

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	08/03/2022 13:11 (SGT)
Date of Accident	07/03/2022 19:29 (SGT)
Exact Location of Accident	200 Jln Sultan, Singapore 199018
Additional Location Information	JALAN SULTAN / OUTSIDE TEXTILE CENTRE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB161M
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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-21097466MFSH
Cover Note Number	-

DRIVER

Name of Driver	TOH LENG CHIANG
NRIC No	SXXXX730C

Date Of Birth	21/10/1980
Occupation	Outdoor
Date Of Driving Pass	28/04/1999
Driving experience	22 YEARS AND 11 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	Side Swipe
Weather Conditions	Clear
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)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

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 - F/20220307/2097

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
Was there any audio recorded?	No

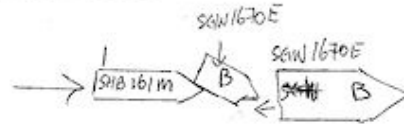
DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SGW1670E
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) -

200 Jln Sultan
Textiles Centre

A - SHB 161M
B - SGW 1670E

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

8/3/2022

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

hms

8.3.2022

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.



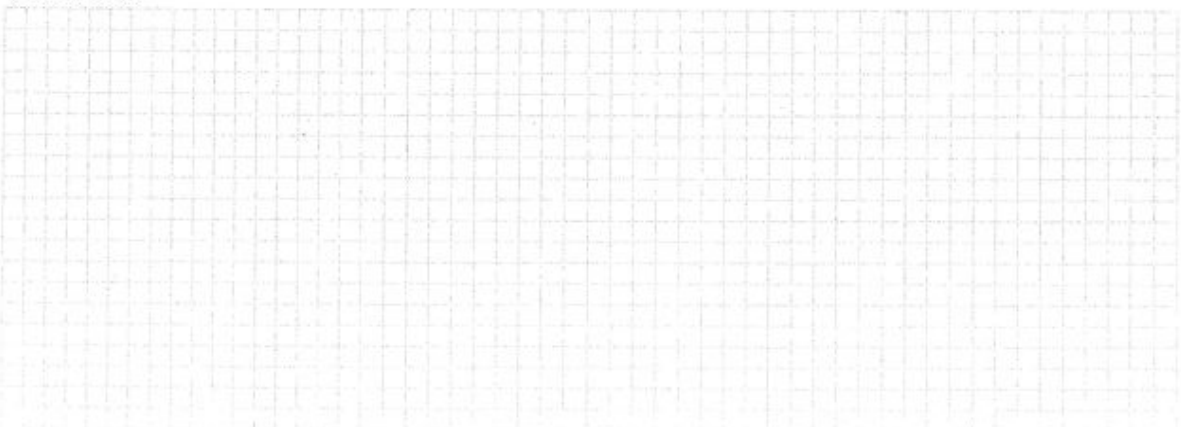
Policyholder's Signature / Date & Time

08/03/2022

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

8.3.2022

Witnessed by Reporting Centre Personnel

Sketch Plan







1 of 2

Report No. F/20220307/2097

Date/Time Report Made 07/03/2022 22:36	Vide Report No.	Station Diary No. 46		
Name Of Informant TOH LENG CHIANG	Address APT BLK 124 YISHUN STREET 11 #09-363 SINGAPORE 760124			
ID Type / ID No. NRIC NO / S8035730C	Contact No. Home/Office Mobile 90231916			
Nationality SINGAPORE CITIZEN	Email Address			
Occupation Taxi driver	Sex Male	Age 41	Date of Birth 21/10/1980	Race Chinese
Institution/School Name	Language			
Date/Time Of Incident 07/03/2022 19:30	Location Of Incident JALAN SULTAN SINGAPORE			

The white colour vehicle driver who is a male Chinese came down and started to shout at me and

SM 035

Singapore Police Force



**SINGAPORE
POLICE FORCE**



F/20220307/2097

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. F/20220307/2097

accusing me of making wrongful claims. After which, 4 of his Chinese friends came to the scene. I felt intimidated by the number of people and the white colour vehicle driver was shouting at me aggressively with gestures in hokkien. As such, I left the scene without calling for police assistance.

I wish to state that no assault took place. I also wish to state that I have installed camera in my vehicle that capture the whole incident as well as photo evidence of my vehicle damages.

I am lodging a police report for record purpose and to make insurance claims.

Signature Of Officer Recording The Report: F / SGT 2 SEBASTIAN YIN JIA JUN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 07/03/2022 22:36
Officer In-Charge Of Case: F / Hougang N.P.C / SR STAFF SGT YEO WEI QIANG, BENEDICT Contact No.: 64890999	Classification Of Case:
Signature:	

Singapore Police Force