

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	25/06/2018 17:07
Date Of Accident	25/06/2018 11:25
Exact Location Of Accident	HAVELOCK ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD2729C
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-1.5 HYBRID (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	SIN SOO TONG
NRIC No	S0417031H
Date Of Birth	07/04/1944
Occupation	OUTDOOR
Date Of Driving Pass	23/07/1963
Driving Experience	54 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96829183
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK. 34 UPPER CROSS STREET #08-162 SINGAPORE
Postcode	050034
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)	3
Passenger 1	NAME: : PASSENGER GENDER: : MALE
Passenger 2	NAME: : PASSENGER B GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	JURONG WEST NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 700 CORPORATION ROAD , POSTCODE: 649818 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2689999 - FAX NO: 62672438
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO ATTACHED STATEMENT

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	FILE SIZE TOO BIG
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMC2018S
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

AXA INSURANCE PTE LTD

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

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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:

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



**SINGAPORE
POLICE FORCE**



T/20180625/2110

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

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Report No. T/20180625/2110

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 25/06/2018 15:30		Vide Report No.:		Station Diary No.: 129
Informant's Particulars				
Name of Informant: SIN SOO TONG		Address: APT BLK 34 UPPER CROSS STREET #08-162 SINGAPORE 050034		
ID Type / ID No.: NRIC NO / S0417031H		Contact No.: Home/Office: Mobile: 96829183		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 74	Date of Birth: 07/04/1944	Type of Informant: Driver	
Race: Chinese		Language: Chinese	Institution / School Name:	
Occupation: Taxi driver		Driving Licence Information: 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: 25/06/2018 11:25	Type of Location: Straight Road	
Location: Along Road 1 HAVELOCK ROAD				
Weather: Clear	Road Surface: Dry	Road Speed Limit: 90 Km/h		
Traffic Flow: One Way	Traffic Control:	Traffic Volume:		
Type of Collision: 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
SHD2729C	Car				Slightly Damaged	2
SMC2018S	Car					0

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



**SINGAPORE
POLICE FORCE**



T/20180625/2110

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

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Report No. T/20180625/2110

CONTINUATION OF REPORT

Driver			
Name	SIN SOO TONG		ID No. S0417031H
Related Vehicle	SHD2729C (Car)		Contact No. 96829183
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	Unknown Driver		ID No. NIL
Related Vehicle	SMC2018S (Car)		Contact No. NIL
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 25.06.2018 at 1125 hrs, I was driving SHD2729C on lane 1 along Havelock Road. There was one male and female on board my taxi. Suddenly one Singapore registered car bearing plate number SMC2018S which was on lane 2 failed to keep a proper lookout and cut into my lane. The right side center of SMC2018S then grazed against the front left of my vehicle. The driver of SMC2018S did not stop and he drove off. I am in possession of in-car CCTV.



**SINGAPORE
POLICE FORCE**



T/20180625/2110

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

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Report No. T/20180625/2110

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 /

Sr Staff Sgt YAP HOW KIAT MICHAEL

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

25/06/2018 15:30

Officer In Charge Of Case:

TP / HRT /

Sr Staff Sgt ESTHER CHONG

Contact No.: 65476368

Classification Of Case:

Authentication Stamp

NP168

Alice Leong

From: LTA <LTA-VTL@lta.gov.sg>
Sent: 25 June, 2018 2:23 PM
To: aliceleong@primeautoclaims.com
Subject: Notification of Successful Vehicle Insurance Search for Receipt No.: ITNET-00000-180625-001524



Notification of Successful Vehicle Insurance Search
For Receipt No.: ITNET-00000-180625-001524

Dear Sir/Madam

We wish to inform you that your transaction on "Enquire Vehicle Insurance Particulars" performed on 25 Jun 2018 was successful and the Receipt No. is ITNET-00000-180625-001524.

2. The details of the search results are as follow:

Vehicle No.	Search Date	Search Time	Search Result
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SMC2018S	25 Jun 2018	11:25:00	AXA INSURANCE PTE LTD
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3. Please contact our customer service officers at tel : 1800-CALL LTA (1800-2255 582) should you require further assistance.
4. Please do not reply to this auto-generated e-mail. If you have any feedback, please go to www.lta.gov.sg/feedback. You can also visit www.onemotoring.com.sg for more information.
5. Thank you.

If you are not the intended recipient of this communication, please delete it.

As it may contain confidential or official information, do not retain it or disclose the contents to any person as it may be an offence under the Official Secrets Act.