

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	23/04/2018 10:31
Date Of Accident	22/04/2018 21:55
Exact Location Of Accident	TAXI QUEUE @ CHANGI AIRPORT T2
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC6416J
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	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 FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	5095103893
Cover Note Number	

Driver

Name of Driver	CHONG VOON KEE IVAN
NRIC No	S6816958E
Date Of Birth	01/05/1968
Occupation	OUTDOOR
Date Of Driving Pass	17/07/1990
Driving Experience	27 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83784648
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 677A #03-1982 YISHUN RING ROAD
Postcode	761677
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
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
Number of vehicles involved in the accident	
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	PASIR RIS NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 1 PASIR RIS DRIVE 4 , POSTCODE: 519457 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-5852999 - FAX NO: 65855261
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

BOTH VEHICLES - NO PAX . . . 1/ ADDENDUM (24/04/2018) : 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	SHA4428Z
Vehicle Make/Model/Colour	COMFORT TAXI
Details Of Properties	VEH. B
Vehicle Category	
Name of Driver	KEVIN KOH
NRIC/Passport Number	
Contact Number	90288918
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

1

DETAILS OF INJURED PERSON 1

Name	CHONG VOON KEE IVAN - DRIVER OF VEH. A
Approximate Age	
Injuries Sustain	BACK PAIN & WILL SEEK FOR MEDICAL TREATMENT
Injured person in which vehicle?	SHC6416J
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

Sketch Plan Pg. 1

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:

5681698E SHC6416J

23 APR 2018

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

Describe Circumstance of the Accident.

ON 22/04/2018 @ 2155HRS, I WAS DRIVING MY TAXI (SHC 6416 J) ALONG THE TAXI QUEUE @ CHANGI AIRPORT T2, IN THE MIDDLE LANE.

I STOPPED MY TAXI AS VEHICLES AHEAD OF ME STOPPED – IN THE QUEUE.

WHILE STATIONARY, SUDDENLY I FELT AN IMPACT FROM THE REAR.

WHEN INSPECTED, I DISCOVERED THAT VEHICLE B (SHA 4428 Z – COMFORT TAXI) WHICH WAS BEHIND ME, HAD COLLIDED ONTO THE REAR OF MY TAXI.

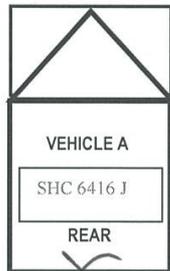
DUE TO THE IMPACT, MY TAXI HAD DAMAGES ON THE REAR PORTION AND I WAS NOT AWARE OF DAMAGES TO VEHICLE B.

AS A RESULT, I FELT UNWELL AND WILL SEEK FOR MEDICAL TREATMENT SOON. NO AMBULANCE AT SCENE.

NO PASSENGERS ONBOARD BOTH VEHICLES.

*VIDEO FOOTAGE CAPTURED.

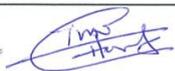
DAMAGES FOUND ON VEHICLE A & VEHICLE B



PREMIER TAXI



THIRD PARTY VEHICLE

 S6816958E

Driver's Signature & NRIC Number
@ 10:39:00 AM

(attended by )

PREMIER TAXIS	HIRER RELIEF / SUPER RELIEF
VEHICLE NO.	SHC 64/6J
CONTACT NO.	8378 4648
NEW MAILING ADDRESS (if any)	

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S6816958E



Name
CHONG VOON KEE IVAN
钟文基

Race
CHINESE

Date of Birth
01-05-1968

Sex
M

Country of Birth
SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number **S6816958E**
Name
CHONG VOON KEE IVAN

Birth Date **01 May 1968**
Issue Date **04 Jul 2012**




0 0 6 0 8 9



NRIC No. **S6816958E**



Blood Group **B+** Date of issue **27-08-1991**

APT BLK 677A YISHUN RING ROAD #03-1982
SINGAPORE 761677

NRIC No: S6816958E Date: 09/10/2017

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

EFFECTIVE DATE

Class 3 Motor Cars =< 3000kg with =< 7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg 17 Jul 1990



Licence No: S6816958E

NP 428A

Land Transport Authority

VOCATIONAL LICENCE

Licence No: **S6816958E**
Name **CHONG VOON KEE IVAN**

Issue Date **11/10/2012**

Please visit www.lta.gov.sg to check the status of this vocational licence



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Addendum Sheet Pg. 1



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 - 17:00
UEN: S6650020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MPAS 1805 2986 Vehicle Registration No: SIC 6416J.
Name (as shown in NRIC) : PREMIER TAXIS PTE LTD NRIC/FIN/Passport No :
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : 23 CHANGI SOUTH AVE 2, #01-02. S (486443) Singapore ()
Contact (Tel) : 6214 8880 Mobile No. :
Email Address :
Date of Accident : 22-04-2018 Time of Accident : 2155HRS.
Place of Accident : Airport Blvd.
Insurance Company : NTUC INCOME INSURANCE CO-OPERATIVE LTD

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

To attach police report



Policyholder / Driver's Signature
Date:

Handwritten signature of Reporting Centre Personnel

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.: 23 APR 2018
Date:



**SINGAPORE
POLICE FORCE**



T/20180423/2081

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

1 of 3
Report No. T/20180423/2081

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 23/04/2018 13:48	Vide Report No.:	Station Diary No.: 78
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Informant's Particulars

Name of Informant: CHONG VOON KEE IVAN		Address: APT BLK 677A YISHUN RING ROAD #03-1982 SINGAPORE 761677	
ID Type / ID No.: NRIC NO / S6816958E		Contact No.: Home/Office: Mobile: 83784648	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 49	Date of Birth: 01/05/1968	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: Taxi driver		Driving Licence Information: Class: 3 Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 22/04/2018 21:55	Type of Location: carpark
Location: Along Road 1 AIRPORT BOULEVARD Terminal 2 Taxi queue in the carpark.				
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: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHA4428Z	taxi				Slightly Damaged	0
SHC6416J	taxi				Slightly Damaged	0

Details of Person Involved

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



**SINGAPORE
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T/20180423/2081

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

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Report No. T/20180423/2081

CONTINUATION OF REPORT

Driver			
Name	CHONG VOON KEE IVAN	ID No.	S6816958E
Related Vehicle	SHC6416J (taxi)	Contact No.	83784648
Hospital/Clinic	WE CARE CLINIC AND SURGERY	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	23/04/2018	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

On 22/04/2018 at about 2155hrs, I was driving my taxi bearing the plate number SHC6416J along the middle lane of the taxi queue at Changi Airport terminal 2 carpark. I stopped my taxi as the vehicle ahead of me stopped. While stationary, suddenly I felt an impact from the rear of my vehicle. I went down my vehicle to made a check and discovered that the taxi bearing the plate number SHA4428Z which was behind me had collided onto the rear of my taxi.

Due to the impact, my taxi had damages on the rear portion and I was not aware of the damages of SHA4428Z. There was an in car camera in both of our vehicle however, the camera belongs to the taxi company. There was no ambulance or traffic police at scene.

On 23/04/2018, I went to visit the doctor as I was no feeling well. I was given a 3 days MC by the doctor.



SINGAPORE
POLICE FORCE



T/20180423/2081

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Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

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Report No. T/20180423/2081

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 2 JEREMY CHUNG	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 23/04/2018 13:48
Officer In Charge Of Case: TP / AEIT / Staff Sgt WONG SIEU LUI Contact No.: 65476151	Classification Of Case:
Authentication Stamp NP168	 