

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	02/01/2018 17:53
Date Of Accident	31/12/2017 16:00
Exact Location Of Accident	UPPER CHANGI ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SH3142L
Insured/Policyholder	
Name Of Registered Owner	PAY KIM SWEE
NRIC No	S0402705A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96882626
Alternative Phone No	OTHERS-92432862

Vehicle Particulars

Manufacturer	HYUNDAI
Model	ELANTRA-1.6 (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	FIRST CAPITAL INSURANCE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	D-160086511MSH
Cover Note Number	

Driver

Name of Driver	JOHN EUGENE SILVA
NRIC No	S1241893J
Date Of Birth	20/07/1957
Occupation	OUTDOOR
Date Of Driving Pass	12/04/1977
Driving Experience	40 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92432862
Fax Number	
Contact Number	
Email Address	JOHNE_SILVA@YAHOO.COM.SG

Address	BLOCK 237 COMPASSVALE WALK #02-528
Postcode	540237
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	RAINING
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	2
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	NO
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	BOON TECK NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 207 TOA PAYOH NORTH , POSTCODE: 310207 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2549999 - FAX NO: 63554310
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

refer to police report: T/20180102/2112

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHB4030G
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	ANTHONY CHEOK
NRIC/Passport Number	
Contact Number	96391117
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name JOHN EUGENE SILVA

Approximate Age

Injuries Sustain

Injured person in which vehicle? SH3142L

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

SKETCH PLAN

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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: *Kenn Wei Sheng*
NRIC/FIN.No.: *G68640524*

SKETCH PLAN

Upper Changi Road

A: S1+3142L

B: SHB 4030 G



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report
T/W/80102/21/2

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: Lam Wai Shun
NRIC/FIN No.: 800000000000



Police Station Of Origin:
Boon Teck NPP
207 Toa Payoh North #01-1231 SINGAPORE
310207
Tel No: 1800-2549999

Report No. T/20180102/2112

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 02/01/2018 15:08		Vide Report No.:		Station Diary No.: 33	
Informant's Particulars					
Name of Informant: JOHN EUGENE SILVA			Address: APT BLK 237 COMPASSVALE WALK #02-528 SINGAPORE 540237		
ID Type / ID No.: NRIC NO / S1241893J			Contact No.: Home/Office: Mobile: 92432862		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 60	Date of Birth: 20/07/1957	Type of Informant: Driver		
Race: Malayalee		Language:		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: 31/12/2017 16:00	Type of Location: Straight Road
Location: Along Road 1 UPPER CHANGI ROAD				
Near to Shell Petrol Kiosk				
Weather: Heavy rain		Road Surface: Wet		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
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
SH3142L	Car				Slightly Damaged	0
SHB4030G	Car				Slightly Damaged	0

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



Police Station Of Origin:
Boon Teck NPP
207 Toa Payoh North #01-1231 SINGAPORE
310207
Tel No: 1800-2549999

CONTINUATION OF REPORT

Driver			
Name	JOHN EUGENE SILVA	ID No.	S1241893J
Related Vehicle	SH3142L (Car)	Contact No.	92432862
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	02/01/2018	Date Discharge	02/01/2018
No. of Days granted Medical Leave	07	Degree of Injury	Serious
Driver			
Name	ANTHONY CHEOK	ID No.	NIL
Related Vehicle	SHB4030G (Car)	Contact No.	96391117
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 31/12/2017 between 1600hrs to 1615hrs, I was driving along Upper Changi Road towards Joo Chiat Road and was slowing down as there were cars ahead. Suddenly I felt an impact from the back. That impact, from another taxi(SHB4030G) causes me to jerk forward. My chest hit the steering while my right leg hit the bottom dashboard. I also felt pain on my back and spine. I went out to make a check and the other driver apologized for not being able to stop on time. We exchanged particulars and left soon after. I was advised by my company to head for medical treatment after new year's, as such I went to Mount Alvernia Hospital on 02/01/2018 and received 7 days MC till 08/01/2018. The nerves on my right hand and right leg were affected as well as such there is only minimal movements.

My taxi sustained a misalignment of its rear bumper and some dents while the other taxi sustained damaged front bumper.



**SINGAPORE
POLICE FORCE**



T/20180102/2112

3 of 3

Police Station Of Origin:

Boon Teck NPP

207 Toa Payoh North #01-1231 SINGAPORE
310207

Tel No: 1800-2549999

Report No. T/20180102/2112

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:

E /

Sgt 3 MUHAMMAD FAKHRUDDIN BIN SHAHRI

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

02/01/2018 15:08

Officer In Charge Of Case:

TP / AEIT /

Sgt 2 YEO KIA HUAT

Contact No.: 65476325

Classification Of Case:

Authentication Stamp

NP168



Singapore Police Force