

## 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 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	19/08/2016 10:53
Date Of Accident	17/08/2016 23:50
Exact Location Of Accident	MSCP @ RIVERVALE DRIVE BLK 119
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD1812B
<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 CRDI (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	REPORTING ONLY
Vehicle Category	TAXI

### Insurance Company

Name of Insurance Company	INDIA INTERNATIONAL INSURANCE PTE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	YES
Policy Number	MPRE0003
Cover Note Number	

### Driver

Name of Driver	LIM KEK WAH
NRIC No	S0181069C
Date Of Birth	20/10/1952
Occupation	OUTDOOR
Date Of Driving Pass	04/08/1977
Driving Experience	39 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81465858
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 120C #17-404 RIVERVALE DRIVE
Postcode	543120
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	COLLIDED INTO PARKED VEHICLE
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Was any body injured in the Accident?	NO
Was any other material or property damaged?	YES
Was there any video captured by Car Camera?	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	HOUGANG NEIGHBOURHOOD POLICE POST
Police Station Address	<b>ROAD:</b> BLK 357 HOUGANG AVENUE 7 #01-805 , <b>POSTCODE:</b> 530357 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-2869999 - <b>FAX NO:</b> 63822066
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

VEH. A - NO PAX OTHER VEHICLES - VACANT . . . 1/ ADDENDUM (29/08/2016) : TO ATTACH POLICE REPORT DATED 21/08/2016

Are accident photos available for attachment?	YES
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#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	UNKNOWN
Vehicle Make/Model/Colour	LORRY
Details Of Properties	VEH. B
Name of Driver	-
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	DAMAGED ON THE FRONT
No. Of Passenger (Including Driver)	0

#### Details of Witness

Name	
Phone Number	
Email Address	

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	UNKNOWN
Vehicle Make/Model/Colour	LORRY
Details Of Properties	VEH. C
Name of Driver	-
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	DAMAGED ON THE FRONT
No. Of Passenger (Including Driver)	0

#### **Details of Witness**

Name

Phone Number

Email Address

**SKETCH PLAN**

**IMPORTANT NOTICE**

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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 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.
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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

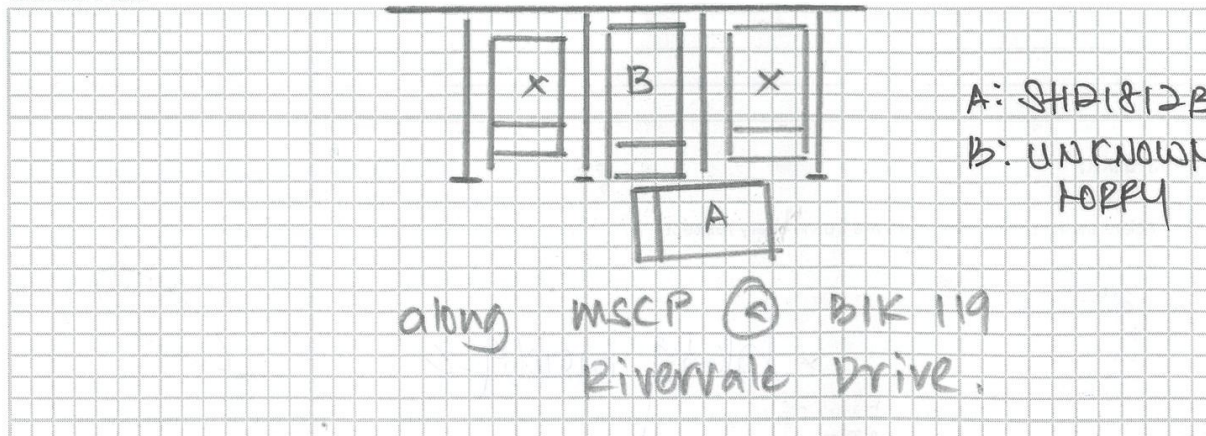


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

**Sketch Plan**



Describe Circumstance of the Accident.

ON 17/08/2016 @ 2350HRS, I WAS DRIVING MY TAXI (SHD 1812 B) INTO THE MSCP @ BLK 119 RIVERVALE DRIVE – HEADING HOME.

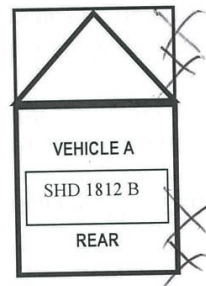
WHILE I WAS MOVING STRAIGHT – LOOKING FOR A VACANT PARKING LOT & RUBBING MY EYES, I ACCIDENTLY LOST CONTROL OF MY TAXI – CAUSING THE RIGHT PORTION OF MY TAXI TO COLLIDE ONTO VEHICLE B (PARKED LORRY) – WHICH WAS PARKED VERTICALLY ON MY RIGHT.

AS SUCH, THE RIGHT FRONT & RIGHT REAR PORTION OF MY TAXI WAS DAMAGED. I BELIEF THE FRONT PORTION OF THE LORRY WAS DAMAGED AS WELL.

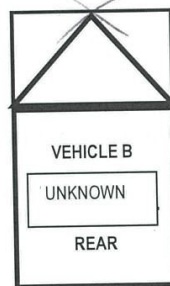
NO INJURY INVOLVED.  
NO PASSENGERS ONBOARD MY TAXI & VEHICLE B WAS VACANT.

\*THIS ACCIDENT WAS NOT REPORTED WITHIN 24 HOURS AS I WAS UNWELL THE WHOLE DAY OF YESTERDAY.

DAMAGES FOUND ON VEHICLE A & VEHICLE B



PREMIER TAXI



THIRD PARTY VEHICLE

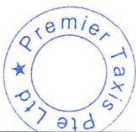


Driver's Signature  
Friday, August 19, 2016 @ 11:03:00 AM

(attended by)

Declaration

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

Witnessed by Reporting Centre Personnel



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo





GENERAL INSURANCE ASSOCIATION OF SINGAPORE  
RECORDS MANAGEMENT CENTRE

**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:**

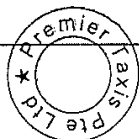
Original Report No : MPA316102091 Vehicle Registration No : SHD-18DB  
Name(as shown in NRIC): PREMIER TAXIS PTE LTD  
(\*~~Vehicle Driver~~ / Vehicle Owner) (\*) Please delete as appropriate  
NRIC/Passport No : -  
Address : 23 CHANGI SOUTH AVE 2, #01-02. SINGAPORE 486443  
Contact (Tel) : 6214 8880 (H/P) : -  
(Email) : -  
Date of Accident : 17-08-2016 Time of Accident : 2350 HRS.  
Place of Accident : MSCP (S) RIVERVALE PR  
Insurance Company : INDIA INTERNATIONAL INSURANCE

**(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 dated

21/08/2016.



Signature of Vehicle Owner / ~~Driver~~

Date: 29 AUG 2016



**SINGAPORE  
POLICE FORCE**



T/20160821/2135

Police Station Of Origin:  
Hougang NPP  
357 Hougang Avenue 7 #01-805  
SINGAPORE 530357  
Tel No: 1800-2869999

1 of 3

Report No. T/20160821/2135

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 21/08/2016 21:13	Vide Report No.:	Station Diary No.: 61
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Informant's Particulars				
Name of Informant: LIM KEK WAH			Address: APT BLK 120C RIVERVALE DRIVE #17-404 SINGAPORE 543120	
ID Type / ID No.: NRIC NO / S0181069C			Contact No.: Home/Office: Mobile: 81465858	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 63	Date of Birth: 20/10/1952	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: 3 Date of Expiry:	

General Information of the Accident				
Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 17/08/2016 23:50	Type of Location: Car Park
Location: Along Road 1 RIVERVALE DRIVE B/119A Rivervale Drive Multi-Storey Carpark Level 2 Unknown Lot No.				
Weather:		Road Surface:		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume:
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of
SHD1812B	Car	KIA	Optima	Silver	Slightly Damaged	0

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



**SINGAPORE  
POLICE FORCE**



T/20160821/2135

Police Station Of Origin:  
Hougang NPP  
357 Hougang Avenue 7 #01-805  
SINGAPORE 530357  
Tel No: 1800-2869999

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Report No. T/20160821/2135

**CONTINUATION OF REPORT**

Driver			
Name	LIM KEK WAH	ID No.	S0181069C
Related Vehicle	SHD1812B (Car)	Contact No.	81465858
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.** 17/10/2016

On 24/08/2016 at about 2350hrs, I was driving my silver premier taxi(Registration No. SHD1812B) at B/119A Rivervale Drive Multi-Storey Carpark Level 2 Unknown Lot No. when suddenly something prick onto my right eye which I then rub my eye and I felt my vehicle hit onto something. I then check my rear mirror and did not see anything amiss which I then proceeded home at park my car at B/120C Multi-Storey Carpark. I wish to state that at that point of time it was very dark and I was very tired therefore I did not alight from my vehicle to make a check. I was informed by my Company the next day that I had hit onto a vehicle and report was lodged. Traffic Police IO had also contacted me to lodge a Police report. There is CCTV in my vehicle and was recording. There was damages to my car right side mirror and bumper. I have already reported to my Company.

BLK 357 HOUGANG AVE 7  
SINGAPORE 530357  
TEL: 1800-2869999



**SINGAPORE  
POLICE FORCE**



T/20160821/2135

Police Station Of Origin:  
Hougang NPP  
357 Hougang Avenue 7 #01-805  
SINGAPORE 530357  
Tel No: 1800-2869999

3 of 3

Report No. T/20160821/2135

**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 /

Sgt BOH YONG SENG

Signature Of Informant:

Date/Time:

21/08/2016 21:13

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / HRT /

SI RIZAL BIN AHMAD

Contact No: 65476194

Autograph Stamp  
NP166

Signature:

Singapore Police Force

Classification Of Case: