

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 | 08/10/2018 15:55 |
| Date Of Accident | 08/10/2018 11:15 |
| Exact Location Of Accident | BOON LAY WAY INTO CORPORATION ROAD |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|-----------------------|
| Vehicle Registration Number | SHB8583B |
| Insured/Policyholder | |
| 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 | LEE ENG KEONG |
| NRIC No | S7126584F |
| Date Of Birth | 26/07/1971 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 23/02/2009 |
| Driving Experience | 9 YEARS AND 7 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-93578838 |
| Fax Number | |
| Contact Number | |
| EEmail Address | NOEMAIL |

| | |
|---|----------------------------------|
| Address | BLK 21 #09-457 JALAN TENTERAM |
| Postcode | 320021 |
| 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 | 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 | TAMPINES NORTH NEIGHBOURHOOD POLICE POST |
| Police Station Address | ROAD: BLK 461 TAMPINES STREET 44 #01-56 , POSTCODE: 520461 , COUNTRY: SINGAPORE |
| Police Station Contact | TEL NO: 1800-7818999 - FAX NO: 67838603 |
| 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 | SHD306C |
| Vehicle Make/Model/Colour | TRANSCAB TAXI/RENAULT |
| Details Of Properties | VEH. B |
| Vehicle Category | TAXI |
| Name of Driver | LIM HONGLI |
| NRIC/Passport Number | S0169866D |
| Contact Number | |
| Address | |
| Postcode | |
| Insurance Company Name | |
| Nature Of Damage | DAMAGED ON THE FRONT LEFT PORTION |

No. Of Passenger (Including Driver)

1

DETAILS OF INJURED PERSON 1

| | |
|---|--|
| Name | LEE ENG KEONG - DRIVER OF VEH.A |
| Approximate Age | |
| Injuries Sustain | WENT TO CLINIC FOR MEDICAL TREATMENT & HAD 5 DAYS MC |
| Injured person in which vehicle? | SHB8583B |
| 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:

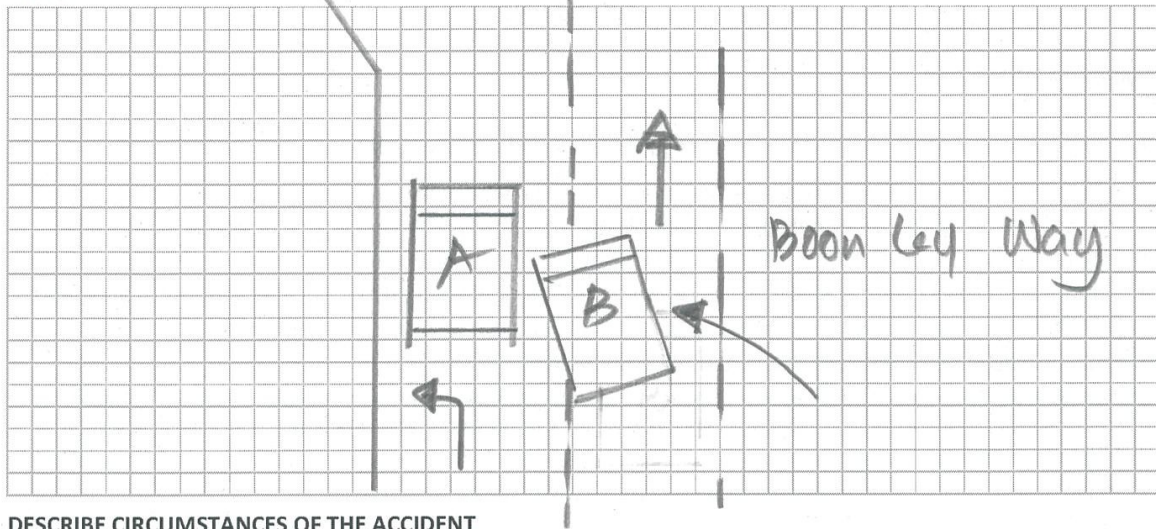
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

Sketch Plan Pg. 2

INTO Corporation Road.

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

A: SHB8583B

B. STD 306C.

* Refer to attach police report.

* Video footage captured

DECLARATION

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

08 OCT 2018

Policyholder's Signature _____
Date & Time: _____

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

Date & Time:

Reporting Centre Personnel's Signature
Name:

NRIC/FIN No.:

GIARMC SketchPlanForm_V3

27126584/F
24088583R

2



**SINGAPORE
POLICE FORCE**



T/20181008/2079

Police Station Of Origin:
Tampines North NPP
461 Tampines Street 44 #01-56 SINGAPORE
520461
Tel No: 1800-7818999

1 of 3

Report No. T/20181008/2079

REPORT OF A TRAFFIC ACCIDENT

| | | | | | |
|--|------------|------------------------------|---|--------------------------|----------------------------|
| Date/Time Report Made: 08/10/2018 14:43 | | Vide Report No.: | | Station Diary No.: 22 | |
| Informant's Particulars | | | | | |
| Name of Informant: LEE ENG KEONG | | | Address: APT BLK 21 JALAN TENTERAM #09-457 SINGAPORE 320021 | | |
| ID Type / ID No.: NRIC NO / S7126584F | | | Contact No.: Home/Office: Mobile: 93578838 | | |
| Nationality: SINGAPORE CITIZEN | | | Email: | | |
| Sex: Male | Age: 47 | Date of Birth: 26/07/1971 | 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: | Non-Injury Others | Drink Drive: No | Date/Time of Accident: 08/10/2018 11:15 | Type of Location: Straight Road |
| Location: Along Road 1 BOON LAY WAY TOWARDS CORPORATION ROAD | | | | |
| Weather: Clear | | Road Surface: Dry | | Road Speed Limit: |
| Traffic Flow: Two Way | | Traffic Control: Not Controlled | | Traffic Volume: Light |
| 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 |
| SHB8583B | Car | | | | Seriously Damaged | 0 |
| SHD306C | Car | | | | Seriously Damaged | 0 |

| | |
|-----------------------------------|--------------------------------|
| Details of Person Involved | |
| Any Pedestrian Involved: No | |
| No. of Pedestrians Injured: NIL | Use of Pedestrian Crossing: NA |



**SINGAPORE
POLICE FORCE**



T/20181008/2079

2 of 3

Police Station Of Origin:
Tampines North NPP
461 Tampines Street 44 #01-56 SINGAPORE
520461
Tel No: 1800-7818999

Report No. T/20181008/2079

CONTINUATION OF REPORT

| Driver | | | |
|-----------------------------------|---|--|---|
| Name | LEE ENG KEONG | | ID No. S7126584F |
| Related Vehicle | SHB8583B (Car) | | Contact No. 93578838 |
| Hospital/Clinic | SUNSHINE CLINIC FAMILY PRACTICE & SURGERY | | 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 | 05 | | Degree of Injury Slight |

Brief Details.

On the 08/10/2018 at about 1115hrs, I was driving along Boon Lay Way turning left towards Corporation road in my taxi bearing the plate number SHB8583B with no passengers on board. While I was about to make the left turn, suddenly one vehicle bearing the plate number SHD306C who on "Straight Lane" only suddenly filtered left and collided me with the right side of my taxi.

No one was injured at that point of time. My taxi suffered some scratches and dents. We then exchanged particulars with each other before resuming my journey. I then seek medical treatment as my back and neck having some pain and were given 5 days MC.



SINGAPORE
POLICE FORCE



T/20181008/2079

Police Station Of Origin:
Tampines North NPP
461 Tampines Street 44 #01-56 SINGAPORE
520461
Tel No: 1800-7818999

3 of 3

Report No. T/20181008/2079

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 3 MOHAMAD IZWAN BIN MOHAMAD
ISHAK

Signature Of Interpreter:
Not applicable

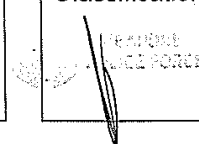
Officer In Charge Of Case:
TP / GIA /
Staff Sgt WONG SIEU LUI
Contact No.: 65476151

Authentication Stamp.
NP168


Signature Of Informant:

Date/Time:
08/10/2018 14:43

Classification Of Case:



Sketch Plan Pg. 6

| | |
|--|--------------------------------------|
|  PREMIER TAXIS | HIRER / <u>RELIEF</u> / SUPER RELIEF |
| VEHICLE NO. | SHB8583B |
| CONTACT NO. | 93578838 |
| NEW MAILING ADDRESS (if any) | |

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S7126584F**



Name
LEE ENG KEONG
李 永 强

Race
CHINESE

Date of birth
26-07-1971

Country of birth
SINGAPORE

Sex
M

3476805

REPUBLIC OF SINGAPORE **DRIVING LICENCE**

Licence Number: **S7126584F**

Name:
LEE ENG KEONG

Birth Date: **26 Jul 1971**

Issue Date: **23 Feb 2009**

001711533K

3476805



NRIC No. **S7126584F**



Date of issue
24-02-2004

Address
**APT BLK 21 JALAN TENTERAM
#09-457
SINGAPORE 320021**

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

Class 3 Motor Cars=< 3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg

PASS DATE: **23 Feb 2009**

NP 428A

Licence No: **S7126584F**

Land Transport Authority

VOCATIONAL LICENCE

Licence No: **S7126584F**

Name: **LEE ENG KEONG**

Issue Date: **14/1/2013**

Please visit www.lta.gov.sg to check the status of this vocational licence

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

