

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	26/06/2018 14:13
Date Of Accident	25/06/2018 21:30
Exact Location Of Accident	JOO CHIAT ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD2266X
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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	COROLLA-1.5 G AXIO 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	LO CHOON TECK
NRIC No	S1442266H
Date Of Birth	25/11/1960
Occupation	OUTDOOR
Date Of Driving Pass	12/07/1978
Driving Experience	39 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81382167
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 122 SIMEI STREET 1 #03-422 SINGAPORE
Postcode	520122
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	CHAIN COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	3
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: : MS. LEI (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	CHANGI N.P.C
Police Station Address	ROAD: 9 SIMEI STREET 2 , POSTCODE: 529914 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER ATTACHED STATEMENT & POLICE REPORT NO. T/20180626/2155

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	SHA2392E
Vehicle Make/Model/Colour	COMFORT TAXI
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	MOHAMED NOOR BIN ALI
NRIC/Passport Number	S1541785D
Contact Number	87997661
Address	
Postcode	

Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SHD361S
Vehicle Make/Model/Colour TRANS CAB
Details Of Properties
Vehicle Category TAXI
Name of Driver TAN KAN CHOON
NRIC/Passport Number S1265075B
Contact Number 93370077
Address
Postcode
Insurance Company Name AXA INSURANCE PTE LTD
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name LO CHOON TECK
Approximate Age
Injuries Sustain SHOULDERS & CHEST PAIN, NUMBNESS ON BOTH HANDS
Injured person in which vehicle? SHD2266X
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address BLK 122 SIMEI STREET 1 #03-422 SINGAPORE
Postcode 520122

SKETCH PLAN

IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
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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. 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.:

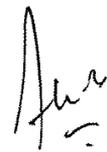
Handwritten signature and date: 26.6.18

Handwritten signature

Handwritten time: 13.56 pm

On 25.06.2018 @ approximately 2130 hrs, my taxi SHD2266X was stationary with one China female passenger, Ms Lei (HP no: 98911198) along Joo Chiat Road on the left lane before left turning into East Coast Road as traffic light was in red. At the material time, my taxi was stopping behind one Comfort taxi SHA2392E and keeping in a safe distance. When traffic light changed to green, SHA2392E was moving off thus my taxi followed suit. At this juncture, one Trans Cab SHD361S rear-ended my taxi. The collision impact caused my taxi to surge forward and collided into the rear of SHA2392E.

After the accident, we alighted from our vehicles to check on the damages. I noticed it was a chain collision involving SHA2392E being 1st vehicle; SHD361S being the last vehicle in the chain. At the material time of the accident, my passenger and I were not injured. However, this morning I felt my shoulders and chest pain and numbness on my hands hence I will consult doctor if my pain persisted.


SHD2266X



**SINGAPORE
POLICE FORCE**



T/20180626/2155

Police Station Of Origin:
Changi N.P.C
9 Simei Street 2 SINGAPORE 529914
Tel No: 1800-5872999

1 of 3
Report No. T/20180626/2155

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 26/06/2018 18:06	Vide Report No.:	Station Diary No.: 59
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Informant's Particulars

Name of Informant: LO CHOON TECK		Address: APT BLK 122 SIMEI STREET 1 #03-422 SINGAPORE 520122	
ID Type / ID No.: NRIC NO / S1442266H		Contact No.: Home/Office: Mobile: 81382167	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 57	Date of Birth: 25/11/1960	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: Taxi driver		Driving Licence Information: Class: 2B,2A,3,4,5 Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 25/06/2018 21:30	Type of Location: X-Junction
Location: Along Road 1 Traveling Toward Road 2 JOO CHIAT ROAD EAST COAST ROAD AT THE JUNCTION				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
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
SHA2392E	TAXI	HYUNDAI	I40 1.7 CRDI F/L AT ABS AIRBAG 4DR	Blue	Slightly Damaged	0
SHD2266X	TAXI	TOYOTA	COROLLA AXIO HYBRID 1.5 AT D/AIRBAG 2WD	Brown	Seriously Damaged	1



**SINGAPORE
POLICE FORCE**



T/20180626/2155

Police Station Of Origin:
Changi N.P.C
9 Simei Street 2 SINGAPORE 529914
Tel No: 1800-5872999

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Report No. T/20180626/2155

CONTINUATION OF REPORT

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHD361S	TAXI	RENAULT	LATITUDE 2.0L DCI AUTO D/AB 4DR	Red	Slightly Damaged	0

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	LO CHOON TECK	ID No.	S1442266H
Related Vehicle	SHD2266X (TAXI)	Contact No.	81382167
Hospital/Clinic	SIMEI CLINIC & SURGERY PTE LTD	Class of Driving Licence & Expiry Date	Class: 2B,2A,3,4,5 Date of Expiry: NIL
Date Treatment	26/06/2018	Date Discharge	26/06/2018
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

ON 25.06.2018 AT ABOUT 2130HRS, MY TAXI SHD2266X WAS STATIONARY WITH ONE CHINA FEMALE PASSENGER, MS LEI(HP .98911198) ALONG JOO CHIAT ROAD ON THE LEFT LANE BEFORE TURNING LEFT INTO EAST COAST ROAD AS TRAFFIC LIGHT WAS RED. AT THE MOMENT, MY TAXI WAS STOPPING BEHIND ONE COMFORT TAXI SHA2392E WITH W SAFE DISTANCE. WHEN THE TRAFFIC LIGHT CHANGED TO GREEN, THE SAID TAXI WAS MOVING OFF THUS MY TAXI THEN FOLLOWED SUIT. AT THIS JUNTURE, ONE TRANS CAB SHD361S REAR-ENDED MY TAXI. THE COLLISION IMPACTCAUSED MY TAXI TI SURGE FORWARD AND COLLIDED INTO THE REAR OF SHA2392E. AFTER THE ACCIDENT, WE ALIGHTED FROM OUR VEHICLES TO CHECK ON THE DAMAGES. I NOTICED IT WAS ACHAIN COLLISION INVOLVING SHA2392E BEING VEHICLE 1) SHA2392E 2) SHD361S BEING THE LAST VEHICLE IN THE CHAIN. AT THAT MOMENT OF TIME OF ACCIDENT, MY PASSENGER AND I WERE NOT INJURED. HOWEVER, THIS MORNING I FELT PAIN ON MY SHOULDER AND CEHST PAIN, AND NUMBNESS ONMY HANDS HENCE I WILL CONSULT DOCTOR IF MY PAIN PERSISTED.



SINGAPORE
POLICE FORCE



T/20180626/2155

Police Station Of Origin:
Changi N.P.C
9 Simei Street 2 SINGAPORE 529914
Tel No: 1800-5872999

3 of 3
Report No. T/20180626/2155

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:
G /
SI MOHAMAD NASRUN BIN ABDUL RASIAID

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
26/06/2018 18:06

Officer In Charge Of Case:
TP / AEIT /
SSI 2 SITIMARSITA BINTE BOHARI
Contact No.: 65476219

Classification Of Case:

Authentication Stamp
NP168 POLICE FORCE

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Addendum Sheet Pg. 1



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 - 17:00
UEN: S66550020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MPRI 18082328 Vehicle Registration No: SHD2266X
Name(as shown in NRIC) : LO CHOON TECK NRIC/FIN/Passport No : S1442266H
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : BLK 122 SIMEL STREET 1 # 03-422 Singapore(520122)
Contact (Tel) : / Mobile No. : 81382167
Email Address : /
Date of Accident : 25.06.2018 Time of Accident : 21:30hrs
Place of Accident : JOO CHIAT ROAD
Insurance Company: NTUC INCOME INSURANCE CO-OPERATIVE LTD.

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Attach Police Report NO. T/ 20180626/ 2155

F. P... Policyholder / Driver's Signature
Date:

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