

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 | 09/07/2018 15:51 |
| Date Of Accident | 06/07/2018 21:55 |
| Exact Location Of Accident | OXLEY RISE // KILLINEY ROAD |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|-----------------------|
| Vehicle Registration Number | SHB8986Y |
| 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 | CHAY BOON LEONG |
| NRIC No | S7800565C |
| Date Of Birth | 01/01/1978 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 12/02/2001 |
| Driving Experience | 17 YEARS AND 4 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-96903171 |
| Fax Number | |
| Contact Number | |
| Email Address | NOEMAIL |

| | |
|---|---------------------------------|
| Address | BLK 840 #11-366 YISHUN ST 81 |
| Postcode | 760840 |
| Was driver an employee of the Insured's Company | NO |
| If No, Relationship of the Driver with the Insured | OTHER - RELIEF DRIVER |
| 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) | 5 |
| Passenger 1 | NAME: : PAX IN THE FRONT SEAT - FOREIGNERS GENDER: : MALE |
| Passenger 2 | NAME: : PAX IN THE REAR SEAT - FOREIGNERS GENDER: : FEMALE |
| Passenger 3 | NAME: : PAX IN THE REAR SEAT - FOREIGNERS GENDER: : FEMALE |
| Passenger 4 | NAME: : PAX IN THE REAR SEAT - FOREIGNERS GENDER: : FEMALE |

Details of Police Action

| | |
|---|---|
| Was the accident reported to the police? | YES |
| If Yes, Please state which Police Station | |
| Police Station Name | YISHUN SOUTH NEIGHBOURHOOD POLICE CENTRE |
| Police Station Address | ROAD: 32 YISHUN ST 81 , POSTCODE: 768456 , COUNTRY: SINGAPORE |
| Police Station Contact | TEL NO: 1800-8522999 - FAX NO: 68522239 |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom? | |

Circumstances of Accident

VEH. A - 4 PAX VEH. B - 3 PAX *REFER TO ATTACH POLICE REPORT

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 | SHD4528C |
|-----------------------------|----------|

| | |
|-------------------------------------|-----------------------------------|
| Vehicle Make/Model/Colour | COMFORT TAXI |
| Details Of Properties | VEH. B |
| Vehicle Category | TAXI |
| Name of Driver | TAN BOON KWAN |
| NRIC/Passport Number | S0234762H |
| Contact Number | 82836502 |
| Address | |
| Postcode | |
| Insurance Company Name | |
| Nature Of Damage | DAMAGED ON THE REAR RIGHT PORTION |
| No. Of Passenger (Including Driver) | 4 |

DETAILS OF INJURED PERSON 1

| | |
|---|--|
| Name | CHAY BOON LEONG - DRIVER OF VEH. A |
| Approximate Age | |
| Injuries Sustain | WENT TO KTPH FOR TREATMENT & HAD 3 DAYS MC |
| Injured person in which vehicle? | SHB8986Y |
| Were seat belts worn? | YES |
| Was this injured conveyed to hospital by ambulance? | NO |
| Address | |
| Postcode | |

Sketch Plan Pg. 1

SKETCH PLAN

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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.



[Signature]

09 JUL 2018

[Signature]

Policyholder's Signature
Date & Time:

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

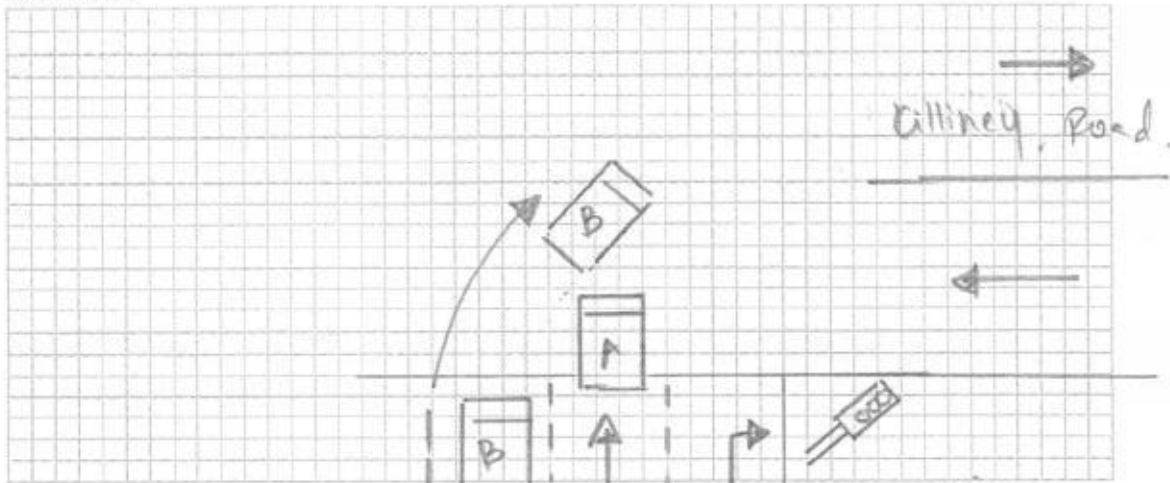
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

GIA/RC SketchPlanForm_y3

X 57800565C
X SHB 8986 Y

Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

③

②

① Oxley Rise.

A: SH1B 8986 Y

B: SH1D 4528 C.

* Refer to attach police report

* Video footage captured

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:

09 JUL 2010
S7800565C

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

(Signature)

Sketch Plan Pg. 3



**SINGAPORE
POLICE FORCE**



T/20180707/2102

1 of 3

Police Station Of Origin:
Yishun South N.P.C
32 Yishun Street 81 SINGAPORE 768456
Tel No: 1800-8522999

Report No. T/20180707/2102

REPORT OF A TRAFFIC ACCIDENT

| | | | | | |
|--|------------|------------------------------|--|--------------------------|----------------------------|
| Date/Time Report Made: 07/07/2018 19:02 | | Vide Report No.: | | Station Diary No.: 89 | |
| Informant's Particulars | | | | | |
| Name of Informant: CHAY BOON LEONG | | | Address: APT BLK 840 YISHUN STREET 81 #11-366 SINGAPORE 760840 | | |
| ID Type / ID No.: NRIC NO / S7800565C | | | Contact No.: Home/Office: Mobile: 96903171 | | |
| Nationality: SINGAPORE CITIZEN | | | Email: | | |
| Sex: Male | Age: 40 | Date of Birth: 01/01/1978 | Type of Informant: Driver | | |
| Race: Chinese | | | Language: English | | Institution / School Name: |
| Occupation: Taxi driver | | | Driving Licence Information: Class: Date of Expiry: | | |

General Information of the Accident

| | | | | |
|---|------------------|---|---|--|
| Type of Accident: | Injury Others | Drink Drive: No | Date/Time of Accident: 06/07/2018 21:55 | Type of Location: Straight Road |
| Location: Along Road 1 OXLEY RISE Along Oxley rise towards Orchard | | | | |
| Weather: Clear | | Road Surface: Dry | Road Speed Limit: | |
| Traffic Flow: One Way | | Traffic Control: Traffic Light - Working | Traffic Volume: | |
| Type of Collision: Between Moving Vehicles - Head To Side | | | | Anyone conveyed by ambulance: No |

Details of Vehicle Involved

| Vehicle No. | Type | Make | Model | Color | Condition | No of Passenger |
|-------------|------|--------|------------|--------|---------------------|-----------------|
| SHB8986Y | Car | KIA | Premier K5 | Silver | Slightly Damaged | 4 |
| SHD4528C | Car | TOYOTA | | Blue | Slightly Damaged | 2 |

Details of Person Involved

| | |
|---------------------------------|--------------------------------|
| Any Pedestrian Involved: No | |
| No. of Pedestrians Injured: NIL | Use of Pedestrian Crossing: NA |



**SINGAPORE
POLICE FORCE**



T/20180707/2102

Police Station Of Origin:
Yishun South N.P.C
32 Yishun Street 81 SINGAPORE 768456
Tel No: 1800-8522999

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Report No. T/20180707/2102

CONTINUATION OF REPORT

| | | | |
|-----------------------------------|-------------------------|--|-----------------------------------|
| Driver | | | |
| Name | CHAY BOON LEONG | ID No. | S7800565C |
| Related Vehicle | SHB8986Y (Car) | Contact No. | 96903171 |
| Hospital/Clinic | KHOO TECK PUAT HOSPITAL | Class of Driving Licence & Expiry Date | Class: NIL Date of Expiry: NIL |
| Date Treatment | 07/07/2018 | Date Discharge | 07/07/2018 |
| No. of Days granted Medical Leave | 03 | Degree of Injury | Slight |
| Driver | | | |
| Name | TAN BOON KWAN | ID No. | S0234762H |
| Related Vehicle | SHD4528C (Car) | Contact No. | 82836502 |
| 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 06/07/2018 at about 2155hrs, I was traveling along Oxley Rise towards Orchard on the second lane out of the four lanes, wanting to sending my 4 passengers to Holiday Inn. The most right lane has the turn right signal while the 3 other lanes are going straight. When I was going straight with the traffic light green, there was one taxi who was ahead of me on the third lane suddenly turn right and cut across my lane. I was unable to stop in time and I collided onto the rear right side of the taxi. I came down and exchanged particulars with the driver and subsequently on 07/07/2018 at about 0440hrs, I went to KTPH to see doctor and was given 3 days MC where I felt that right side of my waist was painful. There was no visible injuries on me. I checked with my 4 other passengers (comes for holiday) and they were fine. I am lodging this report for Traffic Police investigation and for my insurance claim.



**SINGAPORE
POLICE FORCE**



T/20180707/2102

Police Station Of Origin:
Yishun South N.P.C
32 Yishun Street 81 SINGAPORE 768456
Tel No: 1800-8522999

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Report No. T/20180707/2102

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: F / Sr Staff Sgt KOH KIAN WEE | Signature Of Informant: |
| Signature Of Interpreter: Not applicable | Date/Time: 07/07/2018 19:02 |
| Officer In Charge Of Case: TP / AEIT / SI DZUL HAIRIE BIN RAMLI Contact No.: 65476220 | Classification Of Case: |
| Authentication Stamp NP168 | SN 085 |
| Signature: Singapore Police Force | |