

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	30/05/2022 14:43 (SGT)
Date of Accident	28/05/2022 12:40 (SGT)
Exact Location of Accident	Sembawang Rd, Singapore
Additional Location Information	SEMBAWANG ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC4588J
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-22099115MFSH
Cover Note Number	-

DRIVER

Name of Driver	NG KAH THIAM
NRIC No	SXXXX056H

Date Of Birth	14/10/1955
Occupation	Outdoor
Date Of Driving Pass	17/01/1977
Driving experience	45 YEARS AND 4 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	ONG YUN JING
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Yishun North Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18008529999
Alt. Police Station Phone No	(Fax) +65-68522299
Police Station Address	31 Yishun Central Singapore 768827
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT - T/20220528/2065

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	SKV9065H
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Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	MUHAMMAD SYAIRAZI BIN SULAIMAN
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	NG KAH THIAM
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SHC4588J
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	ONG YUN JING
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SHC4588J
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' law vers/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 vers/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 vers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.



Policyholder's Signature / Date & Time

Skotch Plan

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

Sembawang Road

Witnessed by Reporting Centre Personnel

30.5.2022



A - SHC 4588 J

B - SKV9065 H



SINGAPORE POLICE FORCE



T/20220528 2065

Police Station Of Origin:
Yishun North N.P.C
81 Yishun Central SINGAPORE 768827
Tel No: 1800-9529999

Report No. T/20220528 2065

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 28/05/2022 15:26
Video Report No.:
Station Diary No.: 59

Informant's Particulars

Name of Informant: NG KAH THIAM	Address: APT BLK 752 WOODLANDS CIRCLE #12-532 SINGAPORE 730752		
ID Type / ID No.: NRIC NO / S1188056H	Contact No.:	Mobile: 86999946	
Nationality: SINGAPORE CITIZEN	Email:		
Sex: Male	Age: 66	Date of Birth: 14/10/1955	Type of Informant: Driver
Race: Chinese	Language: English		Institution / School Name:
Occupation: Taxi driver	Driving License Information: Class: 2B 2A 2.3		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Driver: No	Date/Time of Accident: 28/05/2022 12:40	Type of Location: X-Junction
Location: SEMBAWANG ROAD				
Weather: Clear	Road Surface: Dry		Road Speed Limit:	
Traffic Flow: Two Way	Traffic Control: Traffic Light - Working		Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No. of Passenger
S104588H	Car	TOYOTA	PRIUS HYBRID 1.8 CVT	Maroon	Slightly Damaged	
SK19065H	Car			White		0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20220522/2000

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 766827
Tel No: 1800-8529999

Report No. T/20220522/2000

CONTINUATION OF REPORT

Passenger			
Name	ONG YUN JING	ID No.	S8711132F
Related vehicle	SH04588J (Car)	Contact No.	90231332
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: N Date of Expiry: NIL
Date Treatment	23/05/2022	Date Discharge	28/05/2022
No. of Days granted Medical Leave	05	Degree of Injury	Slight
Driver			
Name	NG KAH THIAN	ID No.	S1183056H
Related Vehicle	SH04588J (Car)	Contact No.	86999948
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2E, 2A, 2, 3 Date of Expiry: NIL
Date Treatment	28/05/2022	Date Discharge	28/05/2022
No. of Days granted Medical Leave	05	Degree of Injury	Slight
Driver			
Name	MUHAMMAD SYAIRAZI BIN SULAIMAN	ID No.	S9334368I
Related Vehicle	NIL	Contact No.	96181470
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B, 2A, 2, 3A Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 28/05/2022 at about 1240hrs, I was driving my taxi along Sembawang Road (north bound) and came to a stop at the Junction of Sembawang Road and Yishun Avenue 1 as the traffic light was red. I was not raining and there were not much vehicles. There was a passenger in my taxi. Suddenly, I felt a sudden impact from the rear and I went down to take a look. I then asked the driver for knocking me and he replied that he was trying to take some goods and did not notice. Due to the accident, the rear bumper of my taxi was damaged. The other driver and I then exchanged phone numbers and went on to our separate ways. After which, my passenger and I felt some discomfort and sought medical attention at Mount Alvernia Hospital. The both of us were given 5 days of MC. My passenger's glasses were also broken.

REAR FORCE

REAR FORCE



SINGAPORE
POLICE FORCE



T/20220525/2085

Police Station Of Origin:
Marine North M.P.C
311 Yishun Central SINGAPORE 768827
Tel No. 1800-6879999

4.7.2

Report No. T/20220525/2085

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 65474333 stating the report number as reference.

Signature of Officer Recording The Report:

L7

SGT 2 BENJAMIN TAN CHAO
FENG

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date Time:
26/05/2022 15:26

Officer In Charge Of Case:
TP / AEU /
SIANG YITING, STEPHANIE
Contact No. 9376414

Classification Of Case:

NP168