

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	10/06/2022 15:58 (SGT)
Date of Accident	09/06/2022 20:10 (SGT)
Exact Location of Accident	Woodlands Industrial Park E3, Singapore
Additional Location Information	WOODLANDS INDUSTRIAL PARK E3 TOWARDS WOODLANDS AVENUE 8
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB423H
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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) +65-68662671
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	YONG CHEE YOONG
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NRIC No	SXXXX649B
Date Of Birth	15/03/1969
Occupation	Outdoor
Date Of Driving Pass	13/04/1987
Driving experience	35 YEARS AND 2 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)	4
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

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Paya Lebar Neighbourhood Police Post
Police Station Address	Blk 114 Hougang Avenue 1 #01-1270 Singapore 530114
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT - T/20220610/2034

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
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Was there any video captured by Car Camera? No
Was there any audio recorded? No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number GBH9795P
Vehicle Manufacturer -
Vehicle Model -
Vehicle Variant -
Vehicle Colour -
Vehicle Category Commercial vehicle
Name of Driver MARIAPPAN ESAKKIRAJ
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? SHB423H
Were seat belts worn? -
Was this injured conveyed to hospital by ambulance? -

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? SHB423H
Were seat belts worn? -
Was this injured conveyed to hospital by ambulance? -

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? SHB423H
Were seat belts worn? -
Was this injured conveyed to hospital by ambulance? No

Describe Circumstances of the Accident

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date &
Time

Ym. 10/06/2022

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

10.6.2022

Witnessed by Reporting Centre
Personnel

SKETCH PLAN**IMPORTANT NOTICE**

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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.

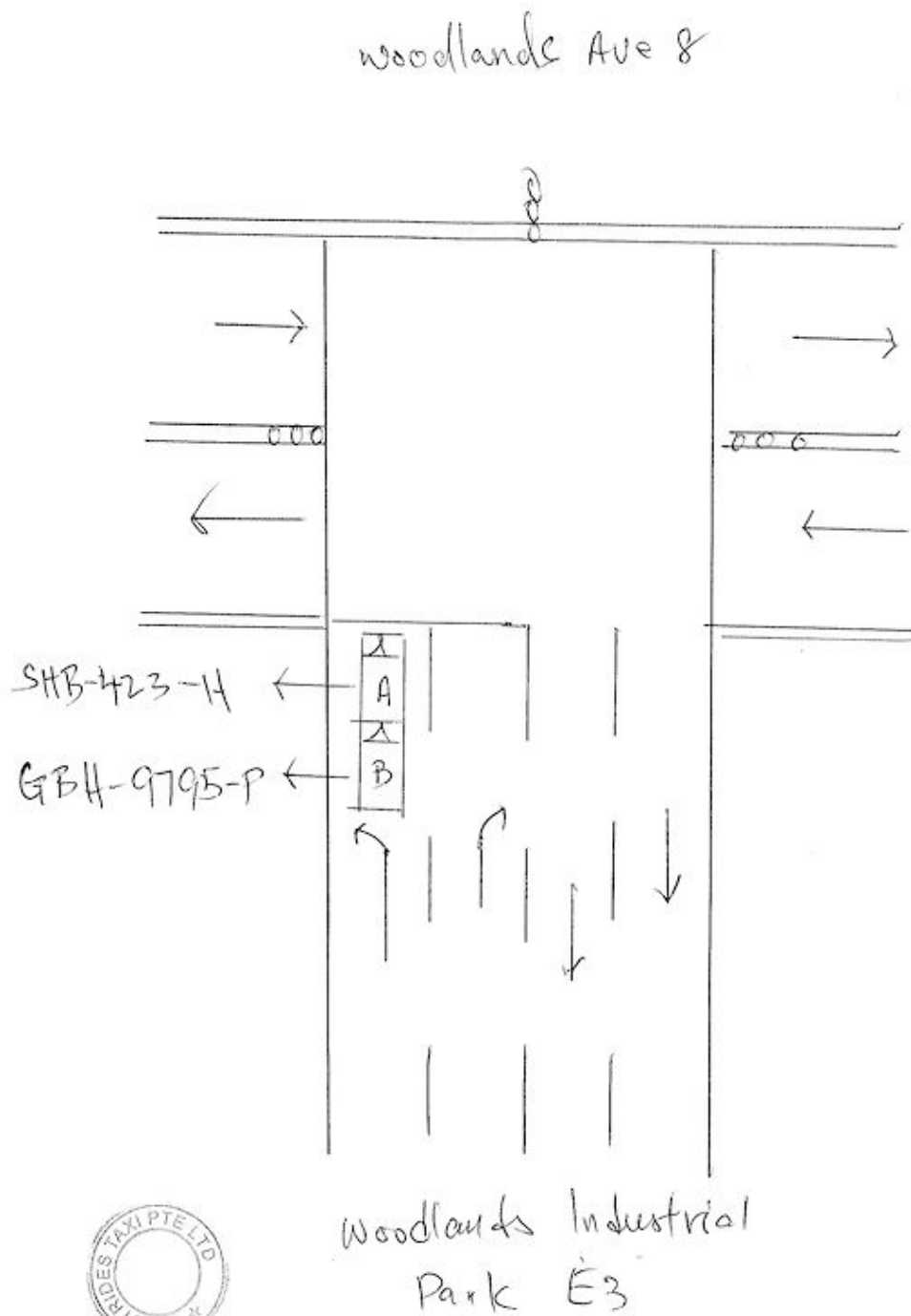


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



[Signature]

10/06/2022













**SINGAPORE
POLICE FORCE**



T/20220610/2034

Police Station Of Origin:
Paya Lebar NPP
114 Hougang Avenue 1 #01-1270
SINGAPORE 530114
Tel No: 1800-2899999

1 of 3

Report No. T/20220610/2034

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 10/06/2022 12:42	Vide Report No.:	Station Diary No.: 13
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Informant's Particulars

Name of Informant: YONG CHEE YOONG			Address: APT BLK 149 WOODLANDS STREET 13 #06-845 SINGAPORE 730149		
ID Type / ID No.: NRIC NO / S6909649B			Contact No.: Home/Office: Mobile: 86298026		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 53	Date of Birth: 15/03/1969	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 09/06/2022 20:10	Type of Location:
Location: WOODLANDS AVENUE 8				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision:			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBH9795P	Van				Slightly Damaged	1
SHB423H	Car				Slightly Damaged	3



**SINGAPORE
POLICE FORCE**



T/20220610/2034

Police Station Of Origin:
Paya Lebar NPP
114 Hougang Avenue 1 #01-1270
SINGAPORE 530114
Tel No: 1800-2899999

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Report No. T/20220610/2034

CONTINUATION OF REPORT**Brief Details.**

On 09/06/2022 at about 2010hrs, I am driving my Taxi (SHB423H) with 3 passengers on the left most lane along Woodlands Industrial Park E3 towards Woodlands Avenue 8. As I was approaching the T-Junction Woodlands Industrial Park E3 and Woodlands Avenue 8, the traffic light at the junction was red and I stopped my vehicle.

Out of a sudden, I felt an impact from the rear of my vehicle. I alighted from my vehicle immediately to make a check and realized that the front of a van (GBH9795P) has hit onto the rear of my Taxi. The van driver also alighted from his vehicle and we managed to exchanged particulars before we leave the scene. I also checked with my passengers if they are injured and they informed that they are not feeling well from the impact and they will be visiting the doctor.

After i reached home from the accident, I felt pain on my neck, shoulder and back. I went to visit the GP on 10/06/2022 at Blk 211 Serangoon Avenue 4 #01-04 S550211 (Medical Union Clinic) and was given 3 days of Medical Certificate from 10/06/2022 to 12/06/2022 for the injuries as mentioned above.

I have a dash cam installed only on the front of my vehicle and it is recording at the point of time.

The particulars of the van driver is Mariappan Esakkiraj (FIN: G6507502X, HP: 81199831)



**SINGAPORE
POLICE FORCE**



T/20220610/2034

Police Station Of Origin:
Paya Lebar NPP
114 Hougang Avenue 1 #01-1270
SINGAPORE 530114
Tel No: 1800-2899999

3 of 3.

Report No. T/20220610/2034

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 /

Other LIM JIT WEI, JOEL

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

10/06/2022 12:42

Officer In Charge Of Case:

TP / AEIT /

Other MUHAMMAD NOOR BIN ABDUL
RAHMAN

Contact No.: 65476219 ✓

Classification Of Case:

10

NP168