

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	27/08/2018 10:55
Date Of Accident	24/08/2018 21:00
Exact Location Of Accident	BRAS BASAH ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD2808H
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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 2.4X 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 QI WEI BENJAMIN
NRIC No	S8408219H
Date Of Birth	21/03/1984
Occupation	OUTDOOR
Date Of Driving Pass	07/05/2007
Driving Experience	11 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96226350
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK. 978 JURONG WEST STREET 93 #04-307 SINGAPORE
Postcode	640978
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	
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	TOA PAYOH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 93 TOA PAYOH CENTRAL TOA PAYOH COMMUNITY BUILDING , POSTCODE: 319194 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2519999 - FAX NO: 63548749
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO ATTACHED STATEMENT

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	SYAIFUL
Phone Number	86952182
Email Address	

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SGK427L
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TAY TIAN REN
NRIC/Passport Number	S8905799Z
Contact Number	

Address	
Postcode	
Insurance Company Name	AXA INSURANCE PTE LTD
Nature Of Damage	
No. Of Passenger (Including Driver)	2
Passenger 1	NAME: :
	GENDER: :

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SDD3020D
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	WONG QI WEI BENJAMIN
Approximate Age	
Injuries Sustain	BACKACHE
Injured person in which vehicle?	SHD2808H
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	BLK. 978 JURONG WEST STREET 93 #04-307 SINGAPORE
Postcode	640978

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.

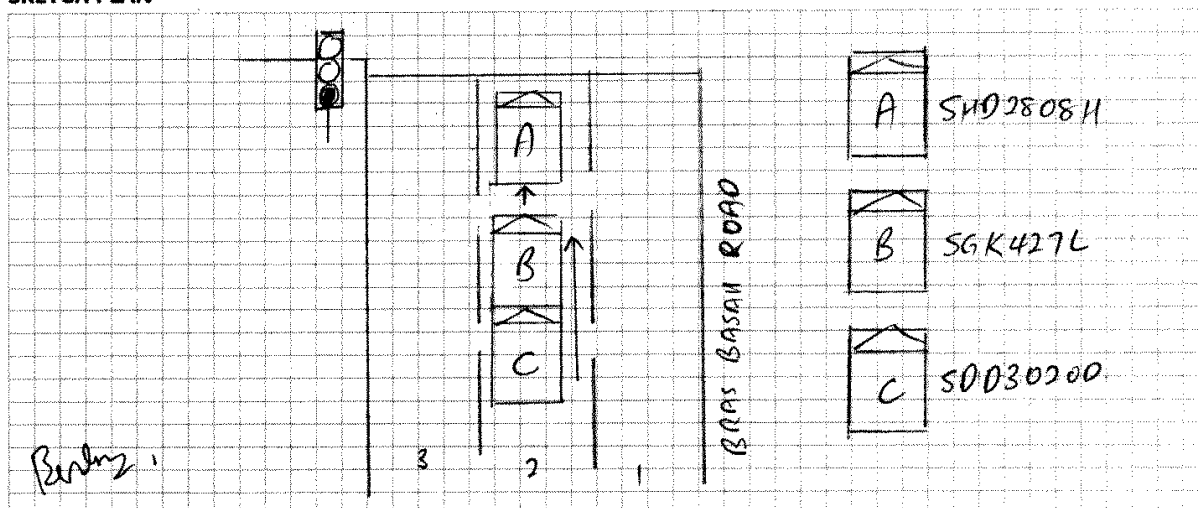


Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN



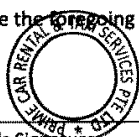
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to attached statement.

DECLARATION

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

Policyholder's Signature
Date & Time:



Driver's Signature *Benz* / 25/08/18
(If driver is not the policyholder)
Date & Time: 0937

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

On 24.08.2018 @ 2100 hrs, my taxi SHD2808H was stationary at the junction of Bras Basah Road on lane 2 as traffic light was in red. When the traffic light changed green, I prepared to move my taxi and at this juncture, one car SGK427L which was stationary behind my taxi suddenly rear ended my taxi.

After the accident, I alighted from my taxi and noticed it was a chain collision involving another car SDD3020D being the last vehicle in this accident. I then exchanged particulars with the driver of SGK427L. After the accident, I felt back pain and I will consult doctor if the pain persisted. One AETOS officer, Mr. Syaiful (Hp: 86952182) who was controlling traffic at the scene informed me that he volunteers to be my eye-witness for the accident.

Burhan



**SINGAPORE
POLICE FORCE**



T/20180825/2050

Police Station Of Origin:
Toa Payoh N.P.C
93 Toa Payoh Central #01-02 Toa Payoh
Community Building SINGAPORE 319194
Tel No: 1800-2519999

1 of 3

Report No. T/20180825/2050

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 25/08/2018 12:11		Vide Report No.:	Station Diary No.: 69
Informant's Particulars			
Name of Informant: WONG QI WEI, BENJAMIN		Address: APT BLK 978 JURONG WEST STREET 93 #04-307 SINGAPORE 640978	
ID Type / ID No.: NRIC NO / S8408219H		Contact No.: Home/Office: Mobile: 96226350	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 34	Date of Birth: 21/03/1984	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: Taxi driver		Driving Licence Information: Class: 3 Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 24/08/2018 21:00	Type of Location: X-Junction
Location: Along Road 1 BRAS BASAH ROAD				
Junction of Queen street				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Controlled by Others e.g. Workmen	Traffic Volume: Heavy	
Type of Collision: Stationary vehicle head to rear			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SGK427L		HONDA	EDIX 1.7 A	Black		1
SHD2808H	Car	TOYOTA	VELLFIRE HYBRID 2.4X A	White		0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20180825/2050

Police Station Of Origin:

Toa Payoh N.P.C

93 Toa Payoh Central #01-02 Toa Payoh

Community Building SINGAPORE 319194

Tel No: 1800-2519999

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Report No. T/20180825/2050

CONTINUATION OF REPORT

Driver			
Name	TAY TIAN REN DEREK		ID No. S8905799Z
Related Vehicle	SGK427L		Contact No. NIL
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
Driver			
Name	WONG QI WEI, BENJAMIN		ID No. S8408219H
Related Vehicle	SHD2808H (Car)		Contact No. 96226350
Hospital/Clinic	HORIZON MEDICAL PTE LTD		Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	NIL

Brief Details.

On the 24/08/2018 at about 2100hrs, I was travelling alone in my vehicle bearing car plate number (SHD2808H) along Brash Basah Road towards Suntec city. I stopped my vehicle at the cross junction of Queen street when the traffic light ahead of me is red. I am the first vehicle behind the stop line at the junction. The traffic was heavy and congested. After I stopped about 10 seconds, a vehicle bearing car plate number SGK427L collided to the rear of my vehicle as a result pushing my vehicle to the front. After I felt the strong impact at my rear, I proceeded down and make a check on the vehicle.

Upon checking, I realized there were cracks and dent marks at the bumper of my vehicle. No one was injured that the point of time. We then exchange our particulars. I wish to add that there was a third vehicle(SDD3020D) which collided to the vehicle behind me (SGK427L). After the accident, I felt pain at my upper and lower back, as such I visited a doctor and subsequently given 3 days of MC from 25/08/2018 to 27/08/2018. My vehicle installed a front camera only.



**SINGAPORE
POLICE FORCE**



T/20180825/2050

Police Station Of Origin:

Toa Payoh N.P.C

93 Toa Payoh Central #01-02 Toa Payoh

Community Building SINGAPORE 319194

Tel No: 1800-2519999

3 of 3

Report No. T/20180825/2050

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:

E /

Sgt 2 XIA XUE

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /

Sr Staff Sgt ONG YONG HOCK

Contact No.: 65476436

Authentication Stamp

NP168

Signature Of Informant:

Date/Time:

25/08/2018 12:11

Classification Of Case:



SINGAPORE
POLICE FORCE

SN 168

SIGNATURE

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: S66S0020G / GST Reg. No.: M400017735

ADDENDUM

Original Report No : MPRI18110478 Vehicle Registration No: SHD2808H.

Name(as shown in NRIC) : Wong Qi Wei Benjamin NRIC/FIN/Passport No : 58408219H

(*Vehicle Driver / ~~Vehicle Owner~~) (*) Please delete as appropriate

Address : Blk. 978 Jurong West Street 93 # 04-307 Singapore(640978)

Contact (Tel) : - Mobile No. : 96226350

Email Address : -

Date of Accident : 24/08/2018 Time of Accident : 21:00 hrs.

Place of Accident : Bras Basah Road.

Insurance Company: NTUC Income Insurance Co-operative Ltd.

Attach Police Report No. T/20180825/2050.

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