

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	18/06/2018 17:11
Date Of Accident	18/06/2018 08:40
Exact Location Of Accident	BKE TOWARDS PIE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD2149B
Insured/Policyholder	
Name Of Registered Owner	PRIME CAR RENTAL & TAXI SERVICES PTE LTD
Co Reg No	199606293Z
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-68982000

Vehicle Particulars

Manufacturer	TOYOTA
Model	PRIUS ALPHA HYBRID-1.8 S CVT (A)
Exact Purpose for which vehicle was being used at time of accident	
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 FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	5068045737-03
Cover Note Number	

Driver

Name of Driver	JESSIE CHUA LI LING
NRIC No	S1741035J
Date Of Birth	12/09/1966
Occupation	OUTDOOR
Date Of Driving Pass	26/03/1992
Driving Experience	26 YEARS AND 2 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-81000415
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address BLK. 129 KIM TIAN ROAD #03-131 SINGAPORE
 Postcode 160129
 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. NO
 Number of Passengers (Including Driver) 2
 Passenger 1
 NAME: : PASSENGER
 GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police? YES
 If Yes, Please state which Police Station
 Police Station Name BUKIT BATOK NEIGHBOURHOOD POLICE CENTRE
 Police Station Address ROAD: 21 BUKIT BATOK EAST AVE 4 , POSTCODE: 659840 , COUNTRY: SINGAPORE
 Police Station Contact TEL NO: 1800-6659999 - FAX NO: 66655793
 Was notice of intended Prosecution given? NO
 Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT NO. T/20180618/2076

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 SLN6145K
 Vehicle Make/Model/Colour
 Details Of Properties
 Vehicle Category PRIVATE CAR
 Name of Driver
 NRIC/Passport Number
 Contact Number 90211509
 Address
 Postcode

Insurance Company Name

INDIA INTERNATIONAL INSURANCE PTE LTD

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	JESSIE CHUA LI LING
Approximate Age	51
Injuries Sustain	PAIN ON UPPER BODY AND NECK
Injured person in which vehicle?	
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	BLK. 129 KIM TIAN ROAD #03-131 SINGAPORE
Postcode	160129

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:

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

2:57 pm
18/10/2018

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

POLICE REPORT Pg. 1



**SINGAPORE
POLICE FORCE**



T/20180618/2076

Police Station Of Origin:
Bukit Batok N.P.C
21 Bukit Batok East Avenue 4 SINGAPORE
659840
Tel No: 1800-6659999

1 of 3
Report No: T/20180618/2076

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 18/06/2018 13:30	Vide Report No.:	Station Diary No.: 52
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Informant's Particulars			
Name of Informant: JESSIE CHUA LI LING		Address: APT BLK 129 KIM TIAN ROAD #03-131 SINGAPORE 160129	
ID Type / ID No: NRIC NO / S1741035J		Contact No.: Home/Office: Mobile: 81000415	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Female	Age: 51	Date of Birth: 12/09/1966	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: Waitress / Freelance Taxi Driver		Driving Licence Information: Class:	Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 18/06/2018 08:40	Type of Location: Straight Road
Location: Along Road 1 BUKIT TIMAH EXPRESSWAY Towards Pan Island Expressway, after Dairy Farm exit				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHD2149B	Car				Slightly Damaged	1
SLN6145K	Car				No Damage	1

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

POLICE REPORT Pg. 1



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Report No. T/20180618/2076

CONTINUATION OF REPORT

Driver			
Name	JESSIE CHUA LI LING	ID No.	S1741035J
Related Vehicle	SHD2149B (Car)	Contact No.	81000415
Hospital/Clinic	DRS. KOO & CHOO MEDICAL CLINIC PTE LTD	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	18/06/2018	Date Discharge	18/06/2018
No. of Days granted Medical Leave	04	Degree of Injury	Slight
Driver			
Name	Unknown Driver	ID No.	NIL
Related Vehicle	SLN6145K (Car)	Contact No.	90217134
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 18/06/2018 at about 8.40am, I was driving my taxi (V1: SHD2149B) along Bukit Timah Expressway towards Pan Island Expressway in the middle lane. The traffic was very heavy and vehicles were moving slowly, almost coming to a stop. While moving slowly, I felt a great impact from the rear which pushed V1 forward. I had to apply an emergency brake to prevent collision with the vehicle ahead of me. I alighted and saw another larger vehicle behind V1 (V2: SLN6145K) which collided into V1. I immediately took a photo of the accident. I approached the driver of V2, a female Chinese in her 40s who refused to alight from V2. She apologized and mentioned that there were no damages. I requested for her particulars but she refused to provide with. However, I managed to get V2's driver to give a miss call on my mobile phone where I then have her contact number. Traffic police soon arrived and interviewed both myself and the other driver where both subsequently left.

It was only later where I started to feel pain on the right side of my neck and the right side of my upper body. I sought medical assistance and was granted with 4 days of Medical Leave. I am unsure of the level of damage sustained by V1 as it was already towed away and I did not check on the spot during the accident as I was shocked by the incident.



**SINGAPORE
POLICE FORCE**



T/20180618/2076

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21 Bukit Batok East Avenue 4 SINGAPORE
659840
Tel No: 1800-6659999

3 of 3

Report No. T/20180618/2076

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: J/ Staff Sgt MUSHAWWIR BIN ADRUS	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 18/06/2018 13:30
Officer In Charge Of Case: TP / GIT / Sr Staff Sgt NOR FAIZAL BIN YAHYA Contact No.: 65476202	Classification Of Case:

Authentication Stamp

Signature: _____

Singapore Police Force

SN 114



**GENERAL INSURANCE ASSOCIATION OF SINGAPORE
RECORDS MANAGEMENT CENTRE**

6 Raffles Quay #18-00, Singapore 048580
Phone: +65 6224 0010 Fax: +65 6224 0030
Operating Hours: Monday to Friday 9am to 5pm
GST Registration No: M400017735

Third Party Insurer Enquiry

Our Ref No: GR-18-092586

Date of Request: 18/06/2018

Your Ref No: Online Purchase

Prime Auto Claims Service Pte Ltd
6 Benoi Place
Singapore 629927

Dear Sir/Madam,

Enquiry Date 18/06/2018
Enquiry By Chrissy Teo Ye En
Vehicle No. SLN6145K
Accident Date 18/06/2018

Enquiry Result

TP Vehicle No.	Insurer	Period of Insurance	Insurer Tel. No.
SLN6145K	India International Insurance Pte Ltd	14/09/2017-27/09/2018	63476100

Thank You.

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