

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	09/02/2018 14:52
Date Of Accident	09/02/2018 01:50
Exact Location Of Accident	PAYA LEBAR ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD2885J
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	VELLFIRE-2.4 X HYBRID (ATH20) (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	WONG KOK CHUAN
NRIC No	S8436675G
Date Of Birth	14/11/1984
Occupation	OUTDOOR
Date Of Driving Pass	02/09/2013
Driving Experience	4 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87423505
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 611 BEDOK RESERVOIR ROAD #03-1136 SINGAPORE
Postcode	470611
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 - CHANGE/CROSS LANE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	EUNOS NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 629 BEDOK RESERVOIR ROAD #01-1620 , POSTCODE: 470629 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4439999 - FAX NO: 62444376
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER ATTACHED STATEMENT

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLN1490X
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	FANG JONG ZHONG
NRIC/Passport Number	S8227175I
Contact Number	86968358
Address	
Postcode	
Insurance Company Name	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name WONG KOK CHUAN

Approximate Age

Injuries Sustain

Injured person in which vehicle? SHD2885J

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address BLK 611 BEDOK RESERVOIR ROAD #03-1136 SINGAPORE

Postcode 470611

SKETCH PLAN

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

(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:

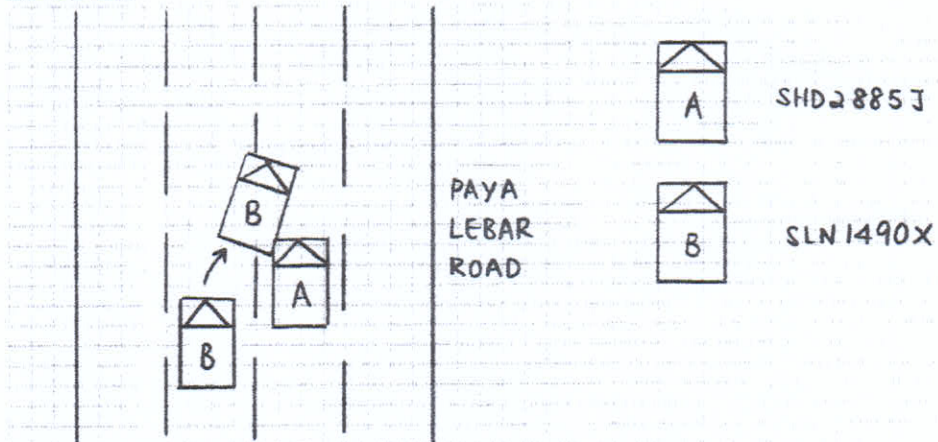
- (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
- (ii) for complying with requirements under any regulations, laws or court orders.



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

Individual Statement Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer attached statement

DECLARATION

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



Policyholder Signature _____

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

09/04/18

1435 hours.

P


Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

On 09.02.2018 @ 0150 hrs, I was driving my taxi SHD2885J along Paya Lebar Road on Lane 2. While travelling, one car SLN1490X travelled on my left lane and signal right change^{lane} into my lane, I slowed down my taxi to give way to SLN1490X entered into my lane. When SLN1490X half way entering into my lane, it braked abruptly in front of my taxi without any reason and no obstacles ahead. I immediately applied brake to avoid the collision. However, my taxi left front bumper to bumper touch with SLN1490X rear right portion.

After the accident, we alighted from our vehicles to check on the damages. We exchanged particulars. On the same day, I felt backache and neck pain so I will consult doctor if my pain persisted. My taxi in-car camera captured the happening of the accident.



09/02/18.
1435 hour.



**SINGAPORE
POLICE FORCE**



T/20180212/2154

1 of 3

Police Station Of Origin:
Eunos NPP
629 Bedok Reservoir Road #01-1620
SINGAPORE 470629
Tel No: 1800-4439999

Report No. T/20180212/2154

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 12/02/2018 16:37	Vide Report No.:	Station Diary No.: 29
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Informant's Particulars

Name of Informant: WONG KOK CHUAN	Address: APT BLK 611 BEDOK RESERVOIR ROAD #03-1136 SINGAPORE 470611		
ID Type / ID No.: NRIC NO / S8436675G	Contact No.:	Mobile: 87423505	
Nationality: SINGAPORE CITIZEN	Home/Office:	Email:	
Sex: Male	Age: 33	Date of Birth: 14/11/1984	Type of Informant: Driver
Race: Chinese	Language: English	Institution / School Name:	
Occupation: Taxi driver	Driving Licence Information: Class: 3,4		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 09/02/2018 01:50	Type of Location: Straight Road
Location: Along Road 1 PAYA LEBAR ROAD				
Along Paya Lebar Road on Lane 2				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
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
SHD2885J	Car	TOYOTA	VELLFIRE HYBRID 2.4X A	White	Slightly Damaged	0
SLN1490X	Car	HONDA	SHUTTLE 1.5G CVT ABS D/AIRBAG 2WD 5DR	Black		0



**SINGAPORE
POLICE FORCE**



T/20180212/2154

2 of 3

Police Station Of Origin:
Eunos NPP
629 Bedok Reservoir Road #01-1620
SINGAPORE 470629
Tel No: 1800-4439999

Report No. T/20180212/2154

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	WONG KOK CHUAN	ID No.	S8436675G
Related Vehicle	SHD2885J (Car)	Contact No.	87423505
Hospital/Clinic	CENTRAL 24-HR CLINIC (BEDOK)	Class of Driving Licence & Expiry Date	Class: 3,4 Date of Expiry: NIL
Date Treatment	11/02/2018	Date Discharge	11/02/2018
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	FANG JONG ZHONG	ID No.	S8227175I
Related Vehicle	SLN1490X (Car)	Contact No.	86968358
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

Brief Details.

On the 09/02/2018 at about 0150hrs, I was driving my taxi SHD 2885J along Paya Lebar Road on Lane 2. While traveling, one car SLN1490X travelled on my left lane (Lane 3) and signaled right to change into my lane. I slowed down my taxi to give way for him to enter into my lane. When SLN1490X entered my lane halfway, the driver braked abruptly in front of my taxi without any reasons and there were also no obstructions ahead. I immediately applied brake to avoid collision. However, my taxi front left bumper collided onto the rear right side of vehicle SLN1490X.

After which, we exchanged particulars and checked on our damage. We left after which and decided to go for insurance claim. On the same day, I felt backache and neck pain however, I only went on to see a doctor on the 11/02/2018 and was given 3 days of MC. I wish to state that I have the footage of the whole incident from my in car frontal camera.



**SINGAPORE
POLICE FORCE**



T/20180212/2154

Police Station Of Origin:
Eunos NPP
629 Bedok Reservoir Road #01-1620
SINGAPORE 470629
Tel No: 1800-4439999

3 of 3

Report No. T/20180212/2154

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 /

Sgt 2 KOH WEN RUI

Signature Of Informant:

Date/Time:

12/02/2018 16:37

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /

SSI KASMAWATI BTE SAMIAN

Contact No: 65476179

SINGAPORE

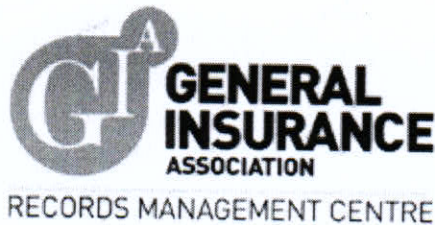
Police Force

Authentication Stamp

NP168

SIGNATURE

Classification Of Case:

**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-18-022256
Date of Request: 09/02/2018

Your Ref No: Online Purchase

Prime Auto Claims Service Pte Ltd
6 Benoi Place
Singapore 629927

Dear Sir/Madam,

Enquiry Date 09/02/2018
Enquiry By Liu Pei Yee
Vehicle No. SLN1490X
Accident Date 09/02/2018

Enquiry Result

TP Vehicle No.	Insurer	Period of Insurance	Insurer Tel. No.
SLN1490X	China Taiping Insurance (Singapore) Pte. Ltd.	24/04/2017-23/04/2018	6389 6111

Thank You.

The images provided to you are taken from the original reports forwarded to the centre by the members of the General Insurance Association of Singapore and we take no responsibility for their accuracy or contents and shall be under no liability whatsoever for any loss or damage arising out of or in connection with the reports or their images.

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