

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	10/07/2023 09:02 (SGT)
Reported by	Actual Driver
Date of Accident	07/07/2023 18:45 (SGT)
Exact Location of Accident	Upper Bukit Timah Rd, Singapore
Additional Location Information	CHOA CHU KANG ROAD /UPPER BUKIT TIMAH ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD6397A
-----------------------------	----------

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-23100854MFSH

DRIVER

Name of Driver	ABDUL JALEEL BIN KADER MYDIN
NRIC No	SXXXX383C
Date Of Birth	03/03/1969
Occupation	Outdoor

Date Of Driving Pass	01/06/2007
Driving experience	16 YEARS AND 1 MONTH
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	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)	4
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

PASSENGER 2

Name	UNKNOWN
Gender	Female

PASSENGER 3

Name	UNKNOWN
Gender	Male

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

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

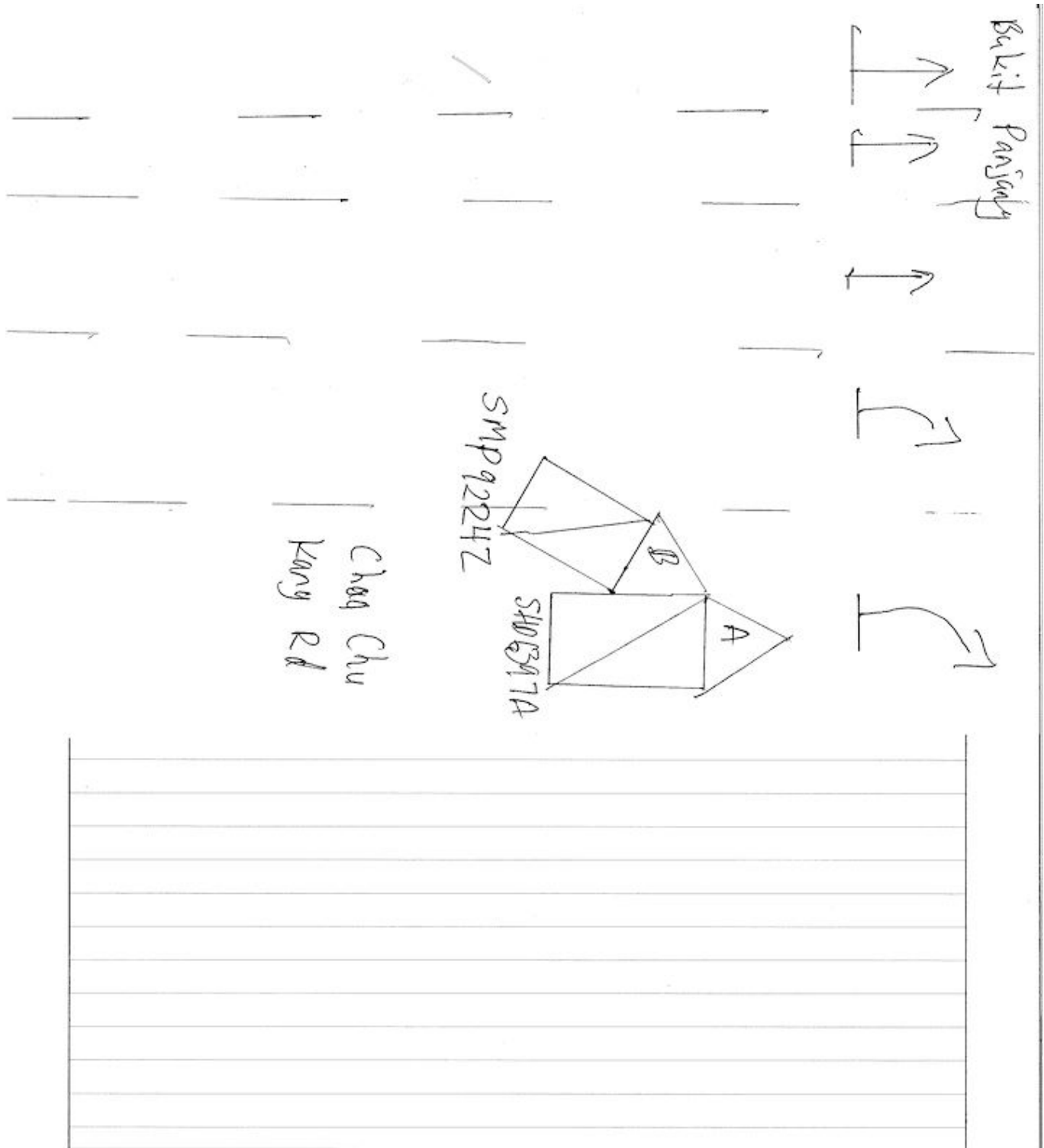
DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SMP9224Z
 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

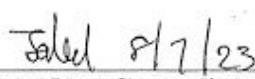
Name of injured person ABDUL JALEEL BIN KADER
 Gender Male
 Phone No -
 Address -
 Address Complement -
 Post Code -
 Approximate Age Years Old -
 Injuries Sustained -
 Injured person in which vehicle? SHD6397A
 Were seat belts worn? -
 Was this injured conveyed to hospital by ambulance? No



Declaration

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

 8/7/23
Policyholder's Signature / Date & Time

 8/7/23
Actual Driver's Signature (if driver is not the policyholder) / Date & Time

 8/7/2023
Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

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:

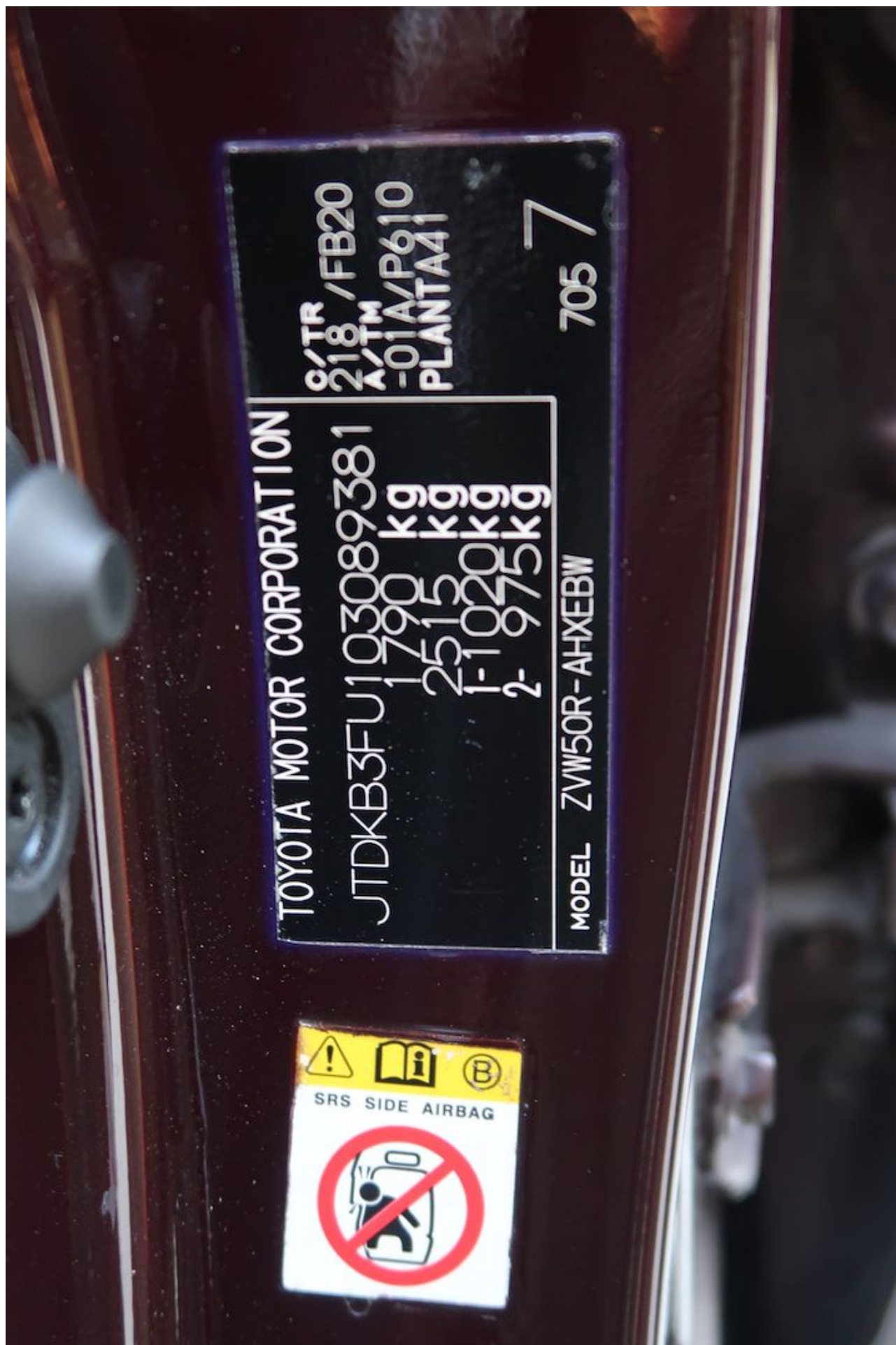
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.

Johel 8/7/23
Policyholder's Signature / Date & Time

8/7/23 Johel
Actual Driver's Signature (if driver is not the policyholder) / Date & Time

lung 7.5023
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Sketch Plan



















**SINGAPORE
POLICE FORCE**



T/20230708/7060

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

1 of 3

Report No. T/20230708/7060

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 08/07/2023 21:48		Vide Report No.:		Station Diary No.:
Informant's Particulars				
Name of Informant: ABDUL JALEEL BIN KADER MYDIN		Address: 484 CHOA CHU KANG AVENUE 5 #04-14 SINGAPORE 680484		
ID Type / ID No.: NRIC NO / S6909383C		Contact No.: Home/Office: Mobile: 93626229		
Nationality: SINGAPORE CITIZEN		Email: JALEELBANU@YAHOO.COM.SG		
Sex: Male	Age: 54	Date of Birth: 03/03/1969	Type of Informant: Driver	
Race: Indian		Language: English		
Occupation: Taxi driver		Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 07/07/2023 18:45	Type of Location: Straight Road
Location: UPPER BUKIT TIMAH ROAD				
Weather: Clear		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control: Controlled by Others e.g. Workmen		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	Conditio	No of
SHD6397A	Car				Slightly Damaged	0
SMP9224Z	Car					0



**SINGAPORE
POLICE FORCE**



T/20230708/7060

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

2 of 3

Report No. T/20230708/7060

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	ABDUL JALEEL BIN KADER MYDIN	ID No.	S6909383C
Related Vehicle	SHD6397A (Car)	Contact No.	93626229
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	07/07/2023	Date	07/07/2023
No. of Days granted Medical Leave	03	Degree of	Slight

Brief Details.

I was moving off as it is green light. Within my lane, moving straight behind the car in front of me. I have the right of way. Out of sudden, SMP9224Z ram my left front, cut into my lane out from no where and his vehicle is 45 degree head on to my car.



**SINGAPORE
POLICE FORCE**



T/20230708/7060

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

3 of 3

Report No. T/20230708/7060

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
LEE GUANG HUI
Contact No.: 65476204

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

Date/Time:
08/07/2023 21:48

Classification Of Case:

NP168