

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	15/10/2018 11:32
Date Of Accident	14/10/2018 04:45
Exact Location Of Accident	RIVER VALLEY ROAD // EU TONG SEN STREET
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD1854E
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	YEO KIAN SENG
NRIC No	S7703870A
Date Of Birth	08/01/1977
Occupation	OUTDOOR
Date Of Driving Pass	29/02/2000
Driving Experience	18 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94248388
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 296A #05-289 COMPASSVALE CRESCENT
Postcode	541296
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	COLLISION - HEAD TO REAR
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	PUNGGOL N.P.C
Police Station Address	ROAD: 21A TEBING LANE , POSTCODE: 828837 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

BOTH VEHICLES - NO PAX . . . 1/ ADDENDUM (17/10/2018) : 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	SHC322K
Vehicle Make/Model/Colour	M/BENZ - COMFORT TAXI
Details Of Properties	VEH. B
Vehicle Category	TAXI
Name of Driver	NORHISHAM BIN KASSIM
NRIC/Passport Number	S7346045Z
Contact Number	91129475
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	DAMAGED ON THE FRONT PORTION

No. Of Passenger (Including Driver)

1

DETAILS OF INJURED PERSON 1

Name

YEO KIAN SENG - DRIVER OF VEH. A

Approximate Age

Injuries Sustain

WILL SEEK FOR MEDICAL TREATMENT SOON.

Injured person in which vehicle?

SHD1854E

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

SKETCH PLAN

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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)**

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.



[Handwritten signature]

15 OCT 2013

[Handwritten signature]

Policyholder's Signature
Date & Time:

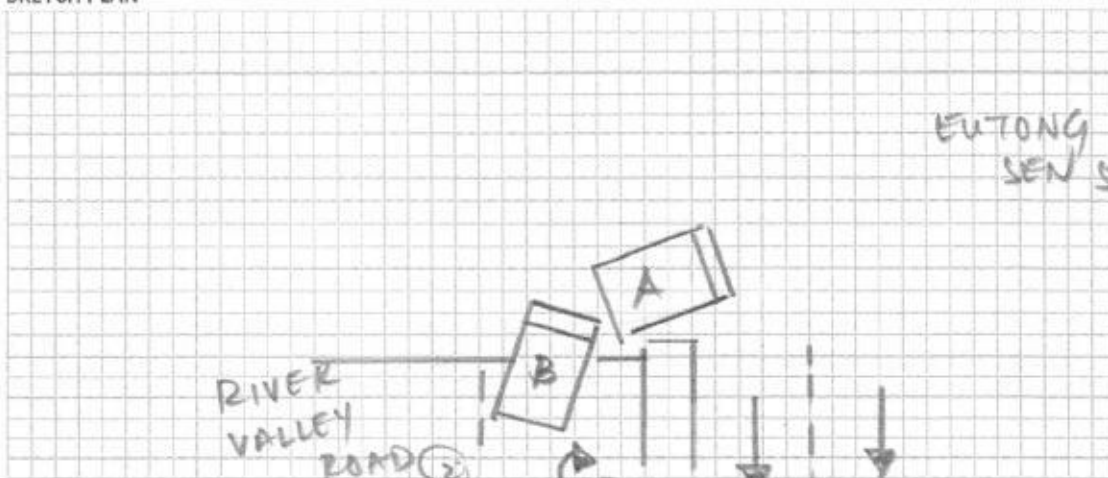
Driver's Signature
(If driver is not the policyholder)
Date & Time:

X 577038707A
X SHD 1854E

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

Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

A: SHD 1854 F

B: SHC 322K.

DECLARATION

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

15 OCT 2019

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.:

57703870/A
SHD1854E

Describe Circumstance of the Accident.

ON 14/10/2018 @ 0445HRS, I WAS DRIVING MY TAXI (SHD 1854 E), TRAVELLING ALONG RIVER VALLEY ROAD AT THE TRAFFIC LIGHT JUNCTION EU TONG SEN STREET, IN LANE 1.

TRAFFIC LIGHT WAS GREEN ON MY ROUTE FAVOUR & I PROCEED AHEAD MAKING MY U-TURN.

WHILE I WAS SLOWING DOWN MY TAXI TO COMPLETE MY U-TURNING, SUDDENLY I FELT AN IMPACT FROM THE REAR.

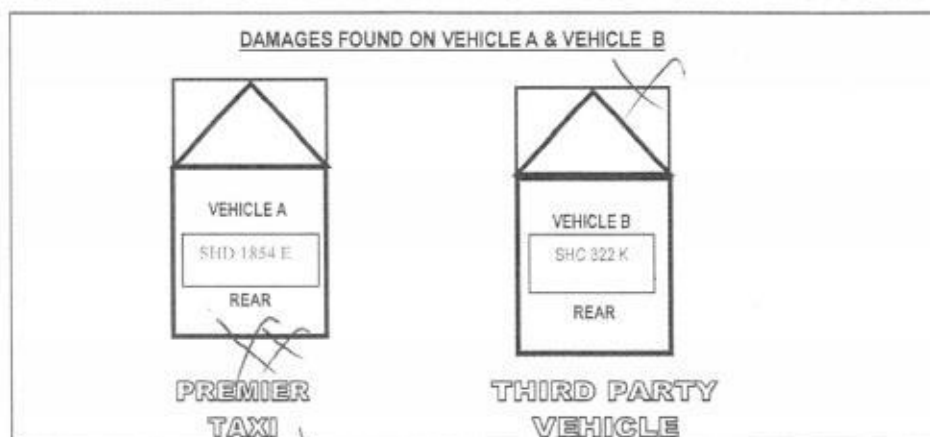
WHEN INSPECTED, I DISCOVERED THAT VEHICLE B (SHC 322 K – COMFORT TAXI/M-BENZ) WHICH WAS BEHIND ME, HAD COLLIDED ONTO THE REAR OF MY TAXI.

DUE TO THE IMPACT, MY TAXI HAD DAMAGES ON THE REAR PORTION AND VEHICLE B HAD DAMAGES ON THE FRONT PORTION.

AS A RESULT, I FELT SOME DISCOMFORT & WILL SEEK FOR MEDICAL TREATMENT SOON. NO AMBULANCE AT SCENE.

NO PASSENGERS ONBOARD BOTH VEHICLES.

*VIDEO FOOTAGE CAPTURED



Driver's Signature & NRIC Number
Monday, October 15, 2018 @ 11:43:58 AM

(attended by)

Addendum Sheet Pg. 1



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: SG6500206 / GST Reg. No.: M400017795

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: MPAS/8133VSD Vehicle Registration No: SHD 185XE
Name (as shown in NRIC): PREMIER TAXIS PTE LTD NRIC/FIN/Passport No: _____
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address: 23 CHANGI SOUTH AVE 2, #01-02. S (486443) Singapore (_____)
Contact (Tel): 6214 8880 Mobile No.: _____
Email Address: _____
Date of Accident: 14-10-2018 Time of Accident: 0450 HRS.
Place of Accident: RIVER VALLEY ROAD.
Insurance Company: NTUC INCOME INSURANCE CO-OPERATIVE LTD

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

To attach police report



Policyholder / Driver's Signature
Date: _____

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



**SINGAPORE
POLICE FORCE**



T/20181015/2176

1 of 3

Police Station Of Origin:
Punggol N.P.C
21A Tebing Lane SINGAPORE 828837
Tel No: 1800-6049999

Report No. T/20181015/2176

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 15/10/2018 20:13	Vide Report No.:	Station Diary No.: 107
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Informant's Particulars

Name of Informant: YEO KIAN SENG	Address: APT BLK 296A COMPASSVALE CRESCENT #05-289 SINGAPORE 541296		
ID Type / ID No.: NRIC NO / S7703870A	Contact No.:	Mobile: 94248388	
Nationality: SINGAPORE CITIZEN	Home/Office:	Email:	
Sex: Male	Age: 41	Date of Birth: 08/01/1977	Type of Informant: Driver
Race: Chinese	Language:	Institution / School Name:	
Occupation: Taxi driver	Driving Licence Information: Class: 2B,2A,3		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 14/10/2018 04:50	Type of Location: U-TURN
Location: Along Road 1 RIVER VALLEY ROAD				
MAKING A U-TURN TOWARDS CLARKE QUAY TAXI STAND				
Weather: Clear	Road Surface: Dry	Road Speed Limit:		
Traffic Flow: Two Way	Traffic Control: Traffic Light - Working	Traffic Volume: Heavy		
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
SHC322K	Car				No Damage	0
SHD1854E	Car				Slightly Damaged	0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20181015/2176

2 of 3

Police Station Of Origin:
Punggol N.P.C
21A Tebing Lane SINGAPORE 828837
Tel No: 1800-6049999

Report No. T/20181015/2176

CONTINUATION OF REPORT

Driver			
Name	YEO KIAN SENG	ID No.	S7703870A
Related Vehicle	SHD1854E (Car)	Contact No.	94248388
Hospital/Clinic	CARE4LIFE MEDICAL CLINIC	Class of Driving Licence & Expiry Date	Class: 2B,2A,3 Date of Expiry: NIL
Date Treatment	15/10/2018	Date Discharge	15/10/2018
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

On the 14/10/2018 at about 0450hrs, I was about to make a U-turn at the junction of River Valley Road, I was mid-way into the turn when, another vehicle (Merc Maxi Cab from Comfort), SHC322K, collided into the rear of my vehicle. I making the turn as I was going towards the Clarke Quay Taxi Stand. The traffic was heavy at that point, as it was a Saturday night and it was after clubbing hours. The driver of the Maxi Cab and myself got out of the vehicle to check on the damage caused by the collision. The rear bumper of my vehicle was dented and required paint work repairs. The Maxi cab did not suffer any damages. I felt pain in my neck, back and shoulders. I saw a doctor, as the pain worsened after a day. I have sent my car to the workshop for repairs and have informed my company. I drive a Premier Cab.



**SINGAPORE
POLICE FORCE**



T/20181015/2176

3 of 3

Report No. T/20181015/2176

Police Station Of Origin:
Punggol N.P.C
21A Tebing Lane SINGAPORE 828837
Tel No: 1800-6049999

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 / Senior Staff Sgt ZAKI FAHMY RAZALI

Staff Sgt ZAKI FAHMY RAZALI

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

15/10/2018 20:13

Officer In Charge Of Case:

TP / AEIT /

SI ANG YI TING, STEPHANIE

Contact No.: 65476414

Classification Of Case:

Authentication Stamp

NP168