

## 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 08:56
Date Of Accident	10/06/2018 15:00
Exact Location Of Accident	CHANGI AIRPORT T3 - TAXI QUEUE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD1864B
<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	TENG TECK CHYE
NRIC No	S1303914C
Date Of Birth	19/01/1958
Occupation	OUTDOOR
Date Of Driving Pass	24/12/1985
Driving Experience	32 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90906113
Fax Number	
Contact Number	
E-Mail Address	NOEMAIL

Address	BLK 172 #15-1158 LOR 1 TOA PAYOH
Postcode	310172
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	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.	YES
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	TOA PAYOH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 93 TOA PAYOH CENTRAL TOA PAYOH COMMUNITY BUILDING , POSTCODE: 319194 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2519999 - FAX NO: 63548749
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	SHA518Z
Vehicle Make/Model/Colour	M-BENZ
Details Of Properties	VEH. B
Vehicle Category	TAXI
Name of Driver	CHONG YEW WAH
NRIC/Passport Number	S8014869J
Contact Number	87421410
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	DAMAGED ON THE REAR PORTION

No. Of Passenger (Including Driver)

1

**DETAILS OF INJURED PERSON 1**

Name	TENG TECK CHYE - DRIVER OF VEH. A
Approximate Age	
Injuries Sustain	FELT SOME DISCOMFORT, WENT TO MT ALVERNIA HSPL & HAD 5 DAYS MC
Injured person in which vehicle?	SHD1864B
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

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:  
 S1303914 C  
 SHD 1864 B

11 JUN 2018  
  
 Reporting Centre Personnel's Signature  
 Name:  
 NRIC/FIN No.:



Sketch Plan Pg. 3



**SINGAPORE  
POLICE FORCE**



T/20180610/2088

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Report No. T/20180610/2088

Police Station Of Origin:  
Toa Payoh N.P.C  
93 Toa Payoh Central #01-02 Toa Payoh  
Community Building SINGAPORE 319194  
Tel No: 1800-2519999

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 10/06/2018 18:29	Vide Report No.:	Station Diary No.: 97
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**Informant's Particulars**

Name of Informant: TENG TECK CHYE		Address: APT BLK 172 LORONG 1 TOA PAYOH #15-1158 SINGAPORE 310172	
ID Type / ID No.: NRIC NO / S1303914C		Contact No.: Home/Office: Mobile: 90906113	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 60	Date of Birth: 19/01/1958	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: Taxi driver		Driving Licence Information: Class: 2B,2A,2,3	Date of Expiry:

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 10/06/2018 15:00	Type of Location: Straight Road
Location: Along Road 1 AIRPORT BOULEVARD Taxi queue at Terminal 3				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Moving Vehicle Against stationary vehicle			Anyone conveyed by ambulance: No	

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHA518Z	Car	MERCEDES BENZ	E 220 CDI BLUEEFFICI ENCY	White		0
SHD1864B	Car	KIA	OPTIMA 1.7(A)	Silver	Seriously Damaged	0

**Details of Person Involved**

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



**SINGAPORE  
POLICE FORCE**



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Toa Payoh N.P.C

93 Toa Payoh Central #01-02 Toa Payoh

Community Building SINGAPORE 319194

Tel No: 1800-2519999

CONTINUATION OF REPORT

Driver			
Name	CHONG YEW WAH	ID No.	S8014869J
Related Vehicle	SHA518Z (Car)	Contact No.	87421410
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	TENG TECK CHYE	ID No.	S1303914C
Related Vehicle	SHD1864B (Car)	Contact No.	90906113
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	10/06/2018	Date Discharge	10/06/2018
No. of Days granted Medical Leave	05	Degree of Injury	Slight

**Brief Details.**

On 10/06/2018 at about 1500hrs, I was in my taxi (SHD1864B) queuing up at the taxi queue at Changi Airport Terminal 3 arrival. As traffic was slow, I would put my vehicle to 'park' whenever my car was stationary.

While still stationary amidst the queue, another taxi (SHA518Z) suddenly collided into the rear of my taxi. Upon collision, both of us got out of our taxi to make a check on our vehicles. As both of us does not have any visible injuries at that point in time, we did not call for the police. After taking pictures of the damages and exchanging particulars. We both left after informing that we will report the matter to our own taxi company.

Later in the day, I felt discomfort in my shoulder and lower back area and went to see a doctor. The doctor subsequently gave me 5 days MC. I have an in car camera that was working at that point in time and the footage has already been sent to my company.



SINGAPORE  
POLICE FORCE



T/20180610/2088

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Report No. T/20180610/2088

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93 Toa Payoh Central #01-02 Toa Payoh  
Community Building SINGAPORE 319194  
Tel No: 1800-2519999

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: E / Sgt 2 TAN YILONG	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 10/06/2018 18:29
Officer In Charge Of Case: TP / AEIT / SSI 2 SITIMARSITA BINTE BOHARI Contact No.: 65476219	Classification Of Case:  SN 168
Authentication Stamp NP168	 SINGAPORE POLICE FORCE SIGNATURE