

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 18/04/2023 08:56 (SGT)
Reported by Actual Driver
Date of Accident 17/04/2023 11:10 (SGT)
Exact Location of Accident Woodlands Ave 5, Singapore
Additional Location Information WOODLANDS AVE 5 SLIP ROAD
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHB5986S

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 ONG LAY TIN
NRIC No SXXXX621H
Date Of Birth 11/10/1967
Occupation Outdoor

Date Of Driving Pass	21/10/2005
Driving experience	17 YEARS AND 6 MONTHS
Gender	Female
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	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 - 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)	1
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	-

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Woodlands East Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18007679999
Police Station Address	3 Woodlands Drive 63 Singapore 737890
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT - T/20230417/2048

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	GBL2716T
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

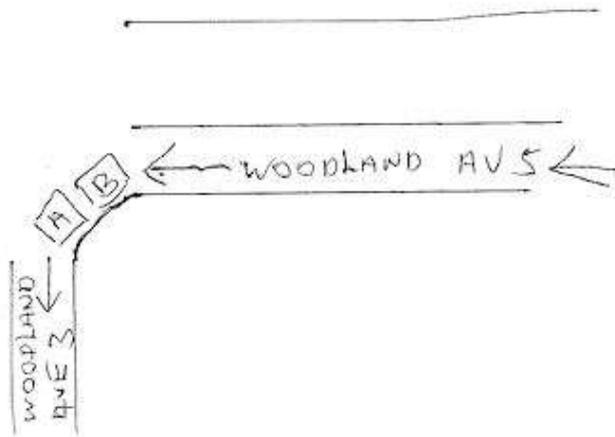
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	ONG LAY TIN
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	-
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

A - SHB5986S
B - GBL2716T.



Lined area for notes or additional details.

Declaration

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



Policyholder's Signature / Date & Time

[Signature] 17/4/23

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

[Signature] 17-4-2023

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

SKETCH PLAN

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6. 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

[Handwritten Signature]
17/4/23
Actual Driver's Signature (if driver is not the policyholder) / Date & Time

[Handwritten Signature]
17/4/2023
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Sketch Plan

v.Jun2022



**SINGAPORE
POLICE FORCE**



T/20230417/2048

Police Station Of Origin:
Woodlands East N.P.C.
3 Woodlands Drive 63 SINGAPORE 737890
Tel No: 1800-7679999

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Report No. T/20230417/2048

CONTINUATION OF REPORT

Driver			
Name	ONG LAY TIN	ID No.	S1809621H
Related Vehicle	SHB5986S (Car)	Contact No.	83556336
Hospital/Clinic	DOCTORS INC MEDICAL GROUP	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	17/04/2023	Date Discharge	NIL
No. of Days granted Medical Leave	04	Degree of Injury	Slight

Brief Details.

On 17/04/2023 at about 11.10am, I was driving my taxi SHB5986S along Woodlands Ave 5 towards the junction of Woodlands Ave 3. I turned left into the slip road and I stopped at the give way line to check for oncoming vehicle on my right side. Suddenly, I felt an impact on the rear of my taxi. I discovered that a lorry GBL2716T had collided into the rear of my taxi. The lorry driver and I alighted from our vehicles to make check. I asked the lorry driver for his particulars but he said there is no need to exchange particulars. Hence, I took pictures of our vehicles only. The lorry driver is a male Chinese in his 50s. Subsequently, we left the scene.

After the accident, I sought medical treatment at Doctors Inc Medical Group for pain on my shoulders and back, and some numb feeling on my right wrist, and I was given 4 days of MC. The rear left portion of my taxi was dented and the rear bumper was slightly dislodged. My taxi has front and rear in-car camera.



**SINGAPORE
POLICE FORCE**



T/20230417/2048

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Woodlands East N.P.C.
3 Woodlands Drive 63 SINGAPORE 737890
Tel No: 1800-7679999

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Report No: T/20230417/2048

CONTINUATION OF REPORT

Signature of Officer Recording The Report:

L /

SR STAFF SGT MOHAMMAD
ZULKARNIAN BIN SAMSUDIN

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

17/04/2023 13:48

Officer In Charge Of Case:

TP / AEIT /
SR STAFF SGT MUHAMMAD NOOR BIN
ABDUL RAHMAN
Contact No.: 65476219

Classification Of Case:

NP168