

MPR18089959 / Prmu Auto Claims Service Pte Ltd - HO
 ENTRY DATE & TIME 11/07/2018 16:45
 SUBMITTED BY: Christy Teo Ya En

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	11/07/2018 16:45
Date Of Accident	10/07/2018 18:00
Exact Location Of Accident	NO. 30 MAPLETREE BUSINESS (PASIR PANJANG ROAD)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLT4694Z
Insured/Policyholder	
Name Of Registered Owner	BEST MOTOR LEASING & LIMOUSINE SERVICES PTE. LTD.
Co Reg No	201512366W
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-68628878

Vehicle Particulars

Manufacturer	HONDA
Model	SHUTTLE HYBRID-1.5 (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 PRIVATE HIRE

Insurance Company

Name of Insurance Company	TOKIO MARINE INSURANCE SINGAPORE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	17-MG000658-R02
Cover Note Number	

Driver

Name of Driver	LEOW KEE SENG
NRIC No	S1163321H
Date Of Birth	01/07/1956
Occupation	OUTDOOR
Date Of Driving Pass	11/08/1975
Driving Experience	42 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98200187
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address BLK. 3 DOVER ROAD #05-366 SINGAPORE
 Postcode 130003
 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 2
 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: : PASSENGER
 GENDER: : MALE

Details of Police Action

Was the accident reported to the police? YES
 If Yes, Please state which Police Station
 Police Station Name ALEXANDRA NPP
 Police Station Address ROAD: BLK 46 TANGLIN HAIT RD #01-328 , POSTCODE: 140462 ,
 COUNTRY: SINGAPORE
 Police Station Contact TEL NO: - FAX NO:
 Was notice of intended Prosecution given? NO
 If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT T/20180711/2069

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 SH6186R
 Vehicle Make/Model/Colour
 Details Of Properties
 Vehicle Category TAXI
 Name of Driver NG SWEE HEONG
 NRIC/Passport Number S0103815Z
 Contact Number
 Address

Postcode

Insurance Company Name

MS FIRST CAPITAL INSURANCE LTD

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	LEOW KEE SENG
Approximate Age	62
Injuries Sustain	
Injured person in which vehicle?	SLT4694Z
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	BLK. 3 DOVER ROAD #05-366 SINGAPORE
Postcode	130003

Accident Sketch Plan Pg. 1

SKETCH PLANIMPORTANT 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.:

POLICE REPORT Pg. 1



**SINGAPORE
POLICE FORCE**



T/20180711/2069

Police Station Of Origin:
Alexandra NPP
46 Tanglin Halt Road #01-328 SINGAPORE
140462
Tel No: 1800-4739999

1 of 5

Report No. T/20180711/2069

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 11/07/2018 14:20	Video Report No	Station Diary No 9
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Informant's Particulars			
Name of Informant: LEOW KEE SENG		Address APT BLK 3 DOVER ROAD #05-366 SINGAPORE 130003	
ID Type / ID No: NRIC NO / S1163321H		Contact No Home/Office: Mobile: 98200187	
Nationality: SINGAPORE CITIZEN		Email	
Sex: Male	Age: 62	Date of Birth: 01/07/1956	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name.
Occupation: Driver		Driving Licence Information Class: 3 Date of Expiry	

General Information on the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident 10/07/2018 18:00	Type of Location, Driveway
Location: PASIR PANJANG ROAD At No. 30 Mapletree Business at the driveway				
Weather: Clear		Road Surface Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light
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 Passengers
SH6186R	TAXI	HYUNDAI		Blue	Slightly Damaged	0
SLT4694Z	Car	HONDA		Blue	Seriously Damaged	1

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

POLICE REPORT Pg. 1



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46 Tanglin Halt Road #01-328 SINGAPORE
140462
Tel No: 1800-4739999

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Report No: T/20180711/2069

CONTINUATION OF REPORT

Name	NG SWEE HEONG	ID No	S0103815Z
Related Vehicle	SH6186R (TAXI)	Contact No.	NIL
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
Name	LEOW KEE SENG	ID No.	S1163321H
Related Vehicle	SLT4694Z (Car)	Contact No.	98200187
Hospital/Clinic	MY FAMILY CLINIC (TANGLIN HALT)	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	11/07/2018	Date Discharge	11/07/2018
No. of Days granted Medical Leave	05	Degree of Injury	Slight

Brief Details.

On the 10/07/2018 @ 1800hrs at a/m location, I was driving past the said area and noticed the said taxi slowed down for me to drive pass and thus I continued to drive through and suddenly after passing the taxi and my rear left side knocked by the said taxi

POLICE REPORT Pg. 1



SINGAPORE
POLICE FORCE



T/20180711/2069

Police Station Of Origin:
Alexandra NPP
46 Tanglin Halt Road #01-328 SINGAPORE
140462
Tel No 1800-4739999

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Report No T/20180711/2069

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: D / Staff Sgt YIP KUM HOONG 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time 11/07/2018 14:20
Officer In Charge Of Case: TP / AEIT / SI ANG YI TING, STEPHANIE Contact No., 65476414	Classification Of Case:
Authentication Stamp NP168 	