

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	27/11/2017 14:38
Date Of Accident	27/11/2017 08:00
Exact Location Of Accident	YIO CHU KANG RD >THOMSON
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SHD1114H
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 (A)
Exact Purpose for which vehicle was being used at time of accident	HIRE AND REWARD
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	TAXI
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	YES
Policy Number	5095103893
Cover Note Number	
Driver	
Name of Driver	YAM ZHONG RUI
NRIC No	S8117443A
Date Of Birth	17/06/1981
Occupation	OUTDOOR
Date Of Driving Pass	19/12/2013
Driving Experience	3 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90058186
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 434B FERNVALE RD #05-236 S(792434)
Postcode	
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
Weather Conditions	DRIZZLING
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	NO
Was any body injured in the Accident?	YES
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	3

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
POLICE STATION NAME [OTHER]	TRAFFIC POLICE HQ
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

VEHICLE A- 1 CHINESE MALE AND 1 CHINESE FEMALE VEHICLE B- NO PASSENGER INJURIES INVOLVED *VIDEO FOOTAGE TAKEN*

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJH1006S
Vehicle Make/Model/Colour	HYUNDAI GETZ
Details Of Properties	
Name of Driver	MALE MALAY
NRIC/Passport Number	
Contact Number	93224524
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Details of Witness

Name	
Phone Number	
Email Address	

DETAILS OF INJURED PERSON 1

Name	MALE MALAY
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SJH1006S
Were seat belts worn?	
Was injured conveyed to hospital by ambulance?	YES
Address	
Postcode	



**SINGAPORE
POLICE FORCE**



T/20171127/2021

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

1 of 3

Report No. T/20171127/2021

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 27/11/2017 09:52			Vide Report No.: F/20171127/0090		Station Diary No.:
Informant's Particulars					
Name of Informant: YAM ZHONG RUI			Address: 434B FERNVALE ROAD #05-236 SINGAPORE 792434		
ID Type / ID No.: NRIC NO / S8117443A			Contact No.: Home/Office: Mobile: 90058186		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 36	Date of Birth: 17/06/1981	Type of Informant: Driver		
Race: Chinese			Language: Chinese		Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 27/11/2017 08:00	Type of Location: Straight Road
Location: Along Road 1 YIO CHU KANG ROAD TOWARDS UPPER THOMPSON				
Weather: Drizzling		Road Surface: Wet		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHD1114H	Car	KIA	OPTIMA 1.7(A)	Silver	Slightly Damaged	2
SJH1006S	Car	HYUNDAI	GETZ 1.4 5DRA	Black	Slightly Damaged	0

Details of Person Involved

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



**SINGAPORE
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T/20171127/2021

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Tel No: 65470000

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Report No. T/20171127/2021

CONTINUATION OF REPORT

Driver			
Name	YAM ZHONG RUI		ID No. S8117443A
Related Vehicle	NIL		Contact No. 90058186
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

Brief Details.

ON 27/11/2017 AT ABOUT 0800 HRS,
I WAS TRAVELLING ON YIO CHU KANG RD TOWARDS UPPER THOMPSON RD. MY CAR IS ON A STOP BECAUSE THERE WAS A HEAVY JAM AND I CANNOT MOVE MY VEHICLE. THEN OUT OF A SUDDEN A CAR(SJH1006S) HIT MY BACK BUMPER. THE DRIVER OF THE VEHICLE SUFFERED INJURY ON HIS HEAD AND CONVEYED TO THE HOSPITAL.



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T/20171127/2021

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Tel No: 65470000

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Report No. T/20171127/2021

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:
TP /
LEE KWANG HONG KENDRICK

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
SI ANG YI TING, STEPHANIE
Contact No.: 65476414

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
27/11/2017 09:52

Classification Of Case:



**SINGAPORE
POLICE FORCE**

Signature: _____

SKETCH PLAN

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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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.



Policyholder's Signature
Date & Time:


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

8117443A

27 NOV 2017

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:



Sketch Plan Pg. 5

 PREMIER TAXIS	HIRER / RELIEF / SUPER RELIEF
VEHICLE NO.	SHD 1114H
CONTACT NO.	90058186
NEW MAILING ADDRESS (if any)	

This card is not transferable and is the property of the Land Transport Authority (LTA). It must be surrendered to the LTA on request. If found, please return to LTA, 10 Sin Ming Drive, Singapore 575701.

Type	Description	Issue Date
02	TAXI VL	19/12/2013




	
NRIC No: S8117443A	
	
Blood Group	Date of issue
O+	15-03-2000
APT BLK 434B FERNVALE ROAD #05-236 SINGAPORE 792434	
NRIC No: S8117443A	Date: 25/04/2012 No: 7057895

Land Transport Authority

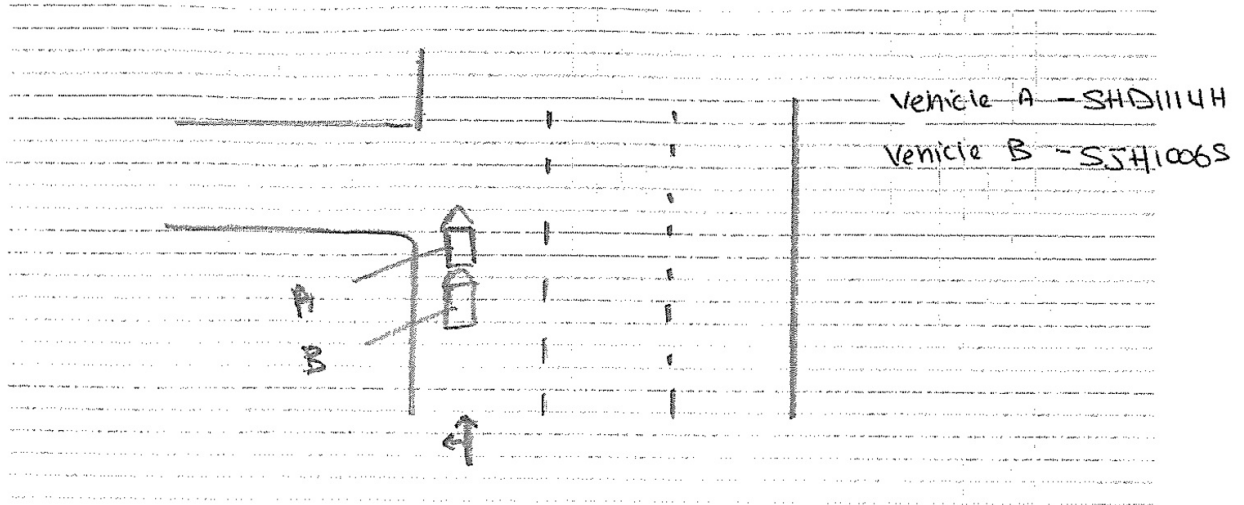
	VOCATIONAL LICENCE Licence No: S8117443A NAME: YAM ZHONG RUI Issue Date: 19/12/2013 Please visit www.lta.gov.sg to check the status of this vocational licence
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PUBLIC OF SINGAPORE
IDENTITY CARD NO. S8117443A

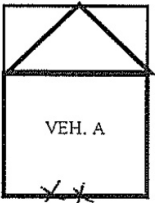
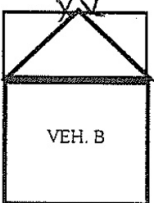


	Name YAM ZHONG RUI 嚴忠瑞 Race CHINESE Date of Birth 17-06-1981 Sex M Country of Birth SINGAPORE
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SKETCH PLAN


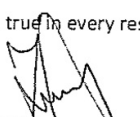



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As stated in police report, dated <u>27/11/2017</u> Police report number. <u>T/20171127/2021</u> at _____
<p>Brief Details. ON 27/11/2017 AT ABOUT 0800 HRS, I WAS TRAVELLING ON YIO CHU KANG RD TOWARDS UPPER THOMPSON RD. MY CAR IS ON A STOP BECAUSE THERE WAS A HEAVY JAM AND I CANNOT MOVE MY VEHICLE. THEN OUT OF A SUDDEN A CAR(SJH1006S) HIT MY BACK BUMPER. THE DRIVER OF THE VEHICLE SUFFERED INJURY ON HIS HEAD AND CONVEYED TO THE HOSPITAL.</p>
<p>DAMAGES FOUND ON VEHICLE A & VEHICLE B</p> <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;">  <p>VEH. A</p> </div> <div style="text-align: center;">  <p>VEH. B</p> </div> </div>

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:	 Reporting Centre Personnel's Signature Name: NRIC/FIN No.:
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Accident Photo



Accident Photo



Accident Photo



Accident Photo

