

## 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	18/12/2017 14:54
Date Of Accident	15/12/2017 18:30
Exact Location Of Accident	SIMS AVE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC6033E
<b>Insured/Policyholder</b>	
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	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	LEE BOON SWEE
NRIC No	S1129336J
Date Of Birth	08/03/1955
Occupation	OUTDOOR
Date Of Driving Pass	03/12/1976
Driving Experience	41 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92241688
Fax Number	
Contact Number	
E-Mail Address	NOEMAIL

Address BLK 209C #15-90  
COMPASSVALE LANE

Postcode 543209

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OTHER - RELIEF DRIVER

Vehicle Registration Number of Driver's Own Vehicle -  
-  
-

Insurance Company of Driver's Own Vehicle -  
-  
-

#### General Information of the Accident

Type Of Accident CHAIN COLLISION

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) 2

#### Details of Police Action

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name HOGANG N.P.C

Police Station Address **ROAD: 60 HOUGANG AVE 9 SINGAPORE 538775 , POSTCODE: 538775 , COUNTRY: SINGAPORE**

Police Station Contact **TEL NO: - FAX NO:**

Was notice of intended Prosecution given? NO

If Yes, against whom?

#### Circumstances of Accident

VEH. A - 1 PAX (MALE MALAY) VEH. B - 1 PAX (FEMALE MALAY) OTHER 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 SHA9731P

Vehicle Make/Model/Colour CITY CAB

Details Of Properties VEH. B

Name of Driver CHOO PUAY CHENG

NRIC/Passport Number S1123292B

Contact Number 97347322

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver) 1

#### Details of Witness

Name

Phone Number

Email Address

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SJL9055B  
Vehicle Make/Model/Colour MITSUBISHI  
Details Of Properties VEH. C  
Name of Driver ZHANG BAO SHENG  
NRIC/Passport Number S8420273H  
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 OTHER VEHICLE PROPERTY 3

Vehicle Registration Number UNKNOWN  
Vehicle Make/Model/Colour BMW  
Details Of Properties VEH. D  
Name of Driver MALE CHINESE  
NRIC/Passport Number  
Contact Number  
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 LEE BOON SWEE - DRIVER OF VEH. A  
Approximate Age  
Injuries Sustain FELT UNWELL, WENT TO CLINIC & HAD 4 DAYS MC  
Injured person in which vehicle? SHC6033E  
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.



✓

18 DEC 2017

Policyholder's Signature  
Date & Time:

Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 1129336/5

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



Describe Circumstance of the Accident.

**\* CHAIN COLLISION \***

ON 15/12/2017 @ 1830 HRS, I WAS DRIVING MY TAXI ( SHC 6033 E ) TRAVELLING ALONG SIMS AVE TOWARDS CHANGI WITH A PASSENGER ONBOARD (MALE MALAY) IN LANE 3.

I STOPPED MY TAXI AS VEHICLE C ( SJL 9055 B – MITSUBISHI ) WHICH WAS IN FRONT OF ME STOPPED – DUE TO RED TRAFFIC LIGHT.

WHILE STATIONARY, SUDDENLY I FELT AN IMPACT FROM THE REAR AND SUBSEQUENTLY DUE TO THE GREAT IMPACT, IT CAUSED MY TAXI TO SURGE FORWARD – CAUSING THE FRONT PORTION OF MY TAXI TO COLLIDE ONTO THE REAR OF VEHICLE C.

WHEN INSPECTED, I DISCOVERED THAT VEHICLE B ( SHA 9731 P – CITY CAB ) WHICH WAS BEHIND ME, HAD COLLIDED ONTO THE REAR OF MY TAXI AND VEHICLE D ( UNKNOWN BMW ) WHICH WAS AHEAD OF VEHICLE C WAS INVOLVED IN THE COLLISION AS WELL.

DUE TOT THE IMPACT, MY TAXI HAD DAMAGES ON THE FRONT & REAR PORTION. I WAS NOT AWARE OF DAMAGES TO OTHER VEHICLES.

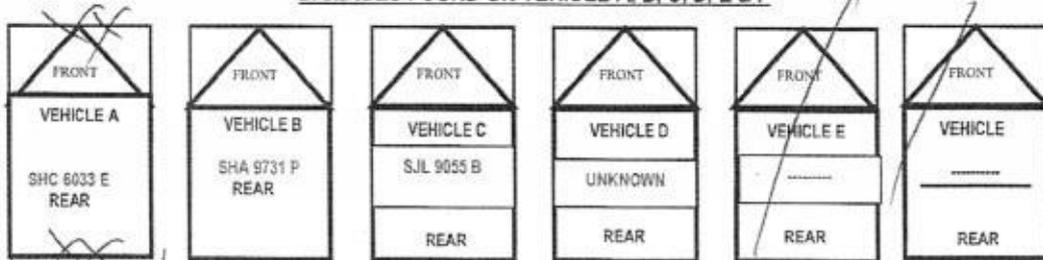
AS A RESULT, I FELT UNWELL, WENT TO CLINIC FOR MEDICAL TREATMENT & HAD 4 DAYS OF MEDICAL LEAVE. NO AMBULANCE AT SCENE.

VEHICLE B HAD A PASSENGER ONBOARD (FEMALE MALAY) NO PASSENGERS ONBOARD VEHICLE C& VEHICLE D.

\*VIDEO FOOTAGE CAPTURED.

CHAIN COLLISION / MULTIPLE VEHICLES

DAMAGES FOUND ON VEHICLE A, B, C, D, E & F



PREMIER TAXI

THIRD PARTY VEHICLES

Driver's Signature & NRIC Number

*[Signature]*  
1129336/5





**SINGAPORE  
POLICE FORCE**



T/20171215/2159

Police Station Of Origin:  
Hougang N.P.C  
60 Hougang Avenue 9 SINGAPORE 538775  
Tel No: 1800-4890999

2 of 4  
Report No. T/20171215/2159

## CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	CHOO PUAY CHENG	ID No.	S1123292B
Related Vehicle	SHA9731P (Car)	Contact No.	97347322
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	LEE BOON SWEE	ID No.	S1129336J
Related Vehicle	SHC6033E (Car)	Contact No.	92241688
Hospital/Clinic	POW FAMILY CLINIC & SURGERY	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	15/12/2017	Date Discharge	15/12/2017
No. of Days granted Medical Leave	04	Degree of Injury	Slight
Driver			
Name	ZHANG BAO SHENG	ID No.	S8420273H
Related Vehicle	NIL	Contact No.	NIL
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 15/12/2017 at about 1830hrs, I was driving Premier Taxi SHC6033E along Sims Avenue towards Changi Road. My taxi was stationary along Sims Avenue. Suddenly, a City Cab 9731P hit onto the rear of my taxi. My taxi then hit onto the front car SJL9055B and it hit onto a BMW car. The first car then left the scene without exchanging particulars. I exchanged my particulars with the second and fourth drivers. We then left the scene as no one was injured.



**SINGAPORE  
POLICE FORCE**



T/20171215/2159

Police Station Of Origin:  
Hougang N.P.C  
60 Hougang Avenue 9 SINGAPORE 538775  
Tel No: 1800-4890999

3 of 4

Report No. T/20171215/2159

CONTINUATION OF REPORT



**SINGAPORE  
POLICE FORCE**



T/20171215/2159

Police Station Of Origin:  
Hougang N.P.C  
60 Hougang Avenue 9 SINGAPORE 538775  
Tel No: 1800-4890999

4 of 4  
Report No. T/20171215/2159

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: F / Staff Sgt TEO HENG HENG, ROBIN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 15/12/2017 21:34
Officer In Charge Of Case: TP / AEIT / SI ANG YI TING, STEPHANIE Contact No.: 65476414	Classification Of Case:

Authentication Stamp  
NP168


 Signature:  SN 085  
 Singapore Police Force