

MPRI18091499 / Prime Auto Claims Service Pte Ltd - HQ
 ENTRY DATE & TIME: 19/07/2018 10:04
 SUBMITTED BY: Chastity Teo Yu 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 16/07/2018 15:04
 Date Of Accident 14/07/2018 16:30
 Exact Location Of Accident AIRPORT BOULEVARD
 Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHD2244J
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 HYBRID 2.5X CVT

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 LOW KIM SENG, VINCENT
 NRIC No S8309726D
 Date Of Birth 25/03/1983
 Occupation OUTDOOR
 Date Of Driving Pass 19/09/2006
 Driving Experience 11 YEARS AND 9 MONTHS
 Gender MALE
 Mobile Number (LOCAL) +65-96882360
 Fax Number
 Contact Number
 Email Address NOEMAIL

Address BLK. 248 HOUGANG AVENUE 3 #10-438 SINGAPORE
 Postcode 530248
 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 - HEAD TO REAR
 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? YES
 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: : PASSENGER A
 GENDER: : FEMALE
 Passenger 2 NAME: : PASSENGER B
 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

REFER TO POLICE REPORT NO. T/20180715/2069

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 SHD6620E
 Vehicle Make/Model/Colour
 Details Of Properties
 Vehicle Category TAXI
 Name of Driver
 NRIC/Passport Number
 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

LOW KIM SENG, VINCENT

Approximate Age

35

Injuries Sustain

PAIN ON NECK AND ABDOMINAL AREAS

Injured person in which vehicle?

SHD2244J

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

Address

BLK. 248 HOUGANG AVENUE 3 #10-438 SINGAPORE

Postcode

530248

DETAILS OF INJURED PERSON 2

Name

DRIVER OF SHD6620E

Approximate Age

Injuries Sustain

Injured person in which vehicle?

SHD6620E

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

YES

Address

Postcode

Accident Sketch Plan Pg. 1

SKETCH PLAN**IMPORTANT NOTICE**

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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)**

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.



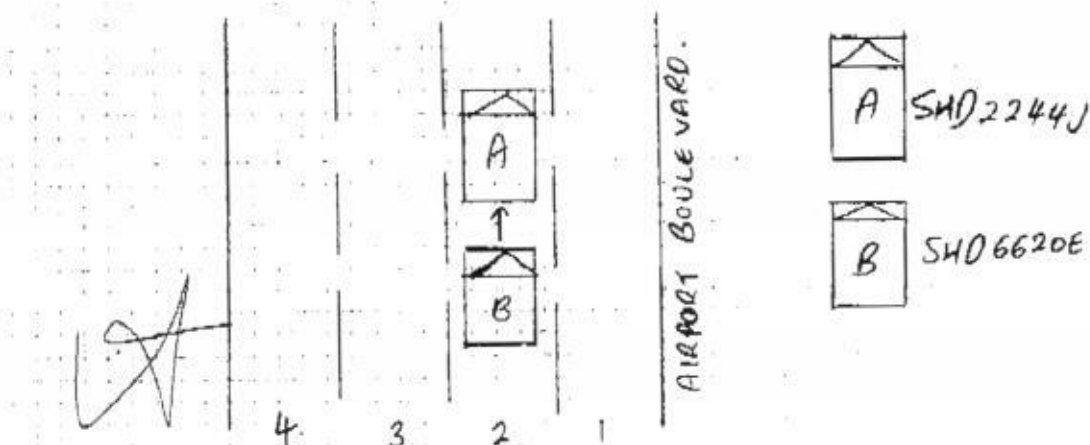
Policyholder's Signature
Date & Time:

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

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

Individual Statement Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report No. T/20180715/2069

DECLARATION

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

Policyholder
Date & Time:



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

16/7
1430 hrs

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

POLICE REPORT Pg. 1



**SINGAPORE
POLICE FORCE**



T/20180715/2069

Police Station Of Origin:
Yishun South N.P.C
32 Yishun Street B1 SINGAPORE 768456
Tel No: 1800-8522999

1 of 3

Report No: T/20180715/2069

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 15/07/2018 15:49		Vide Report No.: P/20180714/0060		Station Diary No: 92	
Name of Informant: LOW KIM SENG, VINCENT			Address: APT BLK 248 HOUGANG AVENUE 3 #10-438 SINGAPORE 530248		
ID Type / ID No.: NRIC NO / S8309726D			Contact No.: Home/Office: Mobile: 96882360		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 35	Date of Birth: 25/03/1983	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: 2B,2A,2,3,4 Date of Expiry:		

Type of Accident:	Injury Attended by Police	Drnk Drive: No	Date/Time of Accident: 14/07/2018 16:30	Type of Location: Straight Road
Location: Along Road 1 AIRPORT BOULEVARD Along Airport Boulevard near lamp post number: 555 Lamp Post Number: 555				
Weather: Clear		Road Surface: Dry		Road Speed Limit
Traffic Flow:		Traffic Control:		Traffic Volume Light
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Plate No.	Vehicle	Make	Model	Color	Condition	No. of Passenger
SHD2244J	Car	TOYOTA		White	Slightly Damaged	2
SHD6620E	Car	HYUNDAI		Blue		3

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

POLICE REPORT Pg. 1



**SINGAPORE
POLICE FORCE**



T/20180715/2069

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

2 of 3

Report No T/20180715/2069

CONTINUATION OF REPORT

Name	LOW KIM SENG, VINCENT	ID No.	S8309726D
Related Vehicle	SHD2244J (Car)	Contact No	96882360
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3,4 Date of Expiry: NIL
Date Treatment	14/07/2018	Date Discharge	14/07/2018
No. of Days granted Medical Leave	04	Degree of Injury	Slight

Brief Details.

On 14/07/2018 at about 1630hrs, I was travelling on the second lane along Airport Boulevard in my taxi (SHD2244J, white Prime Taxi). I then stopped as there is a monitor lizard on the road and I had turn on the hazard light. After awhile, I felt an impact from the back of my taxi. After the impact, I turned around to check on my 2 passengers on board. I then saw the taxi (SHD6620E, blue Comfort taxi) that was behind my taxi was in a bad shape. I then called for my colleagues who called for ambulance.

After calling my colleagues, I alighted my taxi and check on the driver of the taxi. The other driver informed that he was looking on the signage board and did not notice my vehicle. Police and ambulance had attended to the accident. Only the other taxi driver was being conveyed by ambulance. There is 3 passengers on the other taxi at the point of time.

There are dents on the rear bumper and rear door of my taxi. The exhaust pipe of my taxi was also dangling. The rear door of my taxi could not be open and the under carriage storage space have been broken with a hole. The front part of the other taxi is seriously damaged. My passengers and the other taxi's passengers were being sent by my colleagues to see doctor.

I did not exchange particulars with the other driver. There is a in-car camera installed in my taxi. The Traffic police that attended to the accident had took my SD card for the in-car camera. The traffic police also provided me a case card and informed me to report to TP HQ to look for TP IO Yus Mustari on 16/07/2018 at 11.30 am.

I had went see doctor as I felt pain on my neck area and abdominal area. I was given 4 days of Medical Certificate. I had informed my taxi company about the accident.

POLICE REPORT Pg. 1

**SINGAPORE
POLICE FORCE**

T/20180715/2069

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

3 of 3

Report No: T/20180715/2069

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:

F /

Sgt 2 ISAAC LEE YU JIN

Signature Of Interpreter

Not applicable

Signature Of Informant:

Date/Time

15/07/2018 15:49

Officer In Charge Of Case:

TP / GIT /

Staff Sgt MOHAMED SUFIAN BIN MOHAMED
JUNID

Contact No.: 65476247

Authentication Stamp

NP188

Classification Of Case: