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	SKR4741T
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Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	TAN HOCK LYE
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	THNG BOON CHUAN
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SHB388B
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

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

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

Witnessed by Reporting Centre Personnel

Sketch Plan

1

We declare the foregoing particulars are true in every respect.

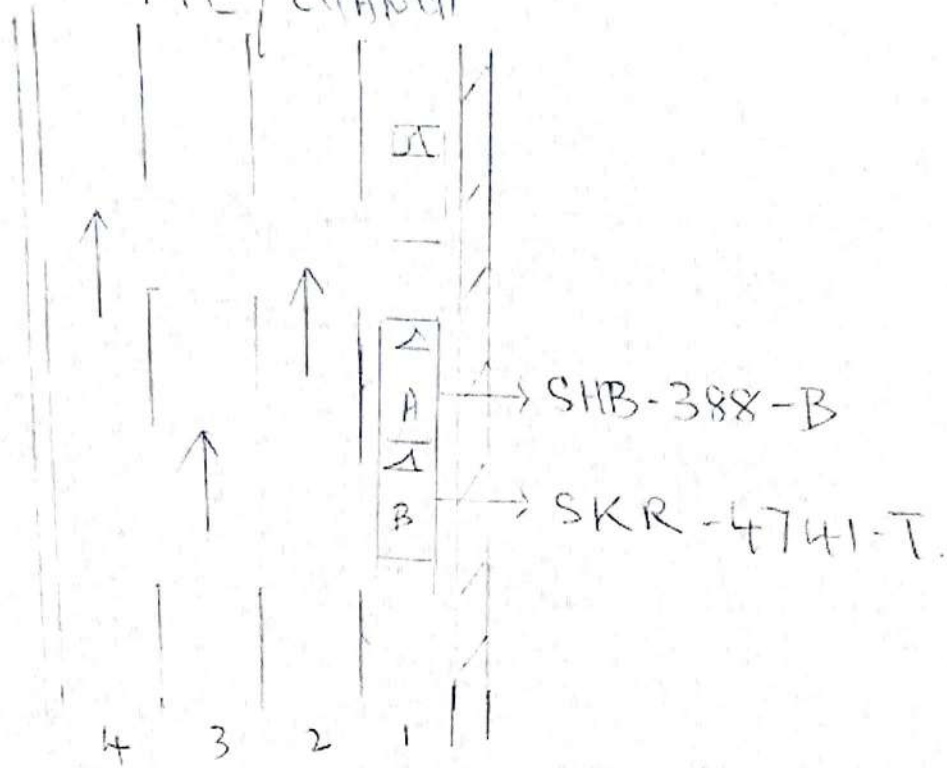


Policyholder's Signature / Date &
Time

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

Witnessed by Reporting Centre
Personnel

PIE / CHANGI



28/3/22



**SINGAPORE
POLICE FORCE**



F/20220327/7013

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POLICE REPORT (NP299)

Police Station Of Origin
Ang Mo Kio Division HQ
51 Ang Mo Kio Avenue 9 SINGAPORE
569784
Tel No: 1800-2180000

Report No. F/20220327/7013

Date/Time Report Made 27/03/2022 12:07		Vide Report No.		Station Diary No.	
Name Of Informant THNG BOON CHUAN		Address 458C SENGKANG WEST ROAD #10-392 SINGAPORE 793458			
ID Type / ID No. NRIC NO / S7038871E		Contact No. Home/Office: Mobile: 87221127			
Nationality SINGAPORE CITIZEN		Email Address KELVINTHNG@HOTMAIL.COM			
Occupation TAXI DRIVER		Sex Male	Age 51	Date of Birth 26/10/1970	Race Chinese
Institution/School Name		Language English			
Date/Time Of Incident 26/03/2022 12:30		Location Of Incident 293 LORONG 6 TOA PAYOH SAFRA CLUBHOUSE (TOA PAYOH) SINGAPORE 319387			

Brief details.

On the 26/03/2022, I am a taxi driver sending a passenger towards Tampines by PIE I was driving on the 1st lane of the PIE the weather was clear and the traffic was moderate. When I was driving I slowed down my vehicle (SHB388B) due to the vehicle in front stopping that when the vehicle behind mine, vehicle (SKR4741T) knocked into my vehicle boot. I then came to a stop and exchange particulars with the driver. The driver Name: Tan Hock Lye, NRIC: S7269938F and HP: 90250386. I had also checked with my passenger if she was alright and if she had sustain any injury. She mentioned that she was fine and did

Signature Of Officer Recording The Report:
Not applicable

Signature Of Informant:
The identity of the person making this report has been authenticated by Singpass. No signature is required.

Signature Of Interpreter:
Not applicable

Date/Time:
27/03/2022 12:07

Officer In-Charge Of Case:

Classification Of Case:

This report is lodged at Hougang NPC Kiosk 1



SINGAPORE
POLICE FORCE



F/20220327/7013

POLICE REPORT (NP299)

CONTINUATION OF REPORT

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Report No. F/20220327/7013

not have any injury. The following day on the 27/03/2022 I felt some pain at my back and proceeded to see the doctor. The doctor has given me an MC for 5 days from 27/03/2022 to 31/03/2022. I would like to state that my vehicle boot sustain some dents and was protruding out and the vehicle is still in useable condition.

Subjects Involved			
Suspect			
Person Name	Tan Hock Lye		
ID Type	NRIC NO	ID No	S7269938F
Gender	Male	Age	50
Race	Chinese	Language	Chinese
Address	5 KAKI BUKIT ROAD 2 #01-15 CITY WAREHOUSE SINGAPORE 417839		
Relation To Informant	a stranger		
Victim			
Person Name	Unknown		
Gender	Unknown	Age	0
Relation To Informant	stranger		
Person Name	THNG BOON CHUAN		
ID Type	NRIC NO	ID No	S7038871E

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:

Signature Of Informant:

The identity of the person making this report has been authenticated by Singpass. No signature is required.

Date/Time:
27/03/2022 12:07

Classification Of Case:

This report is lodged at Hougang NPC Kiosk 1



**SINGAPORE
POLICE FORCE**



F/20220327/7013

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. F/20220327/7013

Gender	Male	Age	51
Race	Chinese	Language	English
Occupation	TAXI DRIVER	Address	458C SENGKANG WEST ROAD #10-392 SINGAPORE 793458
Mobile No	87221127	Is Informant A Victim?	Yes
Person Name	THNG BOON CHUAN (Informant)		

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:

This report is lodged at Hougang NPC Kiosk 1

Signature Of Informant:

The identity of the person making this
report has been authenticated by Singpass.
No signature is required.

Date/Time:
27/03/2022 12 07

Classification Of Case: