

## 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 .....	21/07/2023 14:40 (SGT)
Reported by .....	Actual Driver
Date of Accident .....	20/07/2023 19:00 (SGT)
Exact Location of Accident .....	Dunearn Rd, Singapore
Additional Location Information .....	DUNEARN ROAD
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SHB741P
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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 .....	-

#### 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 .....	JURAIMI BIN JOHARI
NRIC No .....	SXXXX066G
Date Of Birth .....	10/12/1973
Occupation .....	Outdoor

Date Of Driving Pass .....	18/03/1997
Driving experience .....	26 YEARS AND 4 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 to Rear
Weather Conditions .....	Raining
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? .....	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 .....	UNKNOWN
Gender .....	Female

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Toa Payoh Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18002519999
Alt. Police Station Phone No .....	(Fax) +65-63548749
Police Station Address .....	93 Toa Payoh Central Toa Payoh Community Building #01-02 Singapore 319194
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT - T/20230721/2018

#### 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 .....	FBN1559B
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Motorcycle
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 .....	JURIAIMI BIN JOHARI
Gender .....	-
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	SHB741P
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	No

**SKETCH PLAN**

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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.



Policyholder's Signature / Date & Time

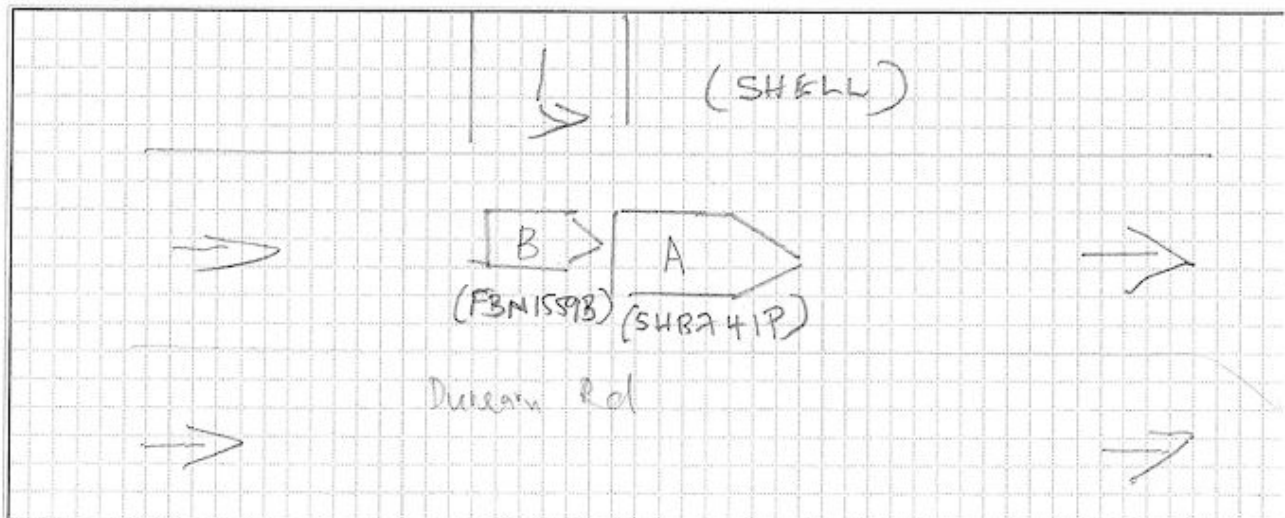
*A. 21/7/2023*

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

*A. 21/7/23*

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

**Sketch Plan**



vJun2022

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**SINGAPORE  
POLICE FORCE**


T/20230721/2018

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Report No. T/20230721/2018

Police Station Of Origin:  
Toa Payoh N.P.C  
93 Toa Payoh Central #01-02 Toa Payoh  
Community Building SINGAPORE 319194  
Tel No: 1800-2519999

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 21/07/2023 10:16	Vide Report No.:	Station Diary No.: 21
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**Informant's Particulars**

Name of Informant: JURAIMI BIN JOHARI			Address: APT BLK 422 CLEMENTI AVENUE 1 #15-357 SINGAPORE 120422		
ID Type / ID No.: NRIC NO / S7345066G			Contact No.: Home/Office: Mobile: 90605157		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 49	Date of Birth: 10/12/1973	Type of Informant: Driver		
Race: Malay			Language:		
Occupation: Taxi driver			Driving Licence Information: Class: 2,3,4 Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 20/07/2023 19:00	Type of Location: Straight Road
Location:  DUNEARN ROAD				
Weather: Drizzling		Road Surface: Wet		
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBN1559B	Motorcycle				Slightly Damaged	0
SHB741P	Car	TOYOTA	PRIUS HYBRID 1.8 CVT	Maroon	Seriously Damaged	1

**Details of Person Involved**

Any Pedestrian Involved: No					
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA				



**SINGAPORE  
POLICE FORCE**



T/20230721/2018

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Report No. T/20230721/2018

Police Station Of Origin:

Toa Payoh N.P.C

93 Toa Payoh Central #01-02 Toa Payoh

Community Building SINGAPORE 319194

Tel No: 1800-2519999

CONTINUATION OF REPORT

Driver			
Name	JURAIMI BIN JOHARI	ID No.	S7345066G
Related Vehicle	SHB741P (Car)	Contact No.	90605157
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2,3,4 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On 20/07/2023 at about 1900hrs, i was driving along Dunearn Road with one passenger and it was drizzling. There was one vehicle Infront of me who made a sudden break which caused me to break as well. Due to the sudden break, one motorcycle behind me did not react on time and hit onto the rear of my vehicle. Due to the accident, i am suffering from neck and shoulder pain. i had seen a doctor at DOCTORS INC MEDICAL GROUP and I was issued with 03 days MC from 21/07/2023 to 23/07/2023. This report is for insurance claim.

Medical Certificate number: 0000191171.





**SINGAPORE  
POLICE FORCE**



T/20230721/2018

Police Station Of Origin:  
Toa Payoh N.P.C  
93 Toa Payoh Central #01-02 Toa Payoh  
Community Building SINGAPORE 319194  
Tel No: 1800-2519999

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Report No. T/20230721/2018

CONTINUATION OF REPORT

Signature of Officer Recording The Report:  
E /  
SGT 1 WONG CHUO KIT  
BERNARD

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / AEIT /  
SR STAFF SGT MUHAMMAD NOOR BIN  
ABDUL RAHMAN  
Contact No.: 65476219

Signature Of Informant:

Date/Time:  
21/07/2023 10:16

Classification Of Case:

NP168