

# 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	11/06/2022 11:01 (SGT)
Date of Accident	11/06/2022 01:15 (SGT)
Exact Location of Accident	Upper Cross St, Singapore
Additional Location Information	UPPER CROSS STREET
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB219G
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	LEE JIAYONG
NRIC No	SXXXX929F

Date Of Birth 30/10/1981  
 Occupation Outdoor  
 Date Of Driving Pass 04/09/2015  
 Driving experience 6 YEARS AND 9 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 Raining  
 Road Surface Wet

#### 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? No  
 Was any injured conveyed to hospital by ambulance? -  
 Was any other vehicle or property damaged? Yes  
 Number of Passengers (Including Driver) 5  
 Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No

#### PASSENGER 1

Name UNKNOWN  
 Gender Female

#### PASSENGER 2

Name UNKNOWN  
 Gender Male

#### PASSENGER 3

Name UNKNOWN  
 Gender Male

#### PASSENGER 4

Name UNKNOWN  
 Gender Male

#### 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/20220611/2009

## 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	SMW6532S
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)	-

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.

We declare the foregoing particulars are true in every respect.



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

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' law firms/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 firms/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 firms/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.



Policyholder's Signature / Date & Time

**Sketch Plan**

*DAZZ* 11/6/22

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

*Wm* 11.6.2022

Witnessed by Reporting Centre Personnel



# SINGAPORE POLICE FORCE



T/20220611/2009

1 of 3

Police Station Of Origin:  
Yishun North N.P.C  
31 Yishun Central SINGAPORE 768827  
Tel No: 1800-8529999

Report No. T/20220611/2009

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 11/06/2022 03:26	Vide Report No.: A/20220611/0013	Station Diary No.: 17
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## Informant's Particulars

Name of Informant: LEE JIAYONG			Address: APT BLK 449 YISHUN RING ROAD #10-98 SINGAPORE 760449	
ID Type / ID No.: NRIC NO / S8135929F			Contact No.: Home/Office:	Mobile: 90082098
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 40	Date of Birth: 30/10/1981	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: 3 Date of Expiry:	

## General Information of the Accident

General Information of the Accident:				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 11/06/2022 01:15	Type of Location: Straight Road
Location:  UPPER CROSS STREET				
Weather: Raining		Road Surface: Wet		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

## Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHB219G	Car	TOYOTA	PRIUS TAXI (SMRT)	Maroon	Slightly Damaged	4
SMW6532S	Car					0

## Details of Person Involved

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



**SINGAPORE  
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2 of 3

Report No. T/20220611/2009

**CONTINUATION OF REPORT**

<b>Driver</b>			
Name	LEE JIAYONG	ID No.	S8135929F
Related Vehicle	SHB219G (Car)	Contact No.	90082098
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On 11/06/2022 at about 0115hrs, I was driving my taxi along Upper Cross Street with about 4 passengers inside my vehicle. At that juncture, I was travelling on Lane 1 of the 5 lane road. Suddenly, I noticed that there was a car that made an abrupt lane change from Lane 2 to Lane 1. I tried to stop in time but to no avail. As such, the front right portion collided onto the rear right portion. Due to the collision, the front right bumper of my taxi was damaged. Afterwhich, the Police and Ambulance arrived. The female driver of the car was thereafter arrested by Traffic Police. I was then asked to lodge a Police Report.





**SINGAPORE  
POLICE FORCE**



T/20220611/2009

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Yishun North N.P.C  
31 Yishun Central SINGAPORE 768827  
Tel No: 1800-8529999

3 of 3

Report No. T/20220611/2009

**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:

L/  
SGT 2 BENJAMIN TAN CHAO  
FENG

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
11/06/2022 03:26

Officer In Charge Of Case:  
TP / GIT /  
SR STAFF SGT JOFILIANO BIN MOHAMED  
ALI  
Contact No.: 65476960

Classification Of Case:

NP168