

## 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 ..... 07/11/2022 13:35 (SGT)  
Reported by ..... Driver  
Date of Accident ..... 05/11/2022 17:25 (SGT)  
Exact Location of Accident ..... Near 226g Ang Mo Kio Street 22, Singapore 567226  
Additional Location Information ..... Ang Mo Kio Street 22 near Block 226A Carpark Entrance  
Country/State of Loss ..... Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SH4704J

#### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... Hang Tau Tee  
NRIC No ..... SXXXX128C  
Email Address ..... edmund\_neo@yahoo.com.sg  
Mobile Phone No ..... (Phone) +65-98425356  
Alternative Phone No ..... -

#### VEHICLE PARTICULARS

Manufacturer ..... Toyota  
Model ..... Prius  
Variant ..... -  
Exact purpose for which vehicle was being used at time of accident ..... Employment  
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-220099976MSH

#### DRIVER

Name of Driver ..... John Thomas  
NRIC No ..... SXXXX388G  
Date Of Birth ..... 01/09/1959  
Occupation ..... Outdoor

Date Of Driving Pass .....	13/11/1979
Driving experience .....	43 YEARS
Gender .....	Male
Mobile Number .....	(Phone) +65-88772005
Alt. Phone Number .....	-
Email Address .....	johnjaya59@gmail.com
Address .....	Block 153 Serangoon North Avenue 1
Address complement .....	#04-530
Postcode .....	550153
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 - Major/Minor Rd
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 .....	Pax
Gender .....	Male

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	No
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

On 05/11/2022 at about 1725hrs, I was driving my vehicle (A: SH4704J) along Ang Mo Kio Street 22. Upon reaching the entrance of Block 226A, suddenly the taxi (B: SHC3154J) which was turned out from the minor road and hit the left portion of my vehicle. After the accident, I felt unwell.

#### ATTACHMENT(S)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SHC3154J
Vehicle Manufacturer .....	Hyundai

Vehicle Model .....	I40
Vehicle Variant .....	-
Vehicle Colour .....	Blue
Vehicle Category .....	Taxi
Name of Driver .....	Paramasivan S/O Ponnusamy
NRIC No .....	SXXXX029B
Contact Number .....	(Phone) +65-90114217
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 .....	John Thomas
Gender .....	Male
Phone No .....	(Phone) +65-88772005
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	SH4704J
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

**SKETCH PLAN****IMPORTANT NOTICE**

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**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

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

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

Sketch Plan

Block 226  
Ang Mo Kio Street 22

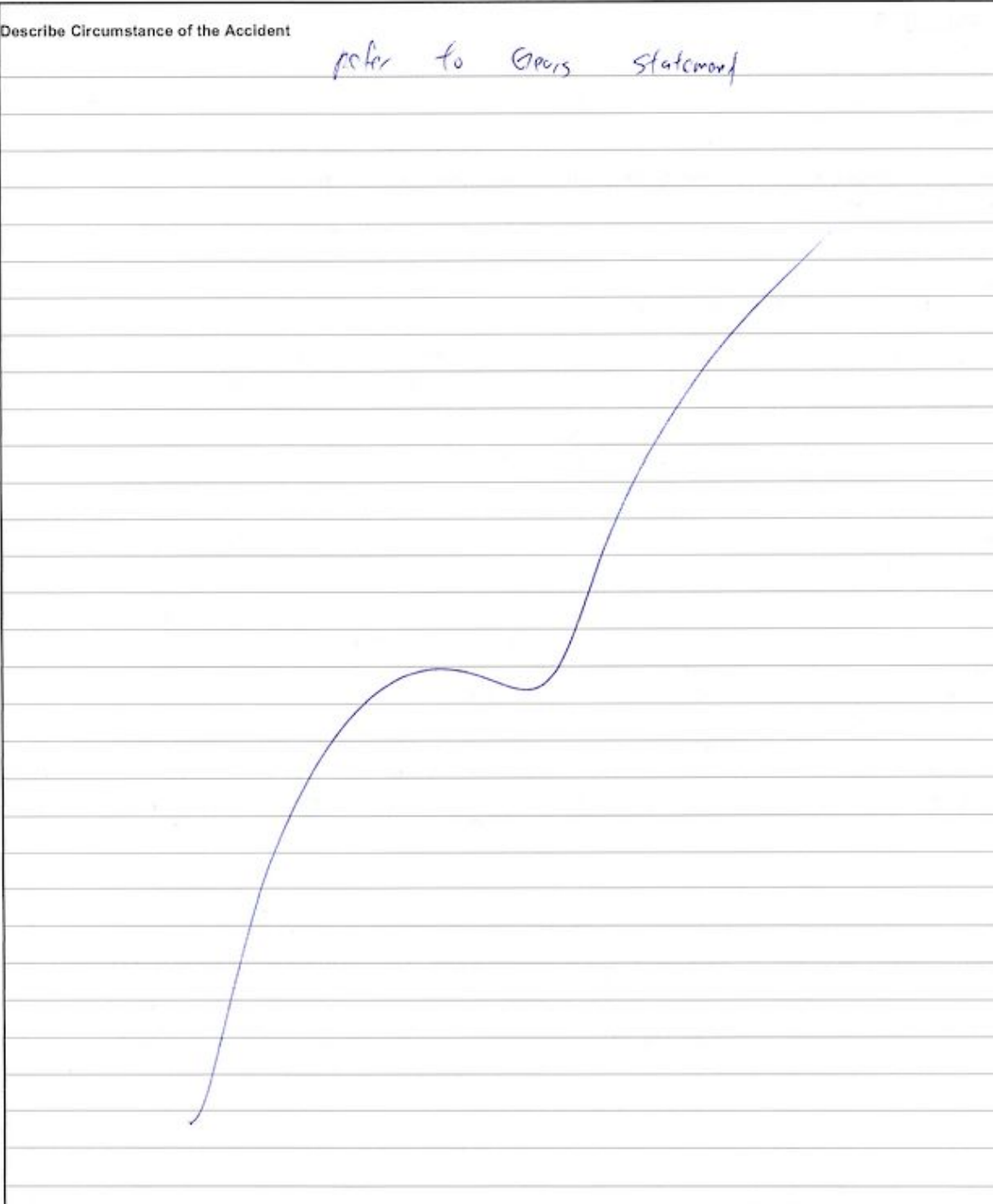
A! SH 4704J  
B! SHC 3154J  
Ang Mo Kio Street 22

vJun2022

1

Describe Circumstance of the Accident

refer to Gaur's statement



Declaration

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

Policyholder's Signature / Date & Time

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

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

*[Signature]*

07/11/2022 1040h

*[Signature]*

Cam Wei Shun



