

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 31/05/2022 09:25 (SGT)
Date of Accident 28/05/2022 16:28 (SGT)
Exact Location of Accident CTE, Singapore
Additional Location Information CTE TOWARDS SLE
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHB5102B

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 NAZREEN BANU BINTE GOSE AHMAD SHAH
NRIC No SXXXX341C

Date Of Birth	05/06/1981
Occupation	Outdoor
Date Of Driving Pass	12/09/2006
Driving experience	15 YEARS AND 8 MONTHS
Gender	Female
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	RELIEF
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	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

I WAS STATIONARY ALONG CTE TOWARDS SLE WITH ONE PASSENGER (FEMALE MALAY) ON BOARD AS IT WAS HEAVY TRAFFIC. SUDDENLY I FELT AN IMPACT AT THE REAR OF MY TAXI. A VEHICLE SLC3576C HAD COLLIDED ONTO THE REAR OF MY TAXI.

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	SLC3576C
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	WONG CHEE MUN
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

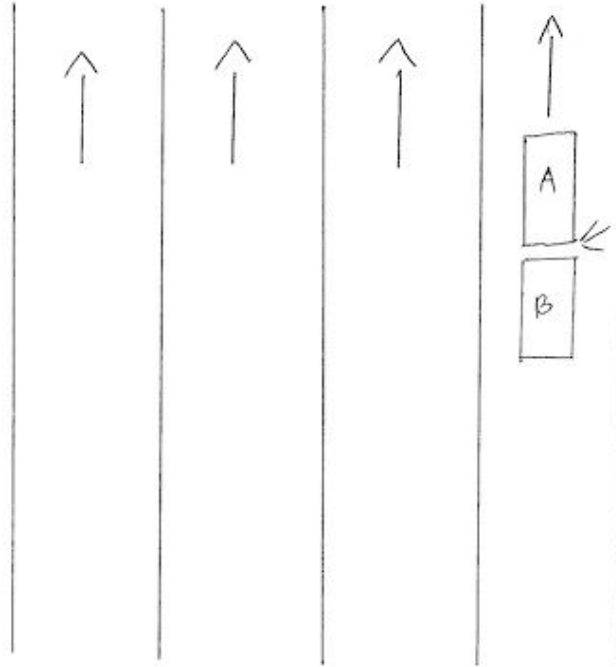
INJURED 1

Name of injured person	NAZREEN BANU BINTE GOSE AHMAD SHA
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SHB5102B
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

CTE towards SLE

$A = \text{SHB } 5102 \text{ B}$

B = SLC3576C

[illegible]

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date &
Time

Naf

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

30.5.2022

Witnessed by Reporting Centre
Personnel

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

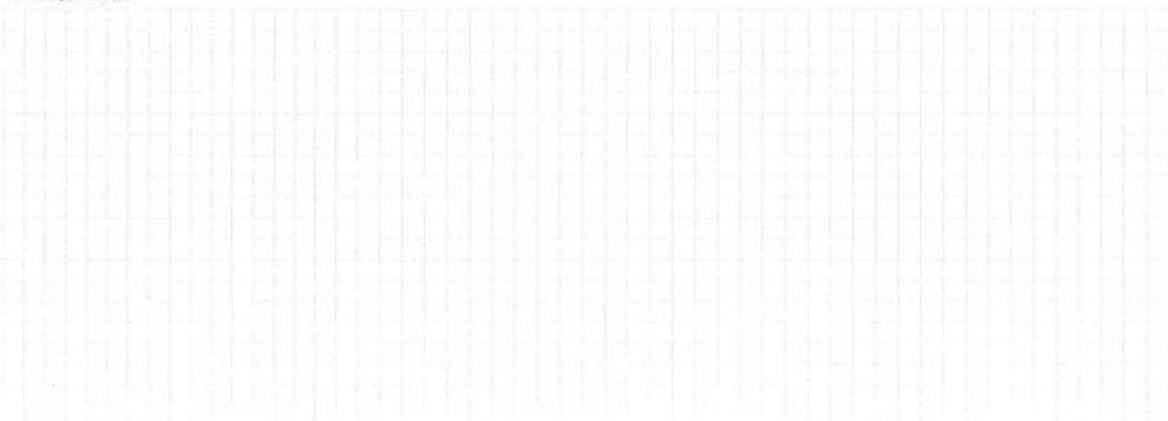
[Signature]

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

[Signature] 30.5.2022.

Witnessed by Reporting Centre Personnel

Sketch Plan















**SINGAPORE
POLICE FORCE**



T/20220530/7061

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 3
Report No. T/20220530/7061

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 30/05/2022 20:01		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: NAZREEN BANU BINTE GOSE AHMAD SHA			Address: 5 ELIAS GREEN #14-04 SINGAPORE 519961		
ID Type / ID No.: NRIC NO / S8116341C			Contact No.: Home/Office: Mobile: 81109736		
Nationality: SINGAPORE CITIZEN			Email: banu_rahman@yahoo.com.sg		
Sex: Female	Age: 40	Date of Birth: 05/06/1981	Type of Informant: Driver		
Race: Indian			Language: English		Institution / School Name:
Occupation:			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: 28/05/2022 16:30	Type of Location: Straight Road
Location: CENTRAL EXPRESSWAY				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 80 Km/h	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SHB5102B	Car	TOYOTA	PRIUS HYBRID	Brown	Slightly Damaged	2
SLC3576C	Car	TOYOTA	COROLLA	Silver	Slightly Damaged	1



**SINGAPORE
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T/20220530/7061

Police Station Of Origin:
Traffic Police
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Tel No: 65470000

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Report No. T/20220530/7061

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	NAZREEN BANU BINTE GOSE AHMAD SHA	ID No.	S8116341C
Related Vehicle	SHB5102B (Car)	Contact No.	81109736
Hospital/Clinic	SENGKANG GENERAL HOSPITAL PTE. LTD.	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	28/05/2022	Date	29/05/2022
No. of Days granted Medical Leave	15	Degree of	Slight
Driver			
Name	WONG CHEE MUN	ID No.	S1697003D
Related Vehicle	SLC3576C (Car)	Contact No.	82186186
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

Brief Details.

I was driving along CTE towards SLE, after Jalan Bahagia exit, before PIE (Changi) exit. The weather was clear, road was dry and the traffic was heavy. The car in front of me was coming to a stop and I also did the same. Once I had stopped my taxi, 10 seconds later the car behind me collided with the back of my taxi. This sent me and my passenger to jerk forward and back with an impact. I hit the back of my head and body quite hard on my seat and was quite shocked. Both of us were wearing our seat belt. After asking the passenger's well being, I went out to exchange details with the other car driver after which I proceeded to send my passenger to her destination as the car can still be driven. After sending her, I felt nauseous and vomited. Later that night, I when to SKH A&E to sought medical attention as my pain was getting worse on my head, neck and back. I was warded 1 night for observation at the hospital and was given 15 days MC and a follow up appointment to see the spine doctor.



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000



T/20220530/7061

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Report No. T/20220530/7061

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
ANG YI TING, STEPHANIE
Contact No.: 65476414

NP168

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

Date/Time:
30/05/2022 20:01

Classification Of Case: