

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	08/07/2022 09:42 (SGT)
Reported by	Driver
Date of Accident	06/07/2022 22:30 (SGT)
Exact Location of Accident	Hougang Ave 4, Singapore
Additional Location Information	SLIP ROAD TOWARDS HOUGANG AVE 4
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD6234L
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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	-

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
Policy Number / Cover Note Number	D-22099115MFSH

DRIVER

Name of Driver	TAN TECK HENG
NRIC No	SXXXXX334J
Date Of Birth	01/04/1960
Occupation	Outdoor

Date Of Driving Pass	03/05/2011
Driving experience	11 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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

PASSENGER 1

Name	UNKNOWN
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Changi Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18005872999
Alt. Police Station Phone No	(Fax) +65-65872900
Police Station Address	9 Simei Street 2 Singapore 529914
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT - T/20220707/2027

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKZ2004J
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
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	TAN TECK HENG
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SHD6234L
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN**IMPORTANT NOTICE**

1. Please report promptly the details of the accident to speed up the claims process.
2. This form must be completed by the Police Officer and/or the Accident Driver.
3. Information provided must be as truthful and accurate as possible. Any willful 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 Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to 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.

8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

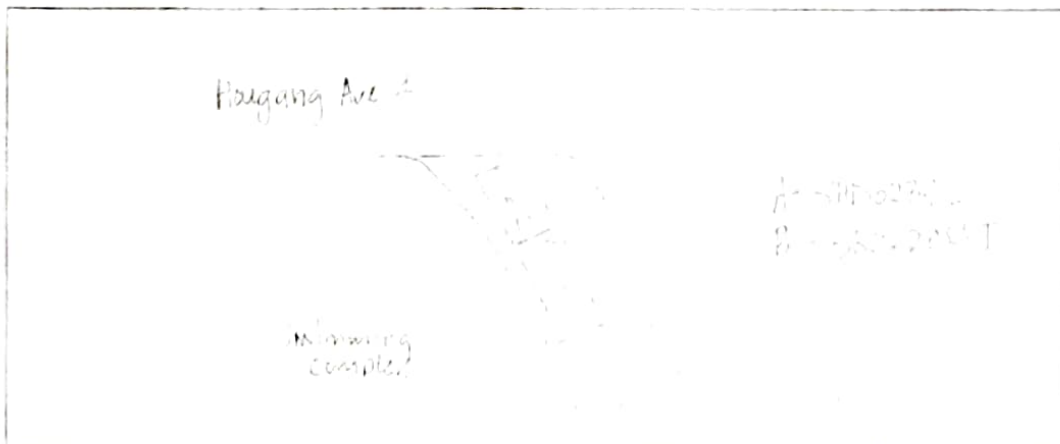
- (a) My insurer, my workshop and the General Insurance Association of Singapore (GIA) may be permitted to collect, use, disclose and/or process my personal data/personal information set out in this form and any other personal information provided by me or possessed by my insurer (collectively the **Personal 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 aforesaid mailings 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 be 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.

Print Name, Surname, Name & Title

Driver's Signature (if driver is not the police officer) Date

Witnessed by (if not the police officer) Name and Title

Sketch Plan



Declaration

¹⁴We declare the foregoing particulars are true in every respect.

Policyholder's Signature _____ Date & Time _____

Do not's Square: 1 row of 4 red, 1 pair cylinder; 1 blue & 1 red

Phase at $\omega = 7$ rad/s



**SINGAPORE
POLICE FORCE**



1/20220707/2027

Police Station Of Origin:
Changi N.P.C
9 Sime Street 2 SINGAPORE 529914
Tel No: 1800-5872999

Report No: 1/20220707/2027

REPORT OF A TRAFFIC ACCIDENT

Date Time Report Made:
07/07/2022 11:18

Vide Report No.

Station Diary No.
22

Informant's Particulars

Name of Informant: TAN TECK HENG			Address: APT BLK 109 HOUGANG AVENUE 1 #08-1020 SINGAPORE 530109	
ID Type / ID No. NRIC NO: S1452334J			Contact No. Home/Office: Mobile: 89013368	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 62	Date of Birth: 01/04/1960	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: 06/07/2022 10:30	Type of Location:
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Location:

HOUGANG AVENUE 4

Weather: Clear	Road Surface: Dry	Road Speed Limit:
Traffic Flow:	Traffic Control: Not Controlled	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
S4D6234L	Car				Slightly Damaged	1
SKZ2004J	Car				Slightly Damaged	0

Details of Person Involved

Any Pedestrian Involved: No
No. of Pedestrians Injured: Nil

Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



172327073172027

Police Station Of Origin
Changi N.P.C.
9 Sims Street 2 SINGAPORE 529914
Tel No: 1800-5872999

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CONTINUATION OF REPORT

Driver			
Name	TAN TECK HENG	ID No.	S*452334J
Related Vehicle	SHD6234L (Car)	Contact No.	89013368
Hospital/Clinic	W Y TEH FAMILY CLINIC AND SURGERY	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	07/07/2022	Date Discharge	NIL
No. of Days granted Medical Leave	04	Degree of Injury	Slight

Brief Details.

On 06/07/2022 at about 1028hrs, my vehicle was stationary at the slip road towards Hougang Ave 4 as I was waiting for the oncoming traffic to clear before making the turn.

As I was waiting at the slip road a vehicle hit me from the rear. We both then went down to make a check on our vehicles and discovered minor damages. At that point of time no one was injured including my passenger. There was only a scratch and dent at my rear bumper. The other vehicle only suffered minor scratches on the front bumper. After taking photos of the damages we both drove off thereafter.

On 07/07/2022 I went for a medical checkup as I felt pain on my neck and back. I was given 4 days MC from 07/07/2022 to 10/07/2022.



SINGAPORE
POLICE FORCE



1/25220767/2027

Police Station Of Origin
Changi N.P.C
6 Simei Street 2 SINGAPORE 529914
Tel No. 1800-6872999

1 of 1

Report No. 1/20220767/2027

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

SGT 3 ILYAAS BIN KHAMIS

Signature Of Informant

Signature Of Interpreter

Not applicable

Date/Time:

07/07/2022 11:18

Officer In Charge Of Case

TP AET

SI TAN JEOK LENG

Contact No. 65476151

Classification Of Case

NP168