

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 ability
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 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 Report	06/06/2016 14:05
Date Of Accident	04/06/2016 20:55
Exact Location Of Accident	BRAS BASAH ROAD // NICOLL HIGHWAY
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC6137P
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Insured/Policyholder

Name Of Registered Owner	PREMIER TAXIS PTE LTD
Co Reg No	200304975H
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	Office-62148880

Vehicle Particulars

Manufacturer	KIA
Model	OPTIMA-1.7 D CRDi (A)
Exact Purpose for which vehicle was being used at time of accident	HIRED & REWARDS
Are you claiming under your own insurance policy for repair to your vehicle?	No
If No, Please state action to be taken	Reporting Only
Vehicle Category	Taxi

Insurance Company

Name of Insurance Company	India International Insurance Pte Ltd
Type Of Coverage	Third Party
Fleet Policy	Yes
Policy Number	MPRE0003
Cover Note Number	

Driver

Name of Driver	CHUA KIAN HENG
NRIC No	S0211066J
Date Of Birth	07/08/1953
Occupation	Outdoor
Date Of Driving Pass	27/08/1979
Driving Experience	36 Years And 9 Months
Gender	Male
Mobile Number	(Local) +65-90935883
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 275 #10-78 BANGKIT ROAD
Postcode	670275
Was driver an employee of the Insured's Company	No
If No, Relationship of the Driver with the Insured	Other - RELIEF
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	Collision- Change/cross lane
Weather Conditions	Clear
Road Surface	Dry

Other Information

Was any foreign vehicle involved in this accident?	No
Was any body injured in the Accident?	No
Was any other material or property damaged?	Yes
Was there any video captured by Car Camera?	No
Number of Passengers (Including Driver)	2

Details of Police Action

Was the accident reported to the police?	Yes
If Yes, Please state which Police Station	
Police Station Name	Bukit Panjang
Police Station Address	ROAD: 1 SEGAR ROAD , POSTCODE: 677738 , COUNTRY: Singapore
Police Station Contact	TEL NO: 1800-8929999 - FAX NO:
Was notice of intended Prosecution given?	No
If Yes, against whom?	

Circumstances of Accident

VEH. A - 1 PAX (MALE FOREIGNER) VEH. B - 3-4 PAX

Are accident photos available for attachment?	Yes
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DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHC5912A
Vehicle Make/Model/Colour	TRANSCAB
Details Of Properties	VEH. B
Name of Driver	MR TEO
NRIC/Passport Number	
Contact Number	90568303
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Details of Witness

Name	
Phone Number	
Email Address	

SKETCH PLAN

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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' law yers/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 w ith 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 w ith 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 w ith applicable law in administering, processing, handling and/or dealing w ith my claims.
- (collectively the "Purposes")

(b) all insurer(s) w ho have insured vehicle(s) involved in this accident and the Insurers' law yers/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 law yers/law firms), w hich may be sited outside of Singapore, for one or more of the above Purposes.

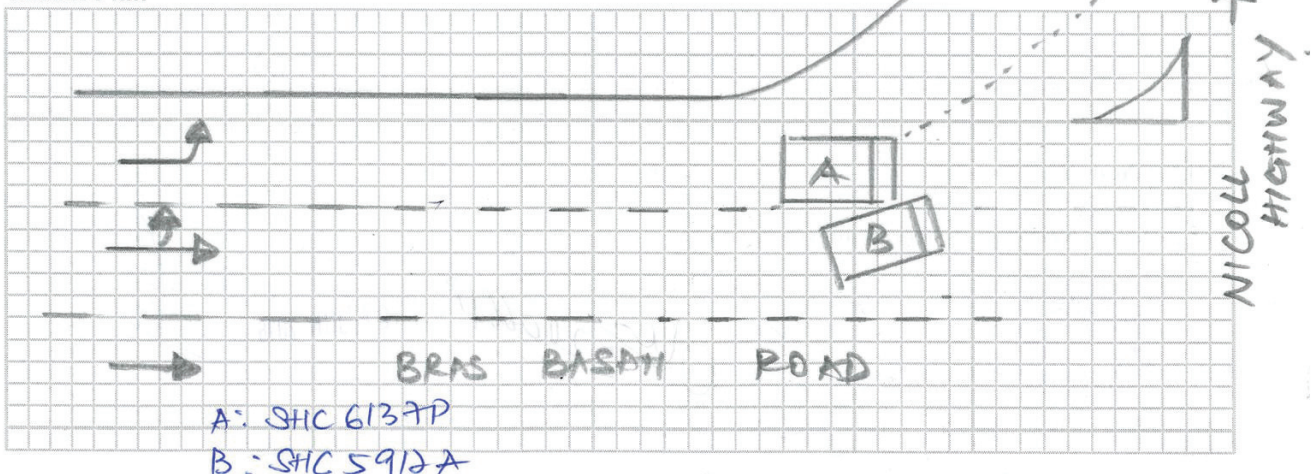


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstance of the Accident.

ON 04/06/2016 @ 2040HRS, I WAS DRIVING MY TAXI (SHC 6137 P) TRAVELLING ALONG BRAS BASAH ROAD AT THE TRAFFIC LIGHT JUNCTION OF NICOLL HIGHWAY WITH A PASSENGER ONBOARD (MALE FOREIGNER), IN LANE 4.

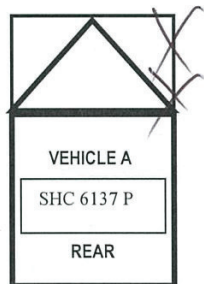
TRAFFIC LIGHT WAS GREEN ON MY ROUTE FAVOUR & I PROCEED STRAIGHT AHEAD BUT SUDDENLY I FELT AN IMPACT FROM MY RIGHT.

WHEN INSPECTED, I DISCOVERED THAT VEHICLE B (SHC 5912 A – TRANSCAB) WHICH WAS FROM LANE 3, HAD COLLIDED ONTO THE FRONT RIGHT PORTION OF MY TAXI WHILE HE WAS MAKING HIS LEFT TURN INTO NICOLL HIGHWAY.

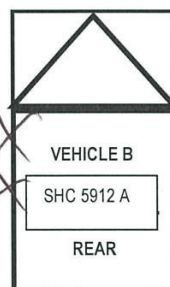
DUE TO THE IMPACT, MY TAXI WAS DAMAGED ON THE FRONT RIGHT PORTION AND VEHICLE B WAS DAMAGED ON THE LEFT PORTION.

NO INJURY INVOLVED.
VEHICLE B HAD 3-4 PASSENGERS ONBOARD.



DAMAGES FOUND ON VEHICLE A & VEHICLE B



PREMIER TAXI



THIRD PARTY VEHICLE


Driver's Signature
Monday, June 06, 2016 @ 2:21:52 PM
(attended by )

Declaration

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



Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

06 JUN 2016

Sketch Plan #2 Pg.1



**SINGAPORE
POLICE FORCE**



T/20160605/2065

Police Station Of Origin:
Bukit Panjang N.P.C
1 Segar Road #01-05 SINGAPORE 677738
Tel No: 1800-8929999

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Report No. T/20160605/2065

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 05/06/2016 16:12		Vide Report No.:		Station Diary No.: 93	
Informant's Particulars					
Name of Informant: CHUA KIAN HENG			Address: APT BLK 275 BANGKIT ROAD #10-78 SINGAPORE 670275		
ID Type / ID No.: NRIC NO / S0211066J			Contact No.: Home/Office: Mobile: 90935883		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 62	Date of Birth: 07/08/1953	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: 2B,2A,2,3 Date of Expiry:		

General Information of the Accident				
Type of Accident:	Non-Injury. Others	Drink Drive: No	Date/Time of Accident: 04/06/2016 20:55	Type of Location: X-Junction
Location: Junction of Road 1 and Road 2 BRAS BASAH ROAD NICOLL HIGHWAY Along Bras Basah Road at the junction of Bras Basah Road and Nicoll Highway				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of
SHC5912A	Car					0
SHC6137P	Car					1

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



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T/20160605/2065

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1 Segar Road #01-05 SINGAPORE 677738
Tel No: 1800-8929999

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Report No. T/20160605/2065

CONTINUATION OF REPORT

Driver			
Name	Mr Teo	ID No.	NIL
Related Vehicle	SHC5912A (Car)	Contact No.	90568303
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	CHUA KIAN HENG	ID No.	S0211066J
Related Vehicle	SHC6137P (Car)	Contact No.	90935883
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 4th June 2016 at about 2055hrs, I travelling along Bras Basah Road with one passenger namely, Mr Toes H/P: 90125959 in my taxi (SHC6137P),, whom I picked up from Orchard Towers and was proceeding to Conrad Centennial Singapore. As I was nearing the cross junction of Bras Basah road and Nicoll Highway, the traffic lights showed green and therefore I continued my journey straight on the "going straight or turn left" lane. Suddenly, one red TransCab (SHC5912A) came from my right side, sped up and he overtook me without any signaling. The side of his taxi collided with the right front tyre, I immediately stepped on my brakes, however his taxi still surge forward and caused a long scratch and dent across the left side of his taxi. As result, the front right bumper of my taxi is dented. Me and my passengers were not injured.

After the accident occurred. We both came out of the vehicle. I asked the other taxi driver, Mr Teo H/P: 90568303, why he did not signal before overtaking, he kept quiet. My passenger, Mr Toes H/P: 90125959, helped me took some pictures of the scene and he is willing to be my witness. The other taxi has some passengers as well, however no one is injured. My taxi has a in car camera.

No Police and no ambulance was called in. We both exchanged particulars and we left the scene. I am lodging this report for my taxi company.



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T/20160605/2065

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1 Segar Road #01-05 SINGAPORE 677738
Tel No: 1800-8929999

3 of 3

Report No. T/20160605/2065

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:

J /

Sgt LUCAS KOH PEI SONG

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIA /

Sr Staff Sgt ESTHER CHONG

Contact No.: 65476368

SN 117



Signature:

Singapore Police Force

Signature Of Informant:

Date/Time:

05/06/2016 16:12

Classification Of Case:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

