

## 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             | 11/06/2018 11:43                    |
| Date Of Accident           | 08/06/2018 20:40                    |
| Exact Location Of Accident | PIE - CHANGI AIRPORT (BEF CTE EXIT) |
| Country/State of Loss      | SINGAPORE                           |

### DETAILS OF OWN VEHICLE

|                             |                       |
|-----------------------------|-----------------------|
| Vehicle Registration Number | SHC6662P              |
| <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       | CHOO CHIN QUEE       |
| NRIC No              | S0859391D            |
| Date Of Birth        | 02/10/1946           |
| Occupation           | OUTDOOR              |
| Date Of Driving Pass | 30/04/1973           |
| Driving Experience   | 45 YEARS AND 1 MONTH |
| Gender               | MALE                 |
| Mobile Number        | (LOCAL) +65-82384463 |
| Fax Number           |                      |
| Contact Number       |                      |
| Email Address        | NOEMAIL              |

|   |                                      |
|---|--------------------------------------|
| Address   | BLK 213B #08-268<br>COMPASSVALE LANE |
| Postcode  | 542213                               |
| 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   | HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED |
| 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?   | NO  |
| 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                       | HOGANG N.P.C   |
| Police Station Address                    | ROAD: 60 HOUGANG AVE 9 SINGAPORE 538775 , POSTCODE: 538775 ,<br>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 - NO PAX VEH. B - UNKNOWN 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 | GBF8114Y           |
| Vehicle Make/Model/Colour   | VAN/WHITE          |
| Details Of Properties       | VEH. B             |
| Vehicle Category            | COMMERCIAL VEHICLE |
| Name of Driver              | UNKNOWN            |
| NRIC/Passport Number        |                    |
| Contact Number              |                    |
| Address                     |                    |
| Postcode                    |                    |
| Insurance Company Name      |                    |
| Nature Of Damage            |                    |

No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

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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.



Policyholder's Signature  
Date & Time:

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

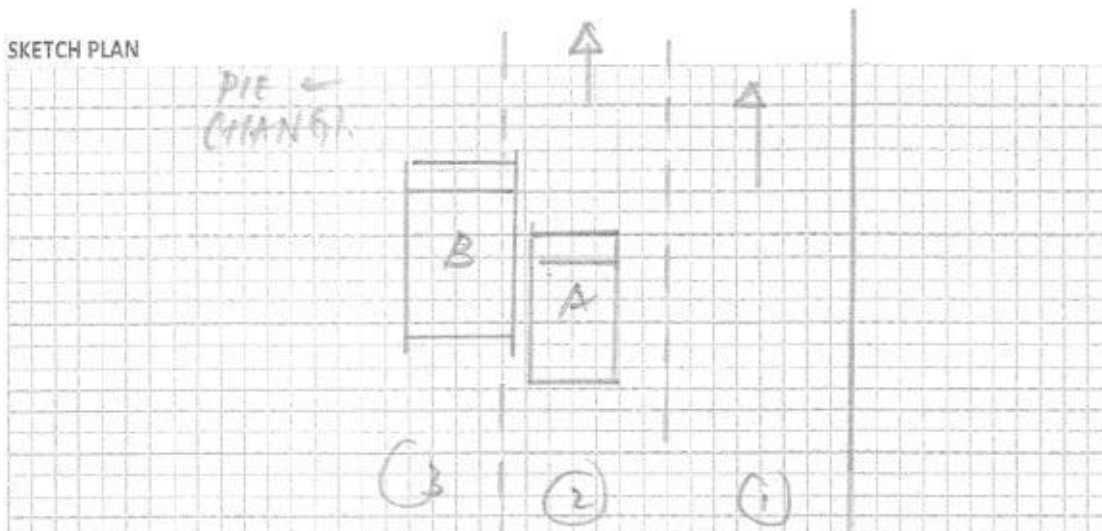
11 JUN 2018

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

GIA/SAC SketchPlanForm\_V3

08593911A  
SHC 6662P Time 1150am  
11/6/2018

### SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

A : LHC 6662 P

B: GBF 8114 y.

\* Refer to attach police report

• Video footage captured.

## DECLARATION

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

11 JUN 2018

Policyholder's Signature

Date & Time:

Driver's Signature \_\_\_\_\_

(If driver is not the policyholder)

Date & Time:

0859391/D  
SHC 6662P

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



**SINGAPORE  
POLICE FORCE**



T/20180609/2002

Police Station Of Origin:  
Hougang N.P.C  
60 Hougang Avenue 9 SINGAPORE 538775  
Tel No: 1800-4890999

1 of 3

Report No. T/20180609/2002

## REPORT OF A TRAFFIC ACCIDENT

|  |                  |                         |
|--|------------------|-------------------------|
| Date/Time Report Made:<br>09/06/2018 00:34 | Vide Report No.: | Station Diary No.:<br>8 |
|--|------------------|-------------------------|

## Informant's Particulars

|  |            |                              |   |                            |
|--|------------|------------------------------|---|----------------------------|
| Name of Informant:<br>CHOO CHIN QUEE     |            |                              | Address:<br>APT BLK 213B COMPASSVALE LANE #08-268 SINGAPORE<br>542213 |                            |
| ID Type / ID No.:<br>NRIC NO / S0859391D |            |                              | Contact No.:  | Mobile: 82384463           |
| Nationality:<br>SINGAPORE CITIZEN        |            |                              | Home/Office:  |                            |
|  |            |                              | Email:  |                            |
| Sex:<br>Male                             | Age:<br>71 | Date of Birth:<br>02/10/1946 | Type of Informant:<br>Driver  |                            |
| Race:<br>Chinese                         |            |                              | Language:<br>English  | Institution / School Name: |
| Occupation:<br>Taxi driver               |            |                              | Driving Licence Information:<br>Class: 3                              |                            |
|  |            |                              | Date of Expiry:   |                            |

## General Information of the Accident

|   |                        |                                 |   |                                 |
|---|------------------------|---------------------------------|---|---------------------------------|
| Type of Accident:   | Non-Injury Hit and Run | Drink Drive: No                 | Date/Time of Accident: 08/06/2018 20:40 | Type of Location: Straight Road |
| Location:<br>Along Road 1<br>PAN ISLAND EXPRESSWAY<br><br>Towards Changi Airport CTE exit |                        |                                 |   |                                 |
| Weather: Clear  |                        | Road Surface: Dry               | Road Speed Limit:                       |                                 |
| Traffic Flow: One Way   |                        | Traffic Control: Not Controlled | Traffic Volume: Moderate                |                                 |
| Type of Collision:<br>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 |
|-------------|------|------|-------|--------|------------------|-----------------|
| GBF8114Y    | Van  |      |       |        |                  | 0               |
| SHC6662P    | Car  | KIA  | K5    | Silver | Slightly Damaged | 0               |

## Details of Person Involved

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



**SINGAPORE  
POLICE FORCE**



T/20180609/2002

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Police Station Of Origin:  
Hougang N.P.C  
60 Hougang Avenue 9 SINGAPORE 538775  
Tel No: 1800-4890999

Report No. T/20180609/2002

## CONTINUATION OF REPORT

|                                   |                |                  |   |
|-----------------------------------|----------------|------------------|---|
| <b>Driver:</b>                    |                |                  |   |
| Name                              | CHOO CHIN QUEE |                  | ID No. S0859391D  |
| Related Vehicle                   | SHC6662P (Car) |                  | Contact No. 82384463  |
| Hospital/Clinic                   | NIL            |                  | Class of Driving Licence & Expiry Date<br>Class: 3<br>Date of Expiry: NIL |
| Date Treatment                    | NIL            | Date Discharge   | NIL   |
| No. of Days granted Medical Leave | NIL            | Degree of Injury | NIL   |

**Brief Details.**

On 08/06/2018 at about 2040hrs, I was driving my taxi SHC6662P along PIE towards Changi Airport on the second lane. Suddenly a van from the third lane side swipe on my left hand side. The van did not stop. I flashed my high beam, honked at him and tried to give chase however did not manage to chase him.

I do not require any immediate medical attention. I came down to police station to lodge a report. There are damages on my left front and rear mudguard, and left side mirror.



**SINGAPORE  
POLICE FORCE**



T/20180609/2002

3 of 3

Police Station Of Origin:  
Hougang N.P.C  
60 Hougang Avenue 9 SINGAPORE 538775  
Tel No: 1800-4890999

Report No. T/20180609/2002

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 /

Staff Sgt MUHAMMAD SABRIL AMIN BIN  
SURAMIN

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

09/06/2018 00:34

Officer In Charge Of Case:

TP / HRT /

SI KALESWARI PALANI

Contact No.: 65476902

Classification Of Case:

SIV 005

Authentication Stamp

NP168

Signature:

Singapore Police Force