

## 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	04/10/2018 11:52
Date Of Accident	03/10/2018 17:30
Exact Location Of Accident	LOEWEN ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC6254J
<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	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	TAN KIM SEING
NRIC No	S0199345C
Date Of Birth	25/06/1951
Occupation	OUTDOOR
Date Of Driving Pass	30/07/1979
Driving Experience	39 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98533093
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 435 #09-1671 HOUGANG AVE 8
Postcode	530435
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	SIDE SWIPE
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	CHANGI N.P.C
Police Station Address	ROAD: 9 SIMEI STREET 2 , POSTCODE: 529914 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

VEH. A - NO PAX VEH. B - PAX ONBOARD \*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	SHD3430G
Vehicle Make/Model/Colour	COMFORT TAXI/HYUNDAI
Details Of Properties	VEH. B
Vehicle Category	TAXI
Name of Driver	MALE CHINESE
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	DAMAGED ON THE LEFT PORTION

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1**

Name	TAN KIM SEING - DRIVER OF VEH. A
Approximate Age	
Injuries Sustain	WENT TO CLINIC FOR TREATMENT & HAD 3 DAYS OF MEDICAL LEAVE
Injured person in which vehicle?	SHC6254J
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

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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)

(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:

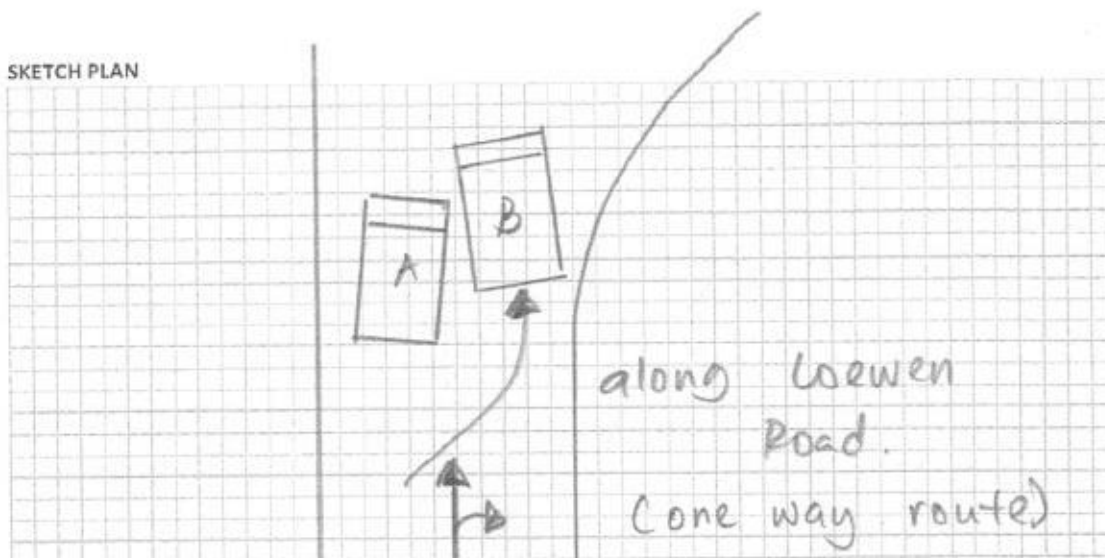
- (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
- (ii) for complying with requirements under any regulations, laws or court orders.

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

04 OCT 2019

## Sketch Plan Pg. 2

### SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

A: SHC6254J

B: SHD 34306

\* Refer to attach police report

\* Video for tape 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:

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



**SINGAPORE  
POLICE FORCE**



T/20181004/2037

Police Station Of Origin:  
Changi N.P.C  
9 Simei Street 2 SINGAPORE 529914  
Tel No: 1800-5872999

1 of 3

Report No. T/20181004/2037

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 04/10/2018 11:14		Vide Report No.:		Station Diary No.: 24	
<b>Informant's Particulars</b>					
Name of Informant: TAN KIM SEING			Address: APT BLK 435 HOUGANG AVENUE 8 #09-1671 SINGAPORE 530435		
ID Type / ID No.: NRIC NO / S0199345C			Contact No.: Home/Office: Mobile: 95330993 9553 3093		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 67	Date of Birth: 25/06/1951	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: 2,3 Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 03/10/2018 17:30	Type of Location: Straight Road
Location: Along Road 1 LOEWEN ROAD				
Loewen Cluster				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control:	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
SHC6254J	Car				Slightly Damaged	0
SHD3430G	Car					0

**Details of Person Involved**

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



**SINGAPORE  
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T/20181004/2037

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Police Station Of Origin:  
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**CONTINUATION OF REPORT**

Driver			
Name	TAN KIM SEING	ID No.	S0199345C
Related Vehicle	SHC6254J (Car)	Contact No.	95930993 98533093
Hospital/Clinic	Y M CHAN CLINIC & SURGERY	Class of Driving Licence & Expiry Date	Class: 2,3 Date of Expiry: NIL
Date Treatment	04/10/2018	Date Discharge	04/10/2018
No. of Days granted Medical Leave	03	Degree of Injury	NIL

**Brief Details.**

On the 03/10/2018 at 1720hrs, I was driving along the mentioned road which was a one way road. I was approaching the carpark entrance, when out of a sudden, the taxi behind me overtook me from the right and wanted to make a right turn into the carpark. I did not notice the vehicle and he was at my blind spot. I wanted to turn into the carpark entrance, and that was when my vehicle front right side graze the other drivers left side of his vehicle. I went to Y M Chan Clinic and Surgery and was given 3 days MC.



**SINGAPORE  
POLICE FORCE**



T/20181004/2037

Police Station Of Origin:  
Changi N.P.C  
9 Simei Street 2 SINGAPORE 529914  
Tel No: 1800-5872999

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Report No. T/20181004/2037

**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 / Staff Sgt DZULHILMI BIN OMAR	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 04/10/2018 11:14
Officer In Charge Of Case: TP / AEIT / Sr Staff Sgt ONG YONG HOCK Contact No.: 65476436	Classification Of Case:  SINGAPORE POLICE FORCE
Authentication Stamp NP168	SIGNATURE