

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 liability.
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	09/10/2018 17:48
Date Of Accident	08/10/2018 21:00
Exact Location Of Accident	ESPLANADE DR TWDS COLLYER QUAY NEAR MERLION PARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMD9530C
Insured/Policyholder	
Name Of Registered Owner	SIMPREX PTE LTD
Co Reg No	201812379N
Email Address	JERROLD.RHISS@GMAIL.COM
Mobile Phone No	(LOCAL) +65-90101050
Alternative Phone No	OFFICE-90101050
Vehicle Particulars	
Manufacturer	HONDA
Model	FREED HYBRID
Exact Purpose for which vehicle was being used at time of accident	WORK PURPOSE
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	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5103364062
Cover Note Number	
Driver	
Name of Driver	LEE PEN CHEN (LI PENGCHENG)
NRIC No	S8104804E
Date Of Birth	19/02/1981
Occupation	OUTDOOR
Date Of Driving Pass	20/09/2007
Driving Experience	11 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90101050
Fax Number	
Contact Number	OFFICE-90101050
EMail Address	JERROLD.RHISS@GMAIL.COM

Address

APT BLK 714 TAMPINES STREET 71
#13-214 SINGAPORE

Postcode

520714

Was driver an employee of the Insured's Company

NO

If No, Relationship of the Driver with the Insured

OWNER

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

AFTER RAIN

Road Surface

WET

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)

1

Details of Police Action

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name

KEBUN BARU NEIGHBOURHOOD POLICE POST

Police Station Address

ROAD: BLK 111 ANG MO KIO AVENUE 4 , POSTCODE: 560111 ,
COUNTRY: SINGAPORE

Police Station Contact

TEL NO: 1800-4589999 - FAX NO: 64574454

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

REFER TO ATTACHED

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

SHC7966G

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

TAXI

Name of Driver

TAY TECK ENG

NRIC/Passport Number

S1690008G

Contact Number

91776657

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	LEE PEN CHEN (LI PENGCHENG)
Approximate Age	37
Injuries Sustain	REFER POLICE REPORT
Injured person in which vehicle?	SMD9530C
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
Address	APT BLK 714 TAMPINES STREET 71 #13-214 SINGAPORE
Postcode	520714

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 liability.
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)**

(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.

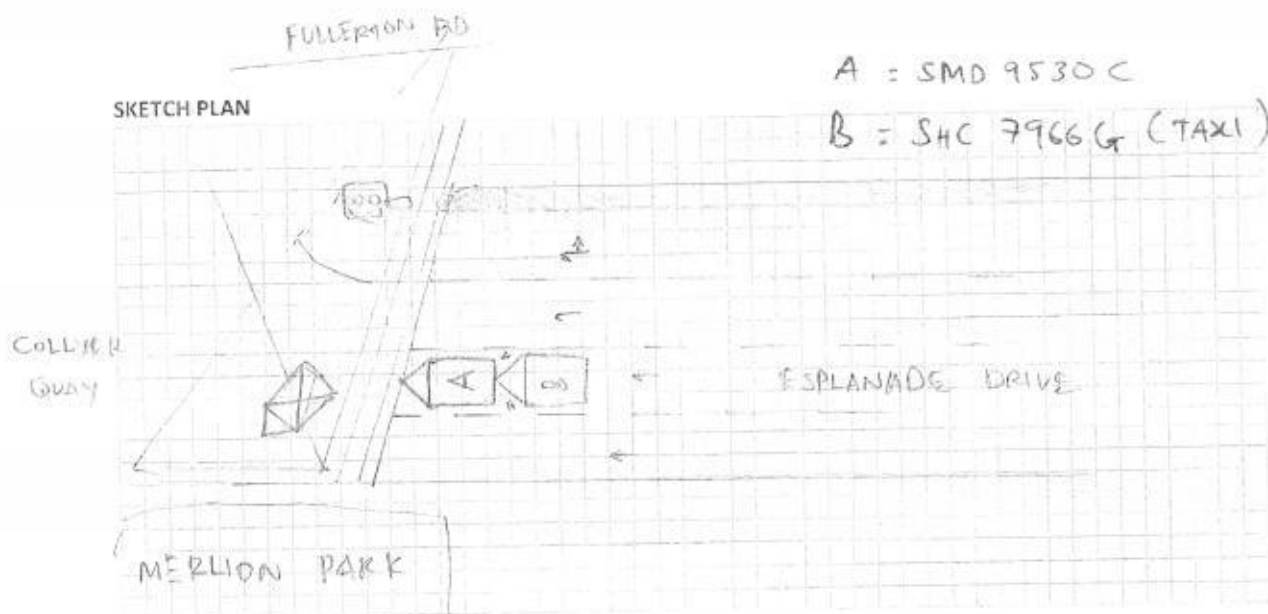
(e) the information so collected under (d) above may be shared / disclosed:

- (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: 09/10/2015

Driver's Signature
(If driver is not the policyholder)
Date & Time: 09/10/2018

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



A = SMD 9530 C

B = SHC 7966 G (TAXI)

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 08/10/2018 at about 2100hrs, I was driving along Esplanade Drive towards Fullerton Road. In front of my car is another taxi. On the left side of the lane, is a taxi queue. While I was driving, the front taxi swerved into the left lane, trying to cut the taxi queue. Since the taxi was still covering the lane, I had to apply emergency brake. In doing so, another taxi (SHC 7966 G) from behind, did not manage to stop in time and hit onto my rear. I alighted and we exchanged particulars. There is no passenger in my vehicle and the taxi behind.

(REFER POLICE REPORT)

DECLARATION

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

Policyholder's Signature

Date & Time: 09/10/2018

Driver's Signature

(If driver is not the policyholder)

Date & Time: 09/10/2018

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



**SINGAPORE
POLICE FORCE**



T/20181009/2086

1 of 3

Report No: T/20181009/2086

Police Station Of Origin:
Kebun Baru NPP
111 Ang Mo Kio Avenue 4 SINGAPORE
560111
Tel No: 1800-4589999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 09/10/2018 14:04	Vide Report No.:	Station Diary No.: 25
--	------------------	--------------------------

Informant's Particulars

Name of Informant: LEE PEN CHEN			Address: APT BLK 714 TAMPINES STREET 71 #13-214 SINGAPORE 520714		
ID Type / ID No.: NRIC NO / S8104804E			Contact No.: Home/Office: Mobile: 90101050		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 37	Date of Birth: 19/02/1981	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: GRAB 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: 08/10/2018 21:00	Type of Location: Straight Road
Location: Along Road 1 Traveling Toward Road 2 ESPLANADE DRIVE FULLERTON ROAD Nearby of Merlion Park				
Weather: Clear		Road Surface: Wet	Road Speed Limit:	
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHC7966G	Car				Slightly Damaged	0
SMD9530C	Car				Seriously Damaged	0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20181009/2086

2 of 3

Police Station Of Origin:

Kebun Baru NPP

111 Ang Mo Kio Avenue 4 SINGAPORE
560111

Tel No: 1800-4589999

Report No. T/20181009/2086

CONTINUATION OF REPORT

Driver			
Name	TAY TECK ENG		ID No. S1690008G
Related Vehicle	SHC7966G (Car)		Contact No. 91776657
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	LEE PEN CHEN		ID No. S8104804E
Related Vehicle	SMD9530C (Car)		Contact No. 90101050
Hospital/Clinic	CHANGI GENERAL HOSPITAL		Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: NIL
Date Treatment	08/10/2018	Date Discharge	08/10/2018
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

On 08/10/2018 at about 2100 hrs, I was driving along Esplanade Drive towards Fullerton Road. In front of my car is another taxi. On the left side of the lane, is a taxi que. While I was driving, the front taxi swerved into the left lane, trying to cut the taxi que. Since the taxi was still covering the lane, I had to apply emergency brake. In doing so, another taxi [SHC7966G] from behind did not manage to stop in time and hit onto my rear. I alighted and we exchanged particular. There is no passenger in my vehicle and the taxi behind.

I do not have any in-car camera inside my vehicle. The taxi driver told me that he is not injured. I was given 3 days of MC by CGH.



**SINGAPORE
POLICE FORCE**



T/20181009/2086

3 of 3

Police Station Of Origin:

Kebun Baru NPP

111 Ang Mo Kio Avenue 4 SINGAPORE
560111

Tel No: 1800-4589999

Report No. T/20181009/2086

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 /

~~Inspector GOH KOCK WEE~~

HSE Hamzah

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

09/10/2018 14:04

Officer In Charge Of Case:

TP / AEIT /

SSI 2 JUREMAH BINTE AHMAD

Contact No.: 65476190

Classification Of Case:

Authentication Stamp

NP168