

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	05/12/2017 14:27
Date Of Accident	05/12/2017 00:35
Exact Location Of Accident	AIRPORT BLVD - T3
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD1888H
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	MERCEDES-BENZ
Model	E220-2.0 (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	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	YEO WEI HONG JIMMY
NRIC No	S8202606A
Date Of Birth	19/01/1982
Occupation	OUTDOOR
Date Of Driving Pass	17/04/2003
Driving Experience	14 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97686783
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 855 #07-70 WOODLANDS ST 83
Postcode	730855
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 - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	CHANGKAT NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 109 TAMPINES STREET 11 #01-261 , POSTCODE: 521109 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7819999 - FAX NO: 67832722
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

BOTH VEHICLES - NO PAX

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	SHC8097H
Vehicle Make/Model/Colour	COMFORT TAXI
Details Of Properties	VEH. B
Name of Driver	MALE CHINESE
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

Details of Witness

Name

Phone Number

Email Address

DETAILS OF INJURED PERSON 1

Name	YEO WEI HONG JIMMY - DRIVER OF VEH. A
Approximate Age	
Injuries Sustain	FELT UNWELL, WENT TO CLINIC & HAD 3 DAYS MC
Injured person in which vehicle?	SHD1888H
Were seat belts worn?	YES
Was injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

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 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 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. The 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 lodgment 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.
- (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:

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

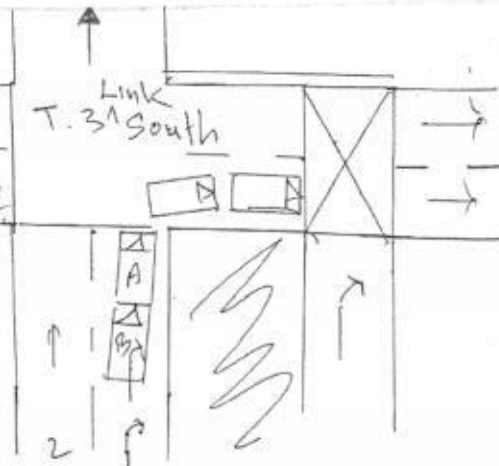
05 DEC 2017

Jimmy Yew 58202606A

[Signature]

Sketch Plan Pg. 2

SKETCH PLAN



A-SHD-1888-H

B-SHC-8097-H

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As stated in police report, dated 05-12-17, police report number 7126171285/2069

at Changkat NPP

Brief Details.

On 5/12/17 at about 0037hrs, I was at T3 Link South heading towards T1 arrivals taxi stand. I was queuing behind a few vehicles and was at X junction waiting for the traffic light to turn green. When it was my turn to drive off, this vehicle SHC8097H hit into the rear of my vehicle. I heard a loud crashing sound before I realized the vehicle at the back hit onto my vehicle. I noticed he did not approach me after the incident hence I alighted from the vehicle to speak to him. He reversed his vehicle a little then. He refused to give me his particulars.

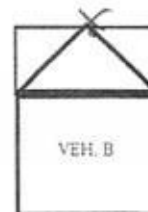
I have an in car camera in my vehicle. The rear of my vehicle had a few scratches and were obvious damages. There were also two dents at my back bumper too. I am lodging this report for filing purposes and also for insurance purposes.

I only have the contact number of the other party and he can be contacted at 96218878. He hasn't given me any calls.

VEH-A: SHD 1888 H

VEH-B: SHC 8097H

DAMAGES FOUND ON VEHICLE A & VEHICLE B



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.:



**SINGAPORE
POLICE FORCE**



T/20171205/2069

1 of 3

Police Station Of Origin:
Changkat NPP
109 Tampines Street 11 #01-261
SINGAPORE 521109
Tel No: 1800-7819999

Report No. T/20171205/2069

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 05/12/2017 13:44	Vide Report No.:	Station Diary No.: 19
--	------------------	--------------------------

Informant's Particulars

Name of Informant: YEO WEI HONG JIMMY			Address: APT BLK 855 WOODLANDS STREET 83 #07-70 SINGAPORE 730855		
ID Type / ID No.: NRIC NO / S8202606A			Contact No.: Home/Office: Mobile: 97686783		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 35	Date of Birth: 19/01/1982	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: 2B,2A,2,3,4 Date of Expiry:		

General Information of the Accident

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 05/12/2017 00:35	Type of Location: X-Junction
Location: Along Road 1 Traveling Toward Road 2 AIRPORT BOULEVARD ALONG T3 LINK SOUTH HEADING TWDS T1 ARRIVAL TAXI STAND				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		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
SHC8097H	Car	HYUNDAI	I40 1.7L CRDI AT ABS AIRBAG 4DR	Blue	Slightly Damaged	0
SHD1888H	Car	MERCEDES BENZ	E 220 CDI BLUEEFFICI ENCY	White	Slightly Damaged	0



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Changkat NPP
109 Tampines Street 11 #01-261
SINGAPORE 521109
Tel No: 1800-7819999



T/20171205/2069

2 of 3

Report No. T/20171205/2069

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	YEO WEI HONG JIMMY	ID No.	S8202606A
Related Vehicle	SHD1888H (Car)	Contact No.	97686783
Hospital/Clinic	Y M CHAN CLINIC & SURGERY	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3,4 Date of Expiry: NIL
Date Treatment	05/12/2017	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

On 5/12/17 at about 0037hrs, I was at T3 Link South heading towards T1 arrivals taxi stand. I was queuing behind a few vehicles and was at X junction waiting for the traffic light to turn green. When it was my turn to drive off, this vehicle SHC8097H hit into the rear of my vehicle. I heard a loud crashing sound before I realized the vehicle at the back hit onto my vehicle. I noticed he did not approach me after the incident hence I alighted from the vehicle to speak to him. He reversed his vehicle a little then. He refused to give me his particulars.

I have an in car camera in my vehicle. The rear of my vehicle had a few scratches and were obvious damages. There were also two dents at my back bumper too. I am lodging this report for filing purposes and also for insurance purposes.

I only have the contact number of the other party and he can be contacted at 96218878. He hasn't given me any calls.



**SINGAPORE
POLICE FORCE**



T/20171205/2069

3 of 3

Report No. T/20171205/2069

Police Station Of Origin:
Changkat NPP
109 Tampines Street 11 #01-261
SINGAPORE 521109
Tel No: 1800-7819999

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:

G /
Sgt 1 LIM JIA HUI

Signature Of Informant:

Jimmy Yeo

Signature Of Interpreter:
Not applicable

Date/Time:
05/12/2017 13:44

Officer In Charge Of Case:
TP / AEIT /
Sr Staff Sgt LEE SPOON LYE
Contact No.: 6547

Classification Of Case:

Authentication Stamp
NP168



SN 107

Police Force