

## 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 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	22/01/2018 08:43
Date Of Accident	21/01/2018 05:25
Exact Location Of Accident	STAMFORD ROAD // BEACH ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB8792P
<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	SEN SEET LOK
Work Permit No	S7027402G
Date Of Birth	17/08/1970
Occupation	OUTDOOR
Date Of Driving Pass	13/09/2002
Driving Experience	15 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-85043000
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 8 #17-471 JALAN RUMAH TINGGI
Postcode	150008
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - SUPER RELIEF - REDHILL
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
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	BUKIT TIMAH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 1 DUKE ROAD , POSTCODE: 268914 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4629999 - FAX NO: 64628933
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	SHB2992T
Vehicle Make/Model/Colour	COMFORT TAXI/M-BENZ
Details Of Properties	VEH. B
Vehicle Category	TAXI
Name of Driver	QUEK CHEE YONG
NRIC/Passport Number	S8121333Z
Contact Number	86732430
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	DAMAGED ON THE RIGHT PORTION

No. Of Passenger (Including Driver)

1

**DETAILS OF INJURED PERSON 1**

Name

SEN SEET LOK - DRIVER OF VEH. A

Approximate Age

Injuries Sustain

FELT UNWELL, WENT TO MT ALVERNIA HSPTL FOR TREATMENT &  
GIVEN 5 DAYS MC

Injured person in which vehicle?

SHB8792P

Were seat belts worn?

YES

Was this injured conveyed to hospital by  
ambulance?

NO

Address

Postcode

SKETCH PLAN

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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:

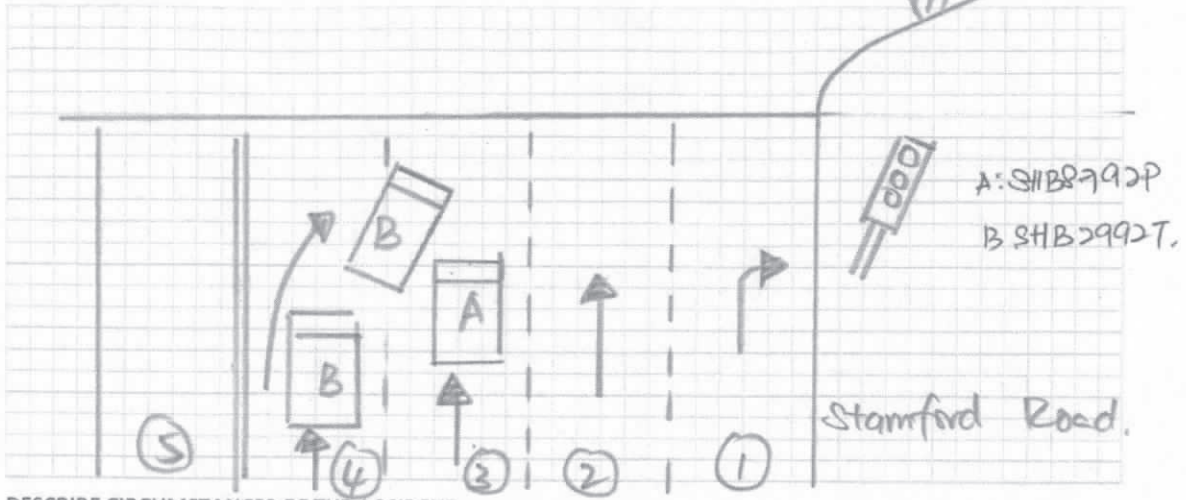
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

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



# Sketch Plan Pg. 2

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As stated in police report, dated 21/1/18, police report number T12018121/2064,  
at 2nd Timah NPC

### Brief Details.

I am a taxi driver.

On the 21/01/2018 at about 05.25am, I was driving my vehicle (SHB8792P) along Stamford Road. When nearing to the junction of Stamford road and Beach road, a vehicle (SH2992T) wanted to cut through 2 lanes and turn into Beach road from Stamford Road however in doing so, the vehicle collided my left front with his right rear passenger door. We then stopped our vehicle and exchanged particulars.

After the accident, I went home to rest but I felt some pain on my right back and neck. I went to Mount Alvernia Hospital to seek medical treatment. I was given 5 days of medical leave. My MC reference number: M18001160.

~~My vehicle has an in-car camera installed but it belongs to my taxi company.~~

## DAMAGES FOUND ON VEHICLE A & VEHICLE B



VEH. A



VEH. B

## DECLARATION

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



Policyholder's Signature  
Date & Time:

22 JAN 2018  
SH 57027402G

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

[Signature]

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



**SINGAPORE  
POLICE FORCE**



T/20180121/2064

Police Station Of Origin:  
Bukit Timah N.P.C  
1 Duke's Road SINGAPORE 268914  
Tel No: 1800-4629999

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Report No. T/20180121/2064

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 21/01/2018 16:09	Vide Report No.:	Station Diary No.: 79
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**Informant's Particulars**

Name of Informant: SEN SEET LOK	Address: APT BLK 8 JALAN RUMAH TINGGI #17-471 SINGAPORE 150008		
ID Type / ID No.: NRIC NO / S7027402G	Contact No.: Home/Office: Mobile: 85043000		
Nationality: SINGAPORE CITIZEN	Email:		
Sex: Male	Age: 47	Date of Birth: 17/08/1970	Type of Informant: Driver
Race: Chinese	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: 21/01/2018 05:25	Type of Location:
Location:  STAMFORD ROAD  Junction of Stamford Road and Beach Road				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision:				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHB2992T	Car				Seriously Damaged	0
SHB8792P	Car				Seriously Damaged	0

**Details of Person Involved**

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



**SINGAPORE  
POLICE FORCE**



T/20180121/2064

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Police Station Of Origin:  
Bukit Timah N.P.C  
1 Duke's Road SINGAPORE 268914  
Tel No: 1800-4629999

Report No. T/20180121/2064

## CONTINUATION OF REPORT

Driver			
Name	QUEK CHEE YONG		ID No. S8121333Z
Related Vehicle	SHB2992T (Car)		Contact No. 86732430
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	SEN SEET LOK		ID No. S7027402G
Related Vehicle	SHB8792P (Car)		Contact No. 85043000
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	21/01/2018	Date Discharge	21/01/2018
No. of Days granted Medical Leave	05	Degree of Injury	Slight

**Brief Details.**

I am a taxi driver.

On the 21/01/2018 at about 05.25am, I was driving my vehicle (SHB8792P) along Stamford Road. When nearing to the junction of Stamford road and Beach road, a vehicle (SH2992T) wanted to cut through 2 lanes and turn into Beach road from Stamford Road however in doing so, the vehicle collided my left front with his right rear passenger door. We then stopped our vehicle and exchanged particulars.

After the accident, I went home to rest but I felt some pain on my right back and neck. I went to Mount Alvernia Hospital to seek medical treatment. I was given 5 days of medical leave. My MC reference number: M18001160.

My vehicle has an in-car camera installed but it belongs to my taxi company.





**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Bukit Timah N.P.C  
1 Duke's Road SINGAPORE 268914  
Tel No: 1800-4629999



T/20180121/2064

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Report No. T/20180121/2064

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 2 LEE WEI KEAT

Signature Of Interpreter:  
Not applicable

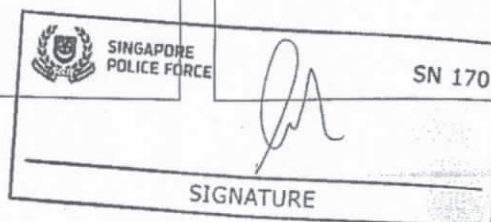
Officer In Charge Of Case:  
TP / AEIT./  
SI ANG YI TING, STEPHANIE  
Contact No.: 65476414

Authentication Stamp  
NP168

Signature Of Informant:

Date/Time:  
21/01/2018 16:09

Classification Of Case:





**Enquire Transaction History****Transaction History Details**

Log Date/Time:	16 Oct 2013 / 09:31:32	Receipt No.:	AACCK001-AX239-131016-000013
Asset Type:	Vehicle	Transaction Amount:	\$73,723.00
Asset ID:	SHB8792P	Channel:	AA Counterless - CYCLE & CARRIAGE KIA PTE LTD
Transaction Type:	01.02 Register New Vehicle (AA)		
Business Transaction Reference No.:	20131016093132603312		
Vehicle No.:	SHB8792P		
Vehicle Type:	H10 - Public Transport Taxi (Motor Car)		
Vehicle Attachment 1:	Air-Con (Taxi)		
Vehicle Attachment 2:	-		
Vehicle Attachment 3:	-		
Vehicle Scheme:	Taxi (Company)		
First Registration Date:	16 Oct 2013		
Original Registration Date:	16 Oct 2013		
Vehicle Make:	KIA		
Vehicle Model:	OPTIMA 1.7(A) DIESEL		
Chassis No.:	KNAGM414ME5447101		
Engine No.:	D4FDDH308089		
Motor No.:	-		
Trailer Chassis No.:	-		
Propellant:	Diesel		
Passenger Capacity:	4		
Engine Capacity:	1685		
Power Rating:	-		
Unladen Weight:	1584		
Maximum Laden Weight:	2050		
Primary Color:	Silver		
Secondary Color:	-		
Manufacturing Year:	2013		
Open Market Value:	\$19,759.00		
Minimum PARF Benefit:	\$7,355.00		
PARF Eligibility:	Y		
No. of Transfer:	0		
Effective Ownership Date/Time:	16 Oct 2013 09:31:32		
COE No.:	2013101601000830M		
COE Expiry Date:	15 Oct 2021		
COE Bid Category:	-		
Actual QP/PQP Paid Amount:	\$61,324.00		
Lifespan Expiry Date:	15 Oct 2021		
Owner ID Type:	Company		