

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 16:47
Date Of Accident	09/06/2018 19:25
Exact Location Of Accident	BRADDELL ROAD - LORNIE ROAD (BEF TOA PAYOH LOR 6)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC6008D
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	LECK KOK MENG
NRIC No	S7823660D
Date Of Birth	18/08/1978
Occupation	OUTDOOR
Date Of Driving Pass	15/08/2006
Driving Experience	11 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91147823
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 499C #06-280 TAMPINES AVE 9
Postcode	523499
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	SIDE SWIPE
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?	YES
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 - INDIAN GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

VEH. A - 1 PAX VEH. B - UNKNOWN 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 OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	XD4918X
Vehicle Make/Model/Colour	PRIME MOVER
Details Of Properties	VEH. B
Vehicle Category	TANKER
Name of Driver	MURUGAH S/O SINGARAVELU
NRIC/Passport Number	S1825472G
Contact Number	93889205
Address	

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name LECK KOK MENG - DRIVER OF VEH. A

Approximate Age

Injuries Sustain HAD MC 5 DAYS FROM CLINIC

Injured person in which vehicle? SHC6008D

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

DETAILS OF INJURED PERSON 2

Name SARIPAH BT SAHIK MOHAMED - PAX IN VEH. A

Approximate Age

Injuries Sustain

Injured person in which vehicle? SHC6008D

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? YES

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:

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

Sketch Plan Pg. 2

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

A: SHC 6008D

B: XD 4918X

DECLARATION

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

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.: _____



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000



T/20180609/2148

1 of 4

Report No. T/20180609/2148

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:
09/06/2018 21:57

Video Report No.:

Station Diary No.:

Informant's Particulars

Name of Informant:
LECK KOK MENG

Address:
APT BLK 499C TAMPINES AVENUE 9 #06-280 SINGAPORE
523499

ID Type / ID No.:
NRIC NO / S7823660D

Contact No.:
Home/Office: Mobile: 91147823

Nationality:
SINGAPORE CITIZEN

Email:

Sex: Age: Date of Birth:
Male 39 18/08/1978

Type of Informant:
Driver

Race:
Chinese

Language:

Institution / School Name:

Occupation:
Taxi driver

Driving Licence Information:
Class: 2B,2A,3,4

Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 09/06/2018 08:00	Type of Location: Straight Road
Location: Along Road 1 BRADDELL ROAD				
Weather: Clear	Road Surface: Dry	Road Speed Limit:		
Traffic Flow: Two Way	Traffic Control: Not Controlled	Traffic Volume: Heavy		
Type of Collision:	Anyone conveyed by ambulance: Yes			

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHC6008D	Car				Seriously Damaged	1
XD4918X	PRIME MOVER				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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Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000



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Report No. 1/20180609/2148

CONTINUATION OF REPORT

Driver Name	LECK KOK MENG	ID No.	S7823660D
Related Vehicle	NIL	Contact No.	91147823
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,2A,3,4 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver Name	MURUGAH SINGARAVELU	ID No.	S1825472G
Related Vehicle	NIL	Contact No.	93889205
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 THE ABOVE MENTIONED DATE AND LOCATION @ ABT 1927HRS.

I WAS DRIVING MY TAXI ALONG BRADDELL RD, THE ROAD CONSIST OF 5 LANES AND I WAS IN THE 5TH LANE. THE OTHER DRIVER WAS A PRIME MOVER, HE WAS ON THE RIGHT LANE (2ND LANE). WHILE I WAS GOING STRAIGHT, THE PRIME DRIVER WAS ACTUALLY ON THE 2ND LANE AT FIRST. HE FILTERED TO THE THIRD, THEN AFTER WHICH HE WAS ON THE FOURTH LANE, WE WERE DRIVING SIDE BY SIDE, AND I GOT HIT BY HIM.

AFTER THE HIT, THE DRIVER APPROACHED ME, AND WE EXCHANGED CONTACT DETAILS AND TOOK DOWN THE PARTICULARS.
I WAS TRAVELLING WITH A LADY PESSANGER, SHE NEEDED MEDICAL ATTENTION AS SHE HAD A FEW INJURIES AND SHE VOMITED AS WELL.
I CALLED FOR THE AMBULLANCE AND THE TOWING SERVICE.

AMBULLANCE ARRIVED AT SCENE AND THE LADY WAS BROUGHT OVER TO THE HOSPITAL. TOWING CREW ARRIVED AND MY TAXI WAS TOWED TO THE WORKSHOP.

THATS ALL



SINGAPORE
POLICE FORCE



T/20180509/2148

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Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20180509/2148

CONTINUATION OF REPORT



SINGAPORE
POLICE FORCE



T/20180609/2148

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Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 409865
Tel No: 65470000

Report No. T/20180609/2148

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:
TP /
YOGENDRAN S/O RAJASAKARAN

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
Sgt 3 RASHIDAH BINTE AZMAN
Contact No.: 65476216

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
09/06/2018 21:57

Classification Of Case:



SINGAPORE
POLICE FORCE

Signature: