

## 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 .....	16/05/2023 11:10 (SGT)
Reported by .....	Actual Driver
Date of Accident .....	11/05/2023 00:30 (SGT)
Exact Location of Accident .....	Loyang Ave, Singapore
Additional Location Information .....	LOYANG AVENUE TOWARDS TAMPINES ESTATE
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SHD6481P
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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) +65-68662672
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-23100854MFSH

#### DRIVER

Name of Driver .....	WEE SOON WAH
NRIC No .....	SXXXX189Z
Date Of Birth .....	09/07/1965
Occupation .....	Outdoor

Date Of Driving Pass .....	27/08/1985
Driving experience .....	37 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 on collision
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? .....	Yes
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 .....	MS SON DOEUN
Gender .....	Female

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Traffic Police
Police Station Phone No .....	(Phone) +65-65470000
Alt. Police Station Phone No .....	(Fax) +65-65474900
Police Station Address .....	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT - T/20230515/7042

#### ATTACHMENT(S)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SCZ823U
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) .....	-

## INJURED PERSONS DETAILS

### INJURED 1

Name of injured person .....	WEE SOON WAH
Gender .....	-
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	SHD6481P
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	Yes

### INJURED 2

Name of injured person .....	SON DOEUN
Gender .....	Female
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	SHD6481P
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	Yes

**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.



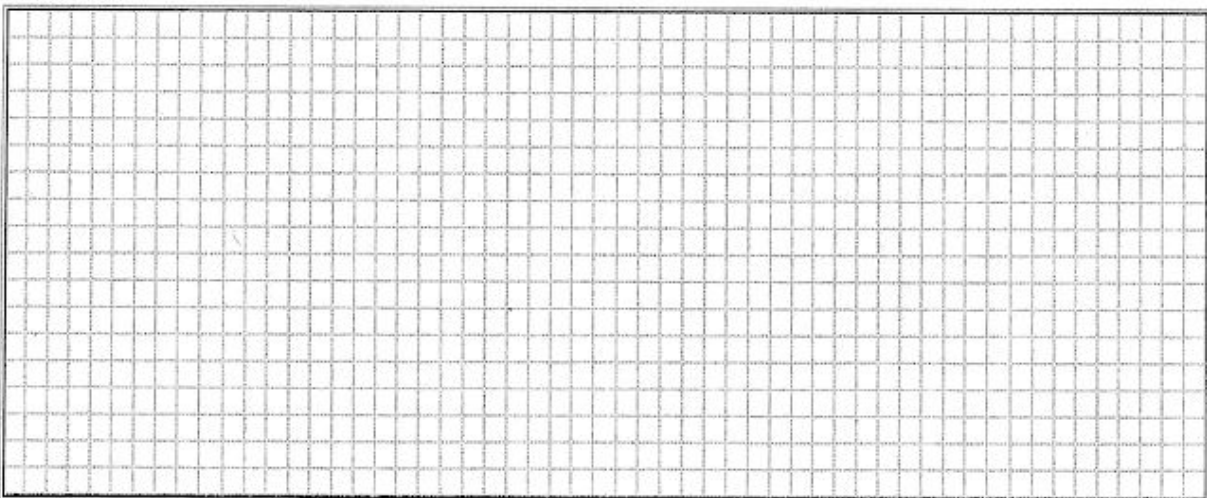
Policyholder's Signature / Date & Time

*[Signature]* 15/5/23.

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

*[Signature]* 15.5.2023

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

**Sketch Plan**

vJun2022

1

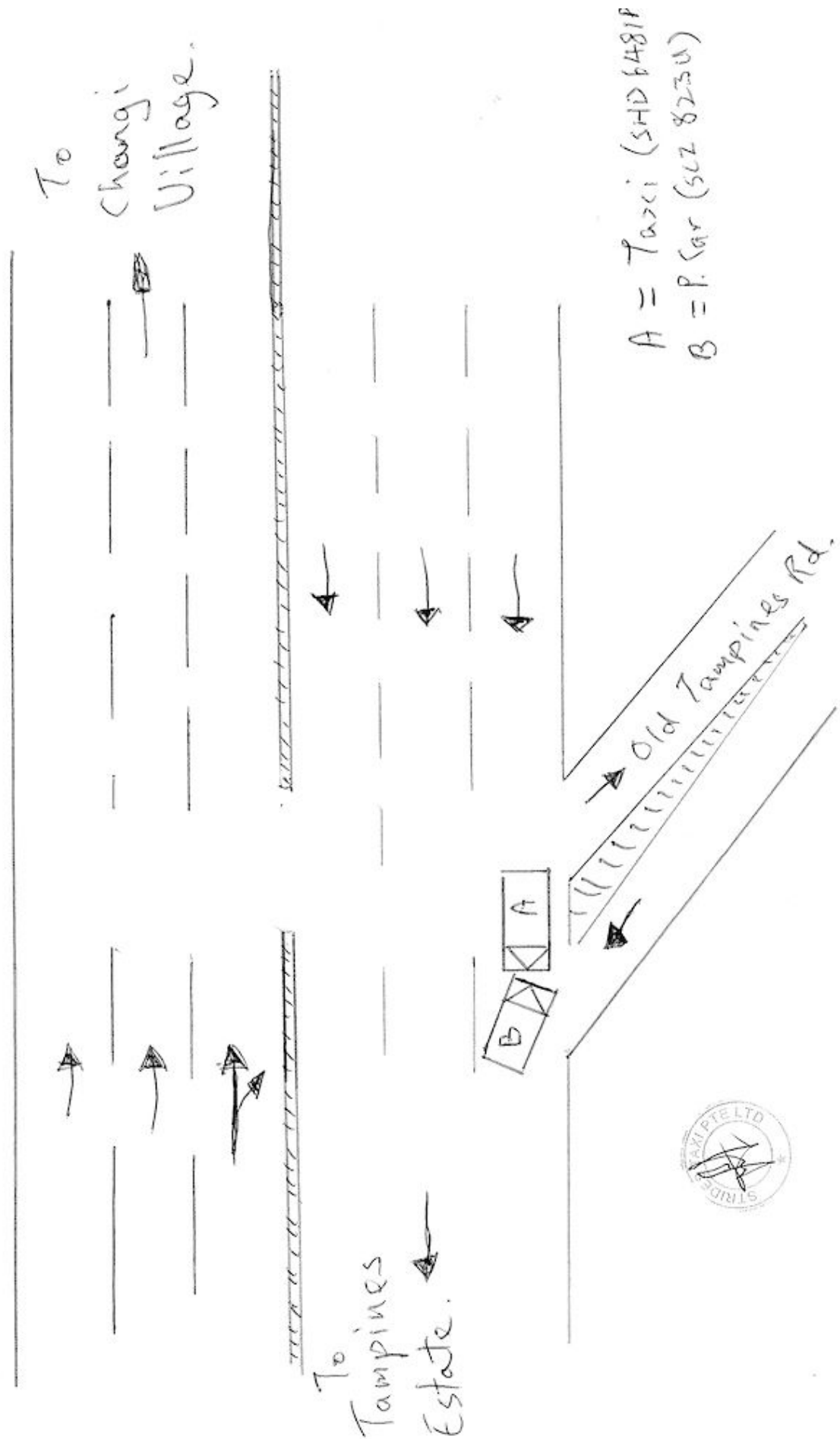
**Declaration**  
I/We declare the foregoing particulars are true in every respect.



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)







**SINGAPORE  
POLICE FORCE**



T/20230515/7042

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

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Report No. T/20230515/7042

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 15/05/2023 14:36		Vide Report No.:		Station Diary No.:
<b>Informant's Particulars</b>				
Name of Informant: WEE SOON WAH		Address: 640 PASIR RIS DRIVE 1 #09-518 SINGAPORE 510640		
ID Type / ID No.: NRIC NO / S1705189Z		Contact No.: Home/Office: Mobile: 90678379		
Nationality: SINGAPORE CITIZEN		Email: WILSONWEE39@GMAIL.COM		
Sex: Male	Age: 57	Date of Birth: 09/07/1965	Type of Informant: Driver	
Race: Chinese		Language: English		
Occupation: Taxi driver		Driving Licence Information: Class: Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Drink & Drive	Drink Drive: Yes	Date/Time of Accident: 11/05/2023 00:30	Type of Location: Y-Junction
Location:  LOYANG AVENUE TOWARDS TAMPINES ESTATE				
Weather: Clear		Road Surface: Dry		
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head On				Anyone conveyed by ambulance: Yes

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SCZ823U	Car	PEUGEOT	308 SW ALLURE PURETECH 1.2 A/T 2WD S/R	Silver	Seriously Damaged	1
SHD6481P	Car	TOYOTA		Brown	Seriously Damaged	1



**SINGAPORE  
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T/20230515/7042

Police Station Of Origin:  
Traffic Police  
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Tel No: 65470000

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Report No. T/20230515/7042

**CONTINUATION OF REPORT**

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Passenger</b>			
Name	SON DOEUN	ID No.	M3172285X
Related Vehicle	SHD6481P (Car)	Contact No.	81585523
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	14	Degree of	Serious
<b>Driver</b>			
Name	WEE SOON WAH	ID No.	S1705189Z
Related Vehicle	SHD6481P (Car)	Contact No.	90678379
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	11/05/2023	Date	12/05/2023
No. of Days granted Medical Leave	06	Degree of	Serious

Brief Details.

On or about 11 May 2023, at or about 00 30 hours, I was driving my taxi along Loyang Avenue towards Tampines Estate on the extreme left lane. At the material time of the accident, I had a rear seat passenger, a Ms Son Doeun (Fin No. M3172285X) onboard my vehicle and was enroute to Changi Airport to drop her off. As I approached the junction at Loyang Avenue and Old Tampines Road, I saw that the traffic lights were green in my favour. I slowed down nonetheless and still checked my left and right for vehicles. After I entered the junction, what I did not anticipate was that a vehicle which I subsequently discovered to be SCZ 823U would be travelling on the same road, going against the flow of traffic and coming towards my vehicle. It was a head on collision. The driver of SCX 823U was coming towards my vehicle against the flow of traffic and I believe he was travelling on at or near the centre lane against the flow of traffic when his vehicle came at me.

I was travelling at about the speed of 50 to 60 km/h when the driver driving SCZ 823U came at a great speed and collided head on into the front of my vehicle. I wish to state that at the material time of the accident, both my passenger and I, Ms Son had our seat belts properly strapped on. In my view, both of us were not braced for impact as we were not expecting a vehicle / driver to go against traffic flow. The impact was very great. 3 airbags were deployed in my vehicle.

I was later informed by IO Farhan that my SD card had been corrupted and the Traffic Police





**SINGAPORE  
POLICE FORCE**



T/20230515/7042

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
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Report No. T/20230515/7042

**CONTINUATION OF REPORT**

were therefore unable to retrieve the video footage from my vehicle. IO Farhan had further confirmed the driver of SCZ 823U had been drunk-driving.



**SINGAPORE  
POLICE FORCE**



T/20230515/7042

Police Station Of Origin:  
Traffic Police  
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Report No. T/20230515/7042

## CONTINUATION OF REPORT

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPB /  
MUHAMMAD FARHAN BIN SAIRI  
Contact No.: 65476350

Signature Of Informant:

The identity of the person making this report has  
been authenticated by Singpass. No signature is  
required.

Date/Time:  
15/05/2023 14:36

Classification Of Case:

NP168