

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 Actual 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	09/11/2022 16:07 (SGT)
Reported by	Driver
Date of Accident	08/11/2022 17:45 (SGT)
Exact Location of Accident	Still Rd, Singapore
Additional Location Information	STILL ROAD TOWARDS EAST COST ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC4738T
-----------------------------------	----------

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	YIP YEW CHEONG
NRIC No	SXXXX989B
Date Of Birth	12/11/1968
Occupation	Outdoor

Date Of Driving Pass	25/02/1993
Driving experience	29 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-68662671
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	Side Swipe
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?	No
Was any injured conveyed to hospital by ambulance?	-
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	Tanah Merah Neighbourhood Police Post
Police Station Phone No	(Phone) +65-18004499999
Alt. Police Station Phone No	(Fax) +65-62447251
Police Station Address	Blk 51 New Upper Changi Road #01-1514 Singapore 461051
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT - T202211082103

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	SMV9284T
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	AH TONG
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN

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 Actual 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 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/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]

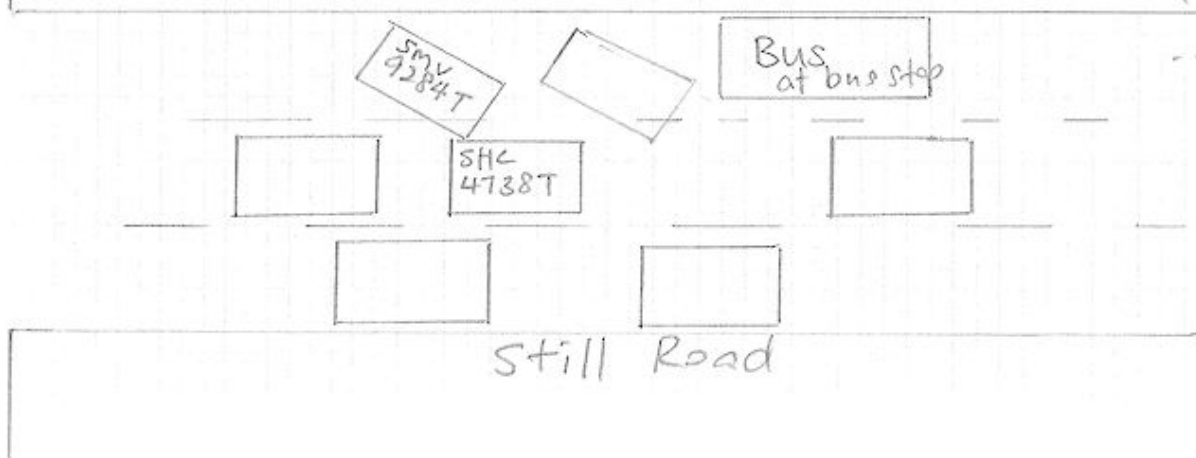
Driver's Signature (if driver is not the policyholder) / Date & Time

[Signature]

Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Sketch Plan

Marina Parade Road



Describe Circumstance of the Accident

Declaration

I/We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel
(Name as in NRIC/D card)












**SINGAPORE
POLICE FORCE**


T/20221108/2103

1 of 4

Report No. T/20221108/2103

Police Station Of Origin:
Tanah Merah NPP
51 New Upper Changi Road #01-1514
SINGAPORE 461051
Tel No: 1800-4499999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 08/11/2022 19:52		Vide Report No.:		Station Diary No.: 20	
Informant's Particulars					
Name of Informant: YIP YEW CHEONG		Address: APT BLK 51 NEW UPPER CHANGI ROAD #10-1528 SINGAPORE 461051			
ID Type / ID No.: NRIC NO / S6843989B		Contact No.:		Mobile: 93620908	
Nationality: SINGAPORE CITIZEN		Email:			
Sex: Male	Age: 53	Date of Birth: 12/11/1968	Type of Informant: Driver		
Race: Chinese		Language: English		Institution / School Name:	
Occupation: Taxi driver		Driving Licence Information: Class: 2B,3		Date of Expiry:	

General Information of the Accident

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 08/11/2022 17:45	Type of Location: Straight Road
Location: STILL ROAD				
Weather: Drizzling		Road Surface: Wet		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHC4738T	Car	TOYOTA	PRIUS	Maroon	Slightly Damaged	1
SMV9284T	Car	HYUNDAI		Green	Slightly Damaged	0

Details of Person Involved

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


**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Tanah Merah NPP
51 New Upper Changi Road #01-1514
SINGAPORE 461051
Tel No: 1800-4499999



T/20221108/2103

2 of 4

Report No. T/20221108/2103

CONTINUATION OF REPORT

Driver			
Name	YIP YEW CHEONG		ID No. S6843989B
Related Vehicle	SHC4738T (Car)		Contact No. 93620908
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 2B,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	AH TONG		ID No. NIL
Related Vehicle	SMV9284T (Car)		Contact No. 92726562
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On the 08/11/2022, I was in the middle of a Grab Trip (Ref No.: A-466GHEDWWFSA, West Tower Marina One to 32 Duku Road) with one passenger seated at the left rear passenger seat. I was in the middle lane of Still Road just after Marine Parade Rd junction, when suddenly I noticed a vehicle moving from the left lane into mine.

As such, I reacted by applying the brakes and stopped to avoid a collision with the said vehicle. However, suddenly I felt an impact from the left rear of my vehicle.


Both vehicles then shifted to the side of the road and alighted from our vehicles. I then noticed that another vehicle, a Green Hyundai, SMV9284T had collided with the left rear of my vehicle. The impact was not as strong however it caused my vehicle to have some scratches on the left rear side.

Both parties then exchanged particulars before leaving the location.

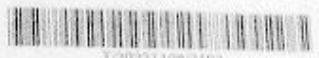
In the midst of it, my passenger had told me that she was rushing off and that her destination was nearby. As such, she told me to stop the trip before leaving the location.

Sometime later, I was informed by Grab to lodge a traffic accident report.

I wish to state that my vehicle has a functional in-vehicle camera and was working at the time of incident.

 **SINGAPORE
POLICE FORCE**

Police Station Of Origin
Tanah Merah NPP
51 New Upper Changi Road #01-1514
SINGAPORE 461051
Tel No: 1800-4499999


T/20221108/2103

1 of 4
Report No: T/20221108/2103

CONTINUATION OF REPORT

**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Tanah Merah NPP
51 New Upper Changi Road #01-1514
SINGAPORE 461051
Tel No: 1800-4499999



T/20221108/2103

4 of 4

Report No. T/20221108/2103

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 MUHAMMAD
NURUL'OMARALI BIN SUPRAT

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIA /
SR STAFF SGT MUHAMMAD NOOR BIN
ABDUL RAHMAN
Contact No.: 65476219

Signature Of Informant:

Date/Time:
08/11/2022 19:52

Classification Of Case:

NP168