

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	22/10/2018 12:53
Date Of Accident	20/10/2018 01:55
Exact Location Of Accident	KOEK ROAD TWDS KILLINEY ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB9000K
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	MERCEDES-BENZ
Model	E220-2.1 CDI (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	CHIANG SER HUAT
NRIC No	S1143004Z
Date Of Birth	26/08/1955
Occupation	OUTDOOR
Date Of Driving Pass	16/11/1972
Driving Experience	45 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97217100
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 720 #13-25 TAMPINES ST 72
Postcode	520720
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 - 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)	2
Passenger 1	NAME: : PAX IN THE REAR SEAT - FOREIGNER GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	CHANGKAT NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 109 TAMPINES STREET 11 #01-261 , POSTCODE: 521109 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7819999 - FAX NO: 67832722
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

BOTH VEHICLES - 1 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 Witness 1

Name	MR MARC TERRIEN - PAX IN VEH. A
Phone Number	
Email Address	

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHD9689M
Vehicle Make/Model/Colour	TRANSCAB TAXI
Details Of Properties	VEH. B
Vehicle Category	TAXI

Name of Driver	CHUA SIONG HAI
NRIC/Passport Number	S6812188D
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	DAMAGED ON THE LEFT PORTION
No. Of Passenger (Including Driver)	2

DETAILS OF INJURED PERSON 1

Name	CHIANG SER HUAT - DRIVER OF VEH. A
Approximate Age	
Injuries Sustain	WENT TO CLINIC FOR MEIDICAL TREATMENT & HAD 3 DAYS MC
Injured person in which vehicle?	SHB9000K
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

SKETCH PLAN

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. 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]

22 OCT 2018

[Handwritten Signature]

Policyholder's Signature
Date & Time:

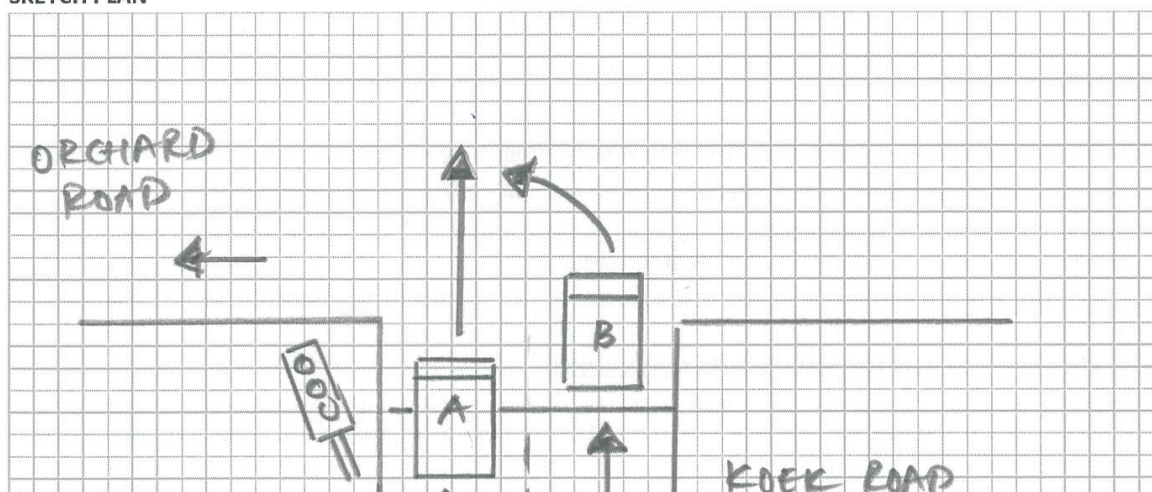
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

114300H/Z
SHB9000K

Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES

A: SHB 9000 K

B: SHD 9689M

* Refer to attach price report

- * Video footage captured.

DECLARATION

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

22 OCT 2018

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.:

GIARMC SketchPlanForm_V3

Date & Time: 1143004/2



**SINGAPORE
POLICE FORCE**



T/20181020/2101

1 of 3

Police Station Of Origin:
Changkat NPP
109 Tampines Street 11 #01-261
SINGAPORE 521109
Tel No: 1800-7819999

Report No. T/20181020/2101

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 20/10/2018 16:35		Vide Report No.:		Station Diary No.: 25
Informant's Particulars				
Name of Informant: CHIANG SER HUAT		Address: APT BLK 720 TAMPINES STREET 72 #13-25 SINGAPORE 520720		
ID Type / ID No.: NRIC NO / S1143004Z		Contact No.: Home/Office: Mobile: 97217100		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 63	Date of Birth: 26/08/1955	Type of Informant: Driver	
Race: Chinese		Language:	Institution / School Name:	
Occupation: Taxi driver		Driving Licence Information: Class: 2B,2A,2,3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury: Attended by Police	Drink Drive: No	Date/Time of Accident: 20/10/2018 01:55	Type of Location: X-Junction
Location: Along Road 1 KOEK ROAD				
Towards Killiney Road at the junction of Orchard Road				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
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
SHB9000K	Car				Seriously Damaged	1
SHD9689M	Car					0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20181020/2101

Police Station Of Origin:
Changkat NPP
109 Tampines Street 11 #01-261
SINGAPORE 521109
Tel No: 1800-7819999

2 of 3

Report No. T/20181020/2101

CONTINUATION OF REPORT

Driver			
Name	CHIANG SER HUAT		ID No. S1143004Z
Related Vehicle	SHB9000K (Car)		Contact No. 97217100
Hospital/Clinic	NEPTUNE HEALTHCARE MEDICAL & SURGERY		Class of Driving Licence & Expiry Date Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	20/10/2018	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	Chua Siong Hai		ID No. S6812188D
Related Vehicle	SHD9689M (Car)		Contact No. NIL
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

Brief Details.

On the 20/10/2018 at about 0155hrs, I was driving my taxi SHB9000K along Koek Road towards Killiney Road. I was driving on the left lane of the 2 lanes road. At the junction of Orchard Road while ending the yellow box, another taxi SHD9689M came and side swipe my taxi from the right lane.

I felt pain on my right side on my body especially at the neck. My taxi suffered damages on the right front portion mainly on the fender, front bumper, front light and bonnet.

After the accident, we exchange particulars. Subsequently I continue to send my passenger to his destination. My passenger is one Marc Terrien tel: 68366083. After which, I call for towing.

I went to seek medical treatment and received 03 days of medical leave. My medical certificate no is MC/58679.



**SINGAPORE
POLICE FORCE**



T/20181020/2101

Police Station Of Origin:
Changkat NPP
109 Tampines Street 11 #01-261
SINGAPORE 521109
Tel No: 1800-7819999

3 of 3

Report No. T/20181020/2101


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 / Sr Staff Sgt MUHAMMAD HAFIDZ BIN ABDUL RAHMAN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 20/10/2018 16:35
Officer In Charge Of Case: TP / GIT / Staff Sgt SUFIYAN BIN KHAIRI Contact No.: 65476390	Classification Of Case:
Authentication Stamp NP168	SIGNATURE

 PREMIER TAXIS	HIRER / RELIEF / SUPER RELIEF
VEHICLE NO.	SHB 9000 K
CONTACT NO.	97217100
NEW MAILING ADDRESS (if any)	

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S1143004Z**

Name: **CHIANG SER HUAT**

Race: **CHINESE**
Date of Birth: **26-08-1955**
Country of Birth: **SINGAPORE**
Sex: **M**

0729915

REPUBLIC OF SINGAPORE **DRIVING LICENCE**

Licence Number: **S1143004Z**
Name: **CHIANG SER HUAT**

Birth Date: **26 Aug 1955**
Issue Date: **17 Nov 2003**

001004371A

0729915

NRIC No. **S1143004Z**

Blood Group: **O+** Date of issue: **13-01-1993**

Address: **APT BLK 720 TAMPINES STREET 72 #13-25 SINGAPORE 520720**
NRIC No: **S1143004Z** Date: **02-02-2002** No: **4186456**

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

	PASS DATE
Class 2B Motorcycles not exceeding 200 cc	01 Mar 1977
Class 2A Motorcycles between 201 cc and 400 cc	01 Mar 1977
Class 2 Motorcycles exceeding 400 cc	01 Mar 1977
Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	16 Nov 1972

NP 428A

Licence No: **S1143004Z**

Land Transport Authority

VOCATIONAL LICENCE

Licence No: **S1143004Z**
Name: **CHIANG SER HUAT**
Issue Date: **24/5/2005**

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

