

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 willful 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	19/03/2018 11:17
Date Of Accident	18/03/2018 21:15
Exact Location Of Accident	PIE - JURONG (AFTER STEVENS ROAD EXIT)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB8407C
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	HYUNDAI
Model	I30 (FD)-1.6 DOHC (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	LAU CHEE SUM
NRIC No	S1242473F
Date Of Birth	09/10/1956
Occupation	OUTDOOR
Date Of Driving Pass	11/03/1977
Driving Experience	41 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91167315
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 227 #10-175 TAMPINES ST 23
Postcode	1852
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?	YES
Foreign Vehicle Registration Number	NBP2253 (PRIVATE CAR)
Number of vehicles involved in the accident	3
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	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
Passenger 1	NAME: : PAX IN THE REAR SEAT - CHINESE GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

VEH. A - 1 PAX VEH. B - 2 PAX VEH. C - 4 PAX *REFER TO ATTACH POLICE REPORT

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	SGH8205Z
Vehicle Make/Model/Colour	TOYOTA RUSH
Details Of Properties	VEH. B
Vehicle Category	PRIVATE CAR
Name of Driver	RAJAKARAN SINGH MANOCHA
NRIC/Passport Number	S8522325I
Contact Number	90689533

Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

3

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SGJ768H
Vehicle Make/Model/Colour M-BENZ
Details Of Properties VEH. C
Vehicle Category PRIVATE CAR
Name of Driver LIM FU GUAN
NRIC/Passport Number
Contact Number 96321666
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

5

DETAILS OF INJURED PERSON 1

Name FEMALE CHINESE - PAX IN VEH. C
Approximate Age
Injuries Sustain
Injured person in which vehicle? SGJ768H
Were seat belts worn?
Was this injured conveyed to hospital by ambulance? YES
Address
Postcode

SKETCH PLAN

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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.



[Handwritten Signature]
S 12424731F

19 MAR 2018

[Handwritten Signature]

Policyholder's Signature
Date & Time:

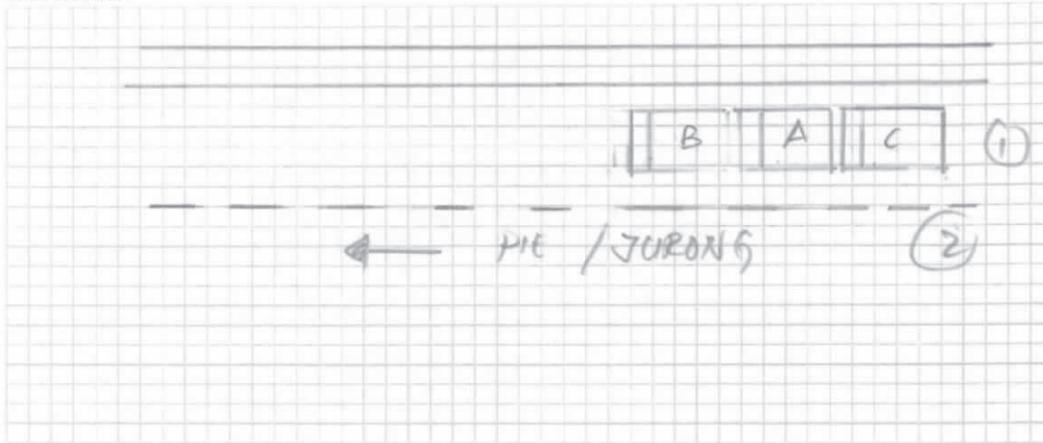
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

SHB 8407C

Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

A: SHB8407C.
B: SGH 8205 Z
C: SGJ 768H

DECLARATION

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

19 MAR 2018

Policyholder's Signature
Date & Time:



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

SHB8407C

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

- Describe Circumstance of the Accident.

ON THE DAY 18.03.18 @2115HRS, I WAS DRIVING MY TAXI SHB8407C, TRAVELING ALONG PIE TOWARDS JURONG(AFTER STEVENS ROAD EXIT), IN LANE 1 WITH 1 PASSENGER ON BOARD.

WHILE MOVING, VEHICLE B(SGH8025Z) AHEAD OF ME SUDDENLY BRAKE, I WAS UNABLE TO STOP IN TIME THUS COLLIDED ONTO THE REAR PORTION OF IT. MOMENTS LATER, I FELT IMPACT FROM BEHIND AND NOTICED VEHICLE C(SGJ768H) HAD COLLIDED ONTO THE REAR PORTION OF MY TAXI.

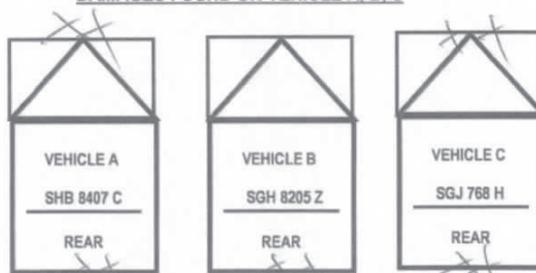
I NOTICED THERE ARE A FEW MORE VEHICLE INVOLVED BEHIND SGJ768H BUT I DID NOT TAKE DOWN THE PARTICULARS AS THE SCENE WAS VERY MESSY.

THERE ARE ALSO CHAIN ACCIDENT OCCURRED AHEAD OF VEHICLE B(SGH8025Z).

DUE TO THE IMPACT, MY TAXI WAS DAMAGED ON THE FRONT & REAR
VEHICLE B DAMAGED ON THE REAR PORTION
VEHICLE C DAMAGED ON THE FRONT & REAR PORTION.

1 PASSENGER ON BOARD VEHICLE C WAS INJURED AND CONVEYED TO HOSPITAL BY AMBULANCE.

DAMAGES FOUND ON VEHICLE A, B, C





Driver's Signature
Monday, March 19, 2018



**SINGAPORE
POLICE FORCE**



T/20180319/2004

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

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Report No. T/20180319/2004

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 19/03/2018 00:50	Vide Report No.:	Station Diary No.:
Informant's Particulars		
Name of Informant: LAU CHEE SUM	Address: 227 TAMPINES ST 23 #10-175 HDB-TAMPINES SINGAPORE 521227	
ID Type / ID No.: NRIC NO / S1242473F	Contact No.:	Mobile: 91167315
Nationality: SINGAPORE CITIZEN	Home/Office:	
	Email:	
Sex: Male	Age: 61	Date of Birth: 09/10/1956
	Type of Informant: Driver	
Race: Chinese	Language: English	Institution / School Name:
Occupation: Taxi driver	Driving Licence Information: Class: 3,4,5	
	Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 18/03/2018 21:15	Type of Location: Flyover
Location: Along Road 1 PAN ISLAND EXPRESSWAY PIE(TUAS) 19.5KM Lamp Post Number: 951				
Weather: Clear	Road Surface: Dry	Road Speed Limit:		
Traffic Flow: One Way	Traffic Control: Not Controlled	Traffic Volume: Heavy		
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
SGH8205Z	Car	TOYOTA	RUSH 1.5 A	Green		0
SGJ768H	Car	MERCEDES BENZ	E250 SEDAN (SR)(R18)	Silver		0
SHB8407C	Car	HYUNDAI	I30 GDH 1.6 TCI 5DR DCT	Silver		1



**SINGAPORE
POLICE FORCE**



T/20180319/2004

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

Report No. T/20180319/2004

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	RAJKARAN SINGH MANOCHA	ID No.	S85223251
Related Vehicle	SGH8205Z (Car)	Contact No.	90689533
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	LIM FU GUAN	ID No.	S9108449A
Related Vehicle	SGJ768H (Car)	Contact No.	96321666
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	LAU CHEE SUM	ID No.	S1242473F
Related Vehicle	SHB8407C (Car)	Contact No.	91167315
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3,4,5 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

ON THE ABOVE MENTIONED DATE AND TIME,

I WAS DRIVING ON PIE, ON THE EXTREME RIGHT LANE TOWARDS JURONG. AS I WAS DRIVING, THE VEHICLE, SGH8205Z, SUDDENLY JAMMED BRAKE, SO I FOLLOWED AND JAMMED THE BRAKES TOO. I COULD NOT STOP IN TIME DESPITE JAMMING THE BRAKES AND COLLIDED WITH SGH8205Z. A WHILE THE COLLISION WITH SGH8205Z, I FELT AN IMPACT ON THE REAR OF MY VEHICLE AND SAW THAT A SGJ768H, HAD COLLIDED WITH THE REAR OF MY VEHICLE. I THEN ALIGHTED FROM MY VEHICLE AND WENT TO CHECK ON THE WELL BEING OF THE OTHER



**SINGAPORE
POLICE FORCE**

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Traffic Police Division HQ
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T/20180319/2004

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Report No. T/20180319/2004

CONTINUATION OF REPORT

VEHICLES. A PASSENGER FROM SGJ768H, DID NOT FEEL WELL AND AN AMBULANCE WAS CALLED TO CONVEY HER TO THE HOSPITAL. WHEN THE TRAFFIC POLICE ARRIVED, THEY GAVE ME A CARD AND TOLD ME TO REPORT TO IO PHILIP AT TRAFFIC POLICE



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T/20180319/2004

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Report No. T/20180319/2004

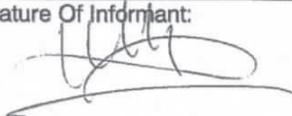
CONTINUATION OF REPORT

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 / ZENG ZI CONG 
Signature Of Interpreter: Not applicable
Officer In Charge Of Case: TP / GIT / Staff Sgt MOHAMMAD ZULKARNIAN BIN SAMSUDIN Contact No.: 65476429
Authentication Stamp NP168

Signature Of Informant: 
Date/Time: 19/03/2018 00:50
Classification Of Case:  SINGAPORE POLICE FORCE
Signature: 