

## 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	23/11/2018 11:06
Date Of Accident	19/11/2018 00:30
Exact Location Of Accident	MARYMOUNT ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC6473T
<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 (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	EU KOK THAI
NRIC No	S0210801A
Date Of Birth	05/09/1951
Occupation	OUTDOOR
Date Of Driving Pass	23/06/1971
Driving Experience	47 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90258392
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 213 #12-62 SERANGOON AVE 4
Postcode	550213
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 - HEAD ON COLLISION
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?	YES
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)	3
Passenger 1	NAME: : PAX IN THE REAR SEAT - CHINESE GENDER: : MALE
Passenger 2	NAME: : PAX IN THE REAR SEAT - CHINESE GENDER: : FEMALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	10 UBI AVENUE 3
Police Station Address	<b>ROAD:</b> 10 UBI AVENUE 3 , <b>POSTCODE:</b> 408865 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

BOTH VEHICLES - 2 PAX \*REFER TO ATTACHED POLICE REPORT \*VEHICLE AT TRAFFIC POLICE COMPOUND, NO PHOTOS TAKEN. 1/ ADDENDUM (23/11/2018) : i) TO ADD VEHICLE B AS SHD328P - TRANSCAB. ii) TO ATTACH DAMAGED PHOTOS OF INSURED VEHICLE

#### 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	SHD238P
Vehicle Make/Model/Colour	TRANSCAB
Details Of Properties	VEH. B
Vehicle Category	TAXI

Name of Driver	MALE CHINESE
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	3

#### DETAILS OF INJURED PERSON 1

Name	EU KOK THAI - DRIVER OF VEH. A
Approximate Age	
Injuries Sustain	CHEST PAIN, WARDED TO TTSH FROM 19/11/2018 - 21/11/2018 & HAD 14 DAYS HSPTL LEAVE
Injured person in which vehicle?	SHC6473T
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

#### DETAILS OF INJURED PERSON 2

Name	MALE CHINESE - PAX IN VEH. A
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SHC6473T
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

#### DETAILS OF INJURED PERSON 3

Name	MALE CHINESE - PAX IN VEH. B
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SHD238P
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

#### DETAILS OF INJURED PERSON 4

Name	FEMALE CHINESE - PAX IN VEH. B
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SHD238P
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
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.

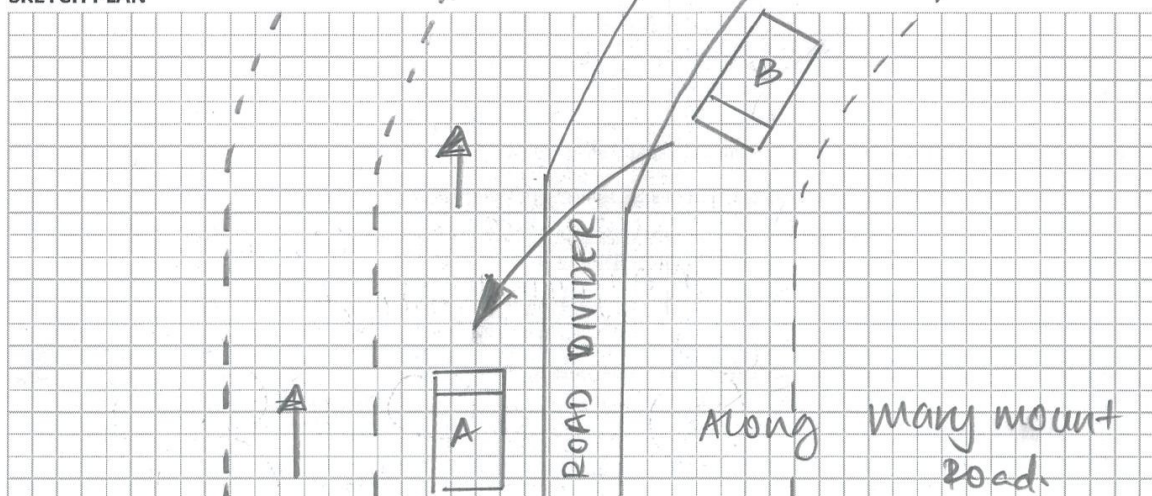


Policyholder's Signature  
Date & Time:

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

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

### SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

A: SHC6473T.

$\beta$ : UNKNOWN TRANS C A B

\* Refer to attached police report

\* Video footage Captured.

## DECLARATION

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

23 NOV 2018



Policyholder's Signature \_\_\_\_\_  
Date & Time: \_\_\_\_\_

Driver's Signature  
(If driver is not the policyholder)

Date & Time: 23/11/18 1:20pm

Reporting Centre Personnel's Signature  
Name:

NRIC/FIN No.:



**SINGAPORE  
POLICE FORCE**



T/20181122/2146

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

1 of 3

Report No. T/20181122/2146

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 22/11/2018 17:02		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: EU KOK THAI			Address: 213 SERANGOON AVENUE 4 #12-62 SERANGOON GREEN SINGAPORE 550213		
ID Type / ID No.: NRIC NO / S0210801A			Contact No.: Home/Office: Mobile: 90258392		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 67	Date of Birth: 05/09/1951	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: TAXI DRIVER			Driving Licence Information: Class: Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 19/11/2018 00:30	Type of Location:
Location: Along Road 1 MARYMOUNT ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision:				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHC6473T	Car	KIA	OPTIMA 1.7(A)		Seriously Damaged	2

**Details of Person Involved**

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



**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000



T/20181122/2146

2 of 3

Report No. T/20181122/2146

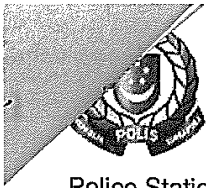
**CONTINUATION OF REPORT**

Driver			
Name	EU KOK THAI	ID No.	S0210801A
Related Vehicle	SHC6473T (Car)	Contact No.	90258392
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	19/11/2018	Date Discharge	21/11/2018
No. of Days granted Medical Leave	14	Degree of Injury	NIL

**Brief Details.**

ON STATED TIME, DATE AND LOCATION,  
I WAS TRAVELLING FROM THOMSON ROAD TOWARDS ANG MO KIO. I DRIVING AT THE MOST RIGHT LANE OF 3 LANES. WHEN I'M APPROACHING A BENT, THERE WAS ANOTHER TAXI TRAVELLING ON THE OPPOSITE SIDE TOWARDS MY DIRECTION. I WAS EXPECTING THE DRIVER TO FOLLOW THE BENT LIKE WHAT I DID. INSTEAD, I SAW THE TAXI DRIVER CUT ACROSS THE BROAD ROAD DIVIDER. I TRIED TO AVOID, BUT IT WAS TOO LATE AND HEAD TO HEAD COLLISION. *fatal* ALL MY PASSANGERS INCLUDING ME SUFFERED INJURIES. I THEN CALLED FOR AMBULANCE.





**SINGAPORE  
POLICE FORCE**



T/20181122/2146

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

3 of 3

Report No. T/20181122/2146

**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: TP / MOHAMED ANWAR BIN MOHAMED IBRAHIM
Signature Of Interpreter: Not applicable
Officer In Charge Of Case: TP / GIT / Staff Sgt SUFIYAN BIN KHAIRI Contact No.: 65476390

Authentication Stamp  
NP168

Signature Of Informant: 
Date/Time: 22/11/2018 17:02
Classification Of Case: <div style="text-align: center;"> <b>SINGAPORE POLICE FORCE</b></div> <div style="text-align: center;">Signature: </div>



 <b>Tan Tock Seng</b> HOSPITAL	<b>TAN TOCK SENG HOSPITAL</b> 11 Jalan Tan Tock Seng, Singapore 308433 Tel: (65) 6256 6011	
	<b>HOSPITAL INPATIENT DISCHARGE SUMMARY - PATIENT COPY</b>	

FLU KOK THAI | S0210801A | 67Y 2M | M | Chinese | 1218957550C | 19-Nov-2018 | 21-Nov-2018

ADMISSION DETAILS		
Admission Date: 19-Nov-2018	DOB: 05-Sep-1951	Age: 67Y 2M (as of admission)
Ward: WARD 11B	Room: ROOM 08	Bed: BED 065
Patient Type: Inpatient	Patient Class: Class B2	
Attending Dr: TEO LI TSERN (10094C)	Medical Service Code: General Surgery	

DISCHARGE DETAILS	
Discharge Date/Time: 21-Nov-2018 18:30	
Discharge Status: Follow Up at SOC	Condition at Discharge: Improved - Condition better than at time of admission

DIAGNOSIS
TRAUMA
CLOSED FRACTURE
CONTUSION OF CHEST

PROCEDURE
Not Applicable

DRUG ALLERGY DATA
Adverse Drug Reaction / Drug Allergy
No drug allergy

**Medical Alert**  
No medical alert  
The drug allergy data is accurate as at 21-Nov-2018 18:44

CLINICAL SUMMARY
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**Follow up**  
TCU GST3 am clinic 4-6/52 with CXR OA  
Memo to OPS to review diabetic medication

#### Discharge Medication

The discharge medication data is accurate as at 21-Nov-2018 18:39

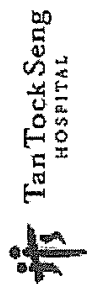
Route	Medication Name	Dosage Regimen	Instructions
PO	Paracetamol Tab	1 g every 6 hourly when necessary 2 weeks	pain
PO	Naproxen Sodium Tab	275 mg 3 times per day when necessary 5 days	for pain
PO	Omeprazole Cap	40 mg every morning when necessary 5 days	synflex cover
PO	Promethazine/ Codeine Mixture	10 mL 3 times per day when necessary 5 days	Cough.
PO	metFORMIN HCL Tab	850 mg 3 times per day with meal(s) 6 weeks	To review at next OPS visit - decreased to max allowable dose as d/w on-call

By : SIM WEI MING BENJAMIN(P1065E)

Date : 21-Nov-2018 18:44

This is a computer-generated summary of information available and correct at point of print  
Please refer to your doctor for further information or clarification

Printed by: SIM WEI MING BENJAMIN (P1065E)  
Printed Date/Time: 21-Nov-2018 18:45



MEDICAL CERTIFICATE	ORIGINAL	TTSH18267963
NAME: EU KOK THAI		NRIC: S0210801A

Type of Medical Leave granted : HOSPITALIZATION LEAVE

The above named is unfit for duty for a period of 14 day(s) from 19-Nov-2018 to 02-Dec-2018 inclusive

The certificate is not valid for absence from court attendance.

The above named attended for Examination/Treatment from 19-Nov-2018 01:15 to 21-Nov-2018 18:44

21-Nov-2018	SIM WEI MING BENJAMIN (P1065E)	W11B	Signature
Date	Issued by	Location	

<b>PREMIER TAXIS</b>	HIRER / <u>RELIEF</u> / SUPER RELIEF
VEHICLE NO.	SHC 6473T
CONTACT NO.	9025 8392
NEW MAILING ADDRESS (if any)	

	Licence Number: <b>S0210801A</b>
	Name: <b>EU KOK THAI</b>
	Birth Date: <b>05 Sep 1951</b>
	Issue Date: <b>02 Aug 2003</b>
	

<b>REPUBLIC OF SINGAPORE</b>	
IDENTITY CARD NO. <b>S0210801A</b>	
Name: <b>EU KOK THAI</b>	
Place: <b>CHINESE</b>	
Date of Birth: <b>05-09-1951</b>	Sex: <b>M</b>
Country of Birth: <b>SINGAPORE</b>	
	

<b>Land Transport Authority</b>	
<b>VOCATIONAL LICENCE</b>	
Licence No: <b>S0210801A</b>	
Name: <b>EU KOK THAI</b>	
Issue Date: <b>30/11/2005</b>	
Please visit <a href="http://www.lta.gov.sg">www.lta.gov.sg</a> to check the status of this vocational licence	
	

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

	PASS DATE
Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	23 Jun 1971

	
NRIC No. <b>S0210801A</b>	
	
Blood Group: <b>O+</b>	Date of issue: <b>13-02-1994</b>
APT BLK 213 SERANGUON AVENUE 4 #12-62 SINGAPORE 550213	
NRIC No: <b>S0210801A</b>	Date: <b>13/07/2012</b>
No: <b>7111293</b>	

		
Licence No: <b>S0210801A</b>		
NP 428A		
This card is not transferable and is the property of the Land Transport Authority (LTA). It must be surrendered to the LTA on request. If found, please return to LTA, 10 Sin Ming Drive, Singapore 575701.		
Type	Description	Issue Date
02	TAXI VL	09/12/1993



Accident Photo



Accident Photo





Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo



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: S66550020G / GST Reg. No.: M400017735

**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 : MDA S18151837 Vehicle Registration No: SHC 6473 T.  
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 : 19.11.2018 Time of Accident : 0030 HRS.  
Place of Accident : MARYMOUNT 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:

i) TO ADD VEHICLE B AS : SHD 328P - TRANSCAB

ii) TO ATTACH DAMAGE PHOTOS OF INSURED VEHICLE



Policyholder / Driver's Signature  
Date:

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.: 23 NOV 2018  
Date: