

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	10/05/2018 11:44
Date Of Accident	09/05/2018 15:55
Exact Location Of Accident	MEI LING STREET TOWARDS MEI CHIN ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD1076J
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
Fleet Policy	YES
Policy Number	5095103893
Cover Note Number	

Driver

Name of Driver	ONG LOY YONG
NRIC No	S6831532H
Date Of Birth	14/09/1968
Occupation	OUTDOOR
Date Of Driving Pass	21/04/1998
Driving Experience	20 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98231831
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 207C #2-962 PUNGGOL PLACE
Postcode	823207
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 - 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	TANAH MERAH NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 51 NEW UPPER CHANGI ROAD #01-1514 , POSTCODE: 461051 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4499999 - FAX NO: 62447251
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

BOTH VEHICLES - NO 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	GBD2825D
Vehicle Make/Model/Colour	LORRY - C/O : EVORICH WORKS PTE LTD
Details Of Properties	VEH.B
Vehicle Category	GOODS VEHICLE
Name of Driver	ALAN SARWAR
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	DAMAGED ON THE FRONT RIGHT PORTION

No. Of Passenger (Including Driver)

1

DETAILS OF INJURED PERSON 1

Name

ONG LOY YONG - DRIVER OF VEH. A

Approximate Age

Injuries Sustain

FELT SOME DISCOMFORT, WENT TO CLINIC & HAD 4 DAYS MC

Injured person in which vehicle?

SHD1076J

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

SKETCH PLAN

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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.:

SHD 1076 J
5-6831532-H 10 MAY 2018

[Signature]

SKETCH PLAN



* Refer to attach police report

10 MAY 2018

NRIC/FIN No.:



**SINGAPORE
POLICE FORCE**



T/20180509/2124

1 of 3

Police Station Of Origin:
Tanah Merah NPP
51 New Upper Changi Road #01-1514
SINGAPORE 461051
Tel No: 1800-4499999

Report No. T/20180509/2124

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 09/05/2018 19:01	Vide Report No.:	Station Diary No.: 67
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Informant's Particulars

Name of Informant: ONG LOY YONG			Address: APT BLK 207C PUNGGOL PLACE #02-962 SINGAPORE 823207	
ID Type / ID No.: NRIC NO / S6831532H			Contact No.: Home/Office: Mobile: 98231831	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 49	Date of Birth: 14/09/1968	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: 09/05/2018 15:55	Type of Location: T-Junction
Location: Along Road 1 Traveling Toward Road 2 MEI LING STREET MEI CHIN ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBD2825D	Lorry				Slightly Damaged	0
SHD1076J	Car				Slightly Damaged	0

Details of Person Involved

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



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SINGAPORE 461051
Tel No: 1800-4499999

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Report No. T/20180509/2124

CONTINUATION OF REPORT

Driver			
Name	ALAN SARWAR		ID No. NIL
Related Vehicle	GBD2825D (Lorry)		Contact No. S8499880Q
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	ONG LOY YONG		ID No. S6831532H
Related Vehicle	SHD1076J (Car)		Contact No. 98231831
Hospital/Clinic	OASIS FAMILY CLINIC		Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: NIL
Date Treatment	09/05/2018		Date Discharge 09/05/2018
No. of Days granted Medical Leave	04	Degree of Injury	Slight

Brief Details.

On 09/05/2018 1555hrs, I was travelling in my vehicle (SHD1076J) along Mei Ling Street on the right lane of 2 lane road heading towards Mei Chin Road. I then noticed there were 3 vehicles at the left lane in a stationary position. However, as I was heading straight I felt an impact from the left portion of my vehicle. I then came out and discovered that one vehicle (GBD2825D) had collided onto my left rear portion (near to the rear wheel) of my vehicle.

Subsequently, we then left the scene shortly after exchanging particulars as nobody was injured and no government properties was damaged. I then went for a medical checkup at Oasis Family Clinic located at Blk 56 New Upper Changi Road #01-1322 as I felt some pain on the back of my neck area and was given 4 days of medical certificate.



**SINGAPORE
POLICE FORCE**



T/20180509/2124

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51 New Upper Changi Road #01-1514
SINGAPORE 461051
Tel No: 1800-4499999

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 1 TAN EDMUND NEIL

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
09/05/2018 19:01

Officer In Charge Of Case:
TP / AEIT /
SSI KASMAWATI BTE SAMIANN
Contact No.: 65476179

Classification Of Case:

Authentication Stamp
NP168



SIGNATURE