

## 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	03/09/2018 10:12
Date Of Accident	01/09/2018 06:05
Exact Location Of Accident	JURONG WEST ST 93 BEFORE YUNNAN CRESCENT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD1161X
<b>Insured/Policyholder</b>	
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	HYUNDAI
Model	I30 (FD)-1.6 DOHC (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	FOO KHEE HAI
NRIC No	S0826441D
Date Of Birth	26/05/1947
Occupation	OUTDOOR
Date Of Driving Pass	21/04/1967
Driving Experience	51 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96974912
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 530A #04-909 JURONG WEST AVE 1
Postcode	641530
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)	1

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TAMPINES N.P.C
Police Station Address	<b>ROAD:</b> TAMPINES N.P.C , <b>POSTCODE:</b> 529682 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

BOTH VEHICLES - NO 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	SJE223D
Vehicle Make/Model/Colour	M/BENZ
Details Of Properties	VEH. B
Vehicle Category	PRIVATE CAR
Name of Driver	PAY BOON CHIN
NRIC/Passport Number	S8313214J
Contact Number	88234561
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

1

**DETAILS OF INJURED PERSON 1**

Name	FOO KHEE HAI - DRIVER OF VEH. A
Approximate Age	
Injuries Sustain	WENT TO CLINIC & HAD 3 DAYS MC
Injured person in which vehicle?	SHD1161X
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

**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.



Policyholder's Signature  
Date & Time:

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

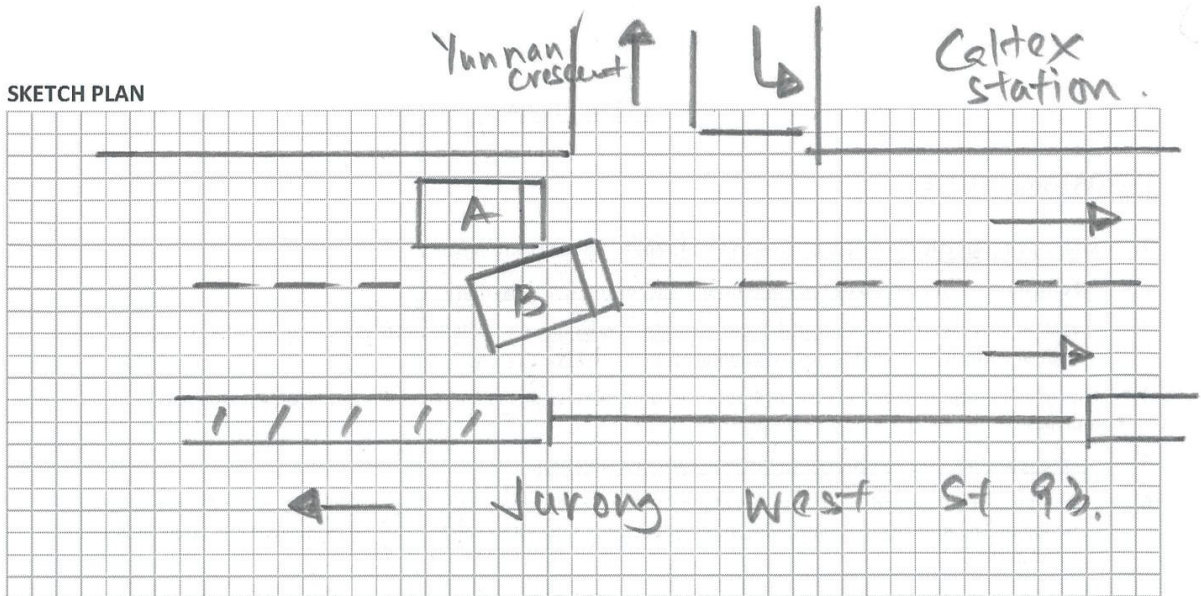
0826441 D  
SHD 1161 X

03 SEP 2018

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

# Sketch Plan Pg. 2

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

A: SHD 1161X

B: SJE 223D

\* Refer to attach police report

## DECLARATION

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

Policyholder's Signature  
Date & Time:

GIARMC SketchPlanForm\_V3

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

0826441D

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



**SINGAPORE  
POLICE FORCE**



T/20180901/2049

Police Station Of Origin:  
Tampines N.P.C  
6 Tampines Avenue 4 SINGAPORE 529682  
Tel No: 1800-5871999

1 of 3

Report No. T/20180901/2049

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 01/09/2018 11:35	Vide Report No.:	Station Diary No.: 30
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**Informant's Particulars**

Name of Informant: FOO KHEE HAI			Address: APT BLK 530A JURONG WEST AVENUE 1 #04-909 SINGAPORE 641530		
ID Type / ID No.: NRIC NO / S0826441D			Contact No.: Home/Office: Mobile: 96974912		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 71	Date of Birth: 26/05/1947	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: TAXI DRVIER			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: 01/09/2018 06:10	Type of Location: Straight Road
Location: Along Road 1 JURONG WEST STREET 93  Along Jurong West St 93 going towards Yunnan Cres				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHD1161X	Car				Slightly Damaged	0
SJE223D	Car					0



2 of 3

Report No. T/20180901/2049

## CONTINUATION OF REPORT

On the 01/09/2018 at around 0610hrs, I was driving along Jurong West Street 93 going towards Yunnan Cres. It was a two lanes road and I am driving on the left lane. There was one vehicle SJE223D that was driving on the right lane. The vehicle then abruptly cut into my lane, the rear left side of the vehicle then collided onto the right front side of my vehicle, causing the bumper to fall off. The owner of the vehicle then came down of his vehicle and both of us exchanged particulars and left the location.

	0	virginia	
	0	baltimore	





**SINGAPORE  
POLICE FORCE**



T/20180901/2049

Police Station Of Origin:  
Tampines N.P.C  
6 Tampines Avenue 4 SINGAPORE 529682  
Tel No: 1800-5871999

3 of 3

Report No. T/20180901/2049

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:  
G /  
Sgt 1 LAM XUE TING

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
01/09/2018 11:35

Officer In Charge Of Case:  
TP / AEIT /  
Sr Staff Sgt MOHAMAD ZULFAZDLI BIN  
ABDULLAH  
Contact No.: 65476367


Classification Of Case:

Authentication Stamp  
NP168



SIGNATURE



 <b>PREMIER TAXIS</b>	HIRER / <u>RELIEF</u> / SUPER RELIEF
VEHICLE NO.	SHD1161X
CONTACT NO.	96974912
NEW MAILING ADDRESS (if any)	✓

**REPUBLIC OF SINGAPORE**  
IDENTITY CARD NO. **S0826441D**



Name  
**FOO KHEE HAI**  
  
符 气 海  
Race  
**CHINESE**  
Date of Birth Sex  
**26-05-1947 M**  
Country of Birth  
**SINGAPORE**

S0826441D

**REPUBLIC OF SINGAPORE DRIVING LICENCE**

Licence Number: **S0826441D**  
Name:  
**FOO KHEE HAI**  
  
Birth Date: **26 May 1947**  
Issue Date: **31 Mar 2003**

000338770A



0216021



NRIC No **S0826441D**

Blood Group Date of issue  
**A+ 06-01-1992**

APT BLK 530A JURONG WEST AVENUE 1 #04-909  
SINGAPORE 641530

NRIC No: **S0826441D**

Date: **24/09/2014**

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

PASS DATE  
**21 Apr 1967**



Licence No: **S0826441D**

P 428A

**Land Transport Authority**



**VOCATIONAL LICENCE**

Licence No: **S0826441D**

Name: **FOO KHEE HAI**

Issue Date: **7/11/2013**

Please visit [www.lta.gov.sg](http://www.lta.gov.sg) to check the status of this vocational licence

Accident Photo



Accident Photo





Accident Photo



Accident Photo

