

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	04/06/2018 09:58
Date Of Accident	02/06/2018 16:20
Exact Location Of Accident	PIE - TUAS (BEFORE KALLANG BAHRU)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC6287P
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 TEOW GUAN
NRIC No	S1197758H
Date Of Birth	20/10/1956
Occupation	OUTDOOR
Date Of Driving Pass	02/03/1977
Driving Experience	41 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96792633
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 318B #07-255 ANCHORVALE LINK
Postcode	542318
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?	NO
Number of vehicles involved in the accident	3
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)	2
Passenger 1	NAME: : PAX IN THE REAR SEAT - CHINESE GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	SENGKANG NPC
Police Station Address	ROAD: 2 SENGKANG SQUARE #01-02 , POSTCODE: 545025 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

VEH. A & VEH. B - 1 PAX VEH. C - 2 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 Witness 1

Name	MR NAM-JOON CHO - PAX IN VEH. A
Phone Number	
Email Address	

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHC5444J
Vehicle Make/Model/Colour	TRANSCAB TAXI/RENAULT
Details Of Properties	VEH. B
Vehicle Category	TAXI

Name of Driver	MALE CHINESE
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	DAMAGED ON THE FRONT & REAR
No. Of Passenger (Including Driver)	2

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SKC7992U
Vehicle Make/Model/Colour	VOLKS
Details Of Properties	VEH. B
Vehicle Category	PRIVATE CAR
Name of Driver	FEMALE CHINESE
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	DAMAGED ON THE FRONT PORTION
No. Of Passenger (Including Driver)	3

DETAILS OF INJURED PERSON 1

Name	ONG TEOW GUAN - DRIVER OF VEH. A
Approximate Age	
Injuries Sustain	FELT SOME DISCOMFORT, WENT CLINIC & HAD 4 DAYS MC
Injured person in which vehicle?	SHC6287P
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 2

Name	NAM-JOON CHO - PAX IN VEH. A
Approximate Age	
Injuries Sustain	SOME BACK PAIN
Injured person in which vehicle?	SHC6287P
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

Sketch Plan

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:

S 119 7758 H.
SHC 6287 P

04 JUN 2018

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

PIE / TUAS
 (Bor) Kelang
 Bahru.

A: SHC 6287P

B: SHC 544KJ.

B: SKC 79924.

* Refer to attach police report.

* video footage captured.

* Scene photos taken.

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

Signature 

Driver's Signature

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SINGAPORE POLICE FORCE



T/20180603/2038

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

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Report No. T/20180603/2038

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 03/06/2018 12:20	Vide Report No.:	Station Diary No.: 61
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Informant's Particulars

Name of Informant: ONG TEOW GUAN			Address: APT BLK 318B ANCHORVALE LINK #07-255 SINGAPORE 542318	
ID Type / ID No.: NRIC NO / S1197758H			Contact No.:	Mobile: 96792633
Nationality: SINGAPORE CITIZEN			Home/Office:	
			Email:	
Sex: Male	Age: 61	Date of Birth: 20/10/1956	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: 02/06/2018 16:20	Type of Location: Straight Road
Location: Along Road 1 PAN ISLAND EXPRESSWAY				
Along PIE driving towards Tuas, before paya lebar between Kallang Bahru (At the 12.5km mark)				
Weather: Clear	Road Surface: Dry		Road Speed Limit: 90 Km/h	
Traffic Flow: One Way	Traffic Control: Traffic Light - Working		Traffic Volume: Heavy	
Type of Collision: My rear side of my vehicle was hit			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHC5444J	Car	RENAULT		Red	Seriously Damaged	1
SHC6287P	Car	KIA	Kia Optima	Silver	Slightly Damaged	1
SKC7992U	Car	VOLKSWAGO N		White	Seriously Damaged	2



SINGAPORE POLICE FORCE



T/20180603/2038

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Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

Report No. T/20180603/2038

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	ONG TEOW GUAN	ID No.	S1197758H
Related Vehicle	SHC6287P (Car)	Contact No.	96792633
Hospital/Clinic	POW FAMILY CLINIC & SURGERY	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	03/06/2018	Date Discharge	03/06/2018
No. of Days granted Medical Leave	04	Degree of Injury	Slight
Passenger			
Name	NAM-JOON CHO	ID No.	NIL
Related Vehicle	NIL	Contact No.	98370526
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 02/06/2018, at about 1620hrs, I was driving my taxi, silver cab (SHC 6287P) along Pan-island Expressway towards Tuas. I was at lane one, on the extreme right lane. The traffic at the point of time was heavy. The vehicle at the front suddenly jam brake and as such, I also jam brake. This resulted in the taxi behind me to knock onto my vehicle, not once but twice. The driver behind me also did not have enough reaction time and knocked onto my vehicle as a result.

There were three vehicles involved in the traffic accident. The second vehicle's car plate number was SHC 5444J, a Trans Cab taxi. The third car was SKC 7992U a private car which knocked onto the second vehicle as a result. I leave my vehicle and make a check on my passenger, Nam-Joon Cho who informed that he feel abit painful on his back. However, he told me that he do not require any medical attention. I make a check with the rest of the parties involved and at that point of time, only vehicle number SKC7992U's passenger was having injury on her shin.

I was injured and I have four days of medical certificate. I have injuries on my shoulder, neck, leg and back. The towing crew told me to leave the scene and as such I did not see any traffic police or ambulance at the scene.



**SINGAPORE
POLICE FORCE**



T/20180603/2038

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

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Report No. T/20180603/2038

CONTINUATION OF REPORT



**SINGAPORE
POLICE FORCE**



T/20180603/2038

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

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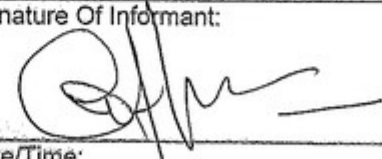


Report No. T/20180603/2038


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: F / Sgt 2 TAN BING REN 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 03/06/2018 12:20
Officer In Charge Of Case: TP / AEIT / Sgt 2 YEO KIA HUAT Contact No.: 65476325	Classification Of Case:  SN 085
Authentication Stamp NP168	 Signature: Singapore Police Force

 PREMIER TAXIS	HIRER / <u>RELIEF</u> / SUPER RELIEF
VEHICLE NO.	SHC6287P
CONTACT NO.	96792633
NEW MAILING ADDRESS (if any)	

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1197758H



Name: ONG TEOW GUAN
王 朝 源
Race: CHINESE
Date of Birth: 20-10-1956
Sex: M
Country of Birth: SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: S1197758H
Name: ONG TEOW GUAN
Birth Date: 20 Oct 1956
Issue Date: 14 Feb 2003

000194306A

1687377



NRIC No. S1197758H



Blood Group: A+ Date of issue: 16-02-1994


APT BLK 318B ANCHORVALE LINK #07-255
SINGAPORE 542318
NRIC No: S1197758H Date: 17-10-2001 No: 4039011

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

Class	Description	PASS DATE
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	02 Mar 1977

Licence No: S1197758H

Land Transport Authority



VOCATIONAL LICENCE
Licence No: S1197758H
Name: ONG TEOW GUAN
Issue Date: 3/5/2013
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



Accident Photo



Accident Photo

