

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	28/06/2018 09:14
Date Of Accident	27/06/2018 20:30
Exact Location Of Accident	SLIP OF PIE/CHANGI INTO BRADDELL/CTE-TPE-SLE EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC6428A
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	LEE CHIN YONG (LI ZHENRONG)
NRIC No	S7349158D
Date Of Birth	12/10/1973
Occupation	OUTDOOR
Date Of Driving Pass	14/10/1999
Driving Experience	18 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96882424
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 188C #02-1056 RIVERVALE DRIVE
Postcode	543188
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?	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: : PAX IN THE FRONT SEAT - CHINESE GENDER: : FEMALE
Passenger 2	NAME: : PAX IN THE REAR SEAT - CHINESE GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

VEH. A & VEH. B - 1 PAX VEH. C - PAX ONBOARD

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 Witness 1

Name	MS ANGEL YONG - PAX IN VEH. A (FRONT SEAT)
Phone Number	
Email Address	

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SGG8052C
Vehicle Make/Model/Colour	KIA CERATO
Details Of Properties	VEH. B
Vehicle Category	PRIVATE CAR
Name of Driver	MUHD SIRAJ BIN ABDUL AZIZ

NRIC/Passport Number	S8914632A
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	DAMAGED ON THE FRONT & REAR
No. Of Passenger (Including Driver)	2

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	GBF1767J
Vehicle Make/Model/Colour	VAN
Details Of Properties	VEH. B
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	YI JIAJIA
NRIC/Passport Number	S8465086B
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	DAMAGED ON THE FRONT PORTION
No. Of Passenger (Including Driver)	

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.



[Handwritten signature]

28 JUN 2018

[Handwritten signature]

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.:

x 7349158D
x 871C6428A

Sketch Plan Pg. 2

SKETCH PLAN

SLIP OF
PIE/ CHANGI
INTO
CTE/ TPE/ SLE
BRADDELL RD
EX17

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

A: SHC6 428 A

B: SGG 8052 C

C: GBF 1767 J.

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:

x 734915815

28 JUN 2018

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

Describe Circumstance of the Accident.

*** CHAIN COLLISION ***

ON 27/06/2018 @ 2030 HRS, I WAS DRIVING MY TAXI (SHC 6428 A) TRAVELLING ALONG THE SLIP ROAD OF PIE/CHANGI INTO CTE-TPE&SLE / BRADDELL ROAD EXIT, WITH 2 PASSENGERS ONBOARD, IN THE RIGHT LANE.

I STOPPED MY TAXI AS VEHICLES AHEAD OF ME STOPPED.

WHILE STATIONARY, SUDDENLY I FELT AN IMPACT FROM THE REAR.

WHEN INSPECTED, I DISCOVERED THAT VEHICLE B (SGG 8052 C – KIA CERATO) WHICH WAS BEHIND ME, HAD COLLIDED ONTO THE REAR OF MY TAXI AND VEHICLE C (GBF 1767 J – VAN) WHICH WAS BEHIND VEHICLE B, WAS INVOLVED AS WELL.

DUE TO THE IMPACT, MY TAXI HAD DAMAGES ON THE REAR PORTION. VEHICLE B HAD DAMAGES ON THE FRONT PORTION AND REAR PORTION. VEHICLE C HAD DAMAGES ON THE FRONT PORTION.

NO INJURY INVOLVED.
NO AMBULANCE AT SCENE.

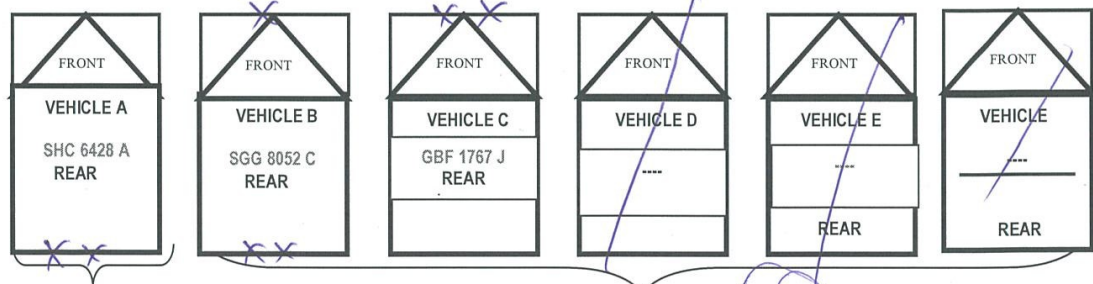
ONE OF MY PASSENGERS – MS ANGEL YONG WHO WAS SEATED NEXT TO ME, WILLING TO BE MY EYE WITNESS.

VEHICLE B HAD A PASSENGER ONBOARD & VEHICLE C HAD PASSENGERS ONBOARD AS WELL.

*VIDEO FOOTAGE CAPTURED

CHAIN COLLISION / MULTIPLE VEHICLES

DAMAGES FOUND ON VEHICLE A, B, C, D, E & F




PREMIER TAXI


THIRD PARTY VEHICLES

Driver's Signature & NRIC Number
Thursday, June 28, 2018 @ 9:27:19 AM

7349158D

 PREMIER TAXIS	<u>HIRER</u> / RELIEF / SUPER RELIEF
VEHICLE NO.	SHC 6428A
CONTACT NO.	9688 7474
NEW MAILING ADDRESS (if any)	

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7349158D





Name
LEE CHIN YONG
(LI ZHENRONG)
李振荣

Race
CHINESE

Date of Birth
12-10-1973

Sex
M

Country of Birth
SINGAPORE



REPUBLIC OF SINGAPORE **DRIVING LICENCE**

Licence Number: **S7349158D**


Name:
LEE CHIN YONG
(LI ZHENRONG)

Birth Date: **12 Oct 1973**


Issue Date: **11 Oct 2003**

1954392



NRIC No. **S7349158D**



Blood Group
A+

Date of issue
29-04-1994

APT BLK 188C RIVERVALE DRIVE #02-1056
SINGAPORE 543188

NRIC No: **S7349158D** Date: **17-06-2004 (R)** No: **4951548**

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(E


	PASS DATE
Class 2B Motorcycles <= 200 CC	06 Jul 2004
Class 2A Motorcycles between 201 CC and 400 CC	13 Jun 2006
Class 2 Motorcycles > 400 CC	24 Feb 2012
Class 3 Motor cars <= 3000 kg with <= 7 passengers, exclusive of the driver; and motor tractors/vehicles <= 2500 kg	14 Oct 1999

S7349158D

S / No. 9000143325

Licence No: **S7349158D**

NP 428A



Land Transport Authority


VOCATIONAL LICENCE

Licence No : **S7349158D**

Name : **LEE CHIN YONG**

Issue Date : **25/2/2014**

Please visit www.lta.gov.sg to check the status of this vocational licence



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

