

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 | 26/11/2018 16:31 |
| Date Of Accident | 26/11/2018 12:00 |
| Exact Location Of Accident | ECP (CITY) |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|-----------------------|
| Vehicle Registration Number | SHD1859S |
| 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 | HYUNDAI |
| Model | I30 (FD)-1.6 DOHC (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 KIM SAN |
| NRIC No | S1178593Z |
| Date Of Birth | 29/01/1956 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 15/08/1983 |
| Driving Experience | 35 YEARS AND 3 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-94891941 |
| Fax Number | |
| Contact Number | |
| Email Address | NOEMAIL |

| | |
|---|-------------------------------------|
| Address | BLOCK 119D KIM TIAN ROAD #05-208 |
| Postcode | 164119 |
| 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 | CHAIN COLLISION |
| Weather Conditions | RAINING |
| Road Surface | WET |

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) | 3 |
| Passenger 1 | NAME: : UNKNOWN GENDER: : FEMALE |
| Passenger 2 | NAME: : UNKNOWN GENDER: : FEMALE |

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

VEH A: 2 PAX VEH B-C: UNKNOWN . . . 1/ ADDENDUM (30/11/2018) : TO RE-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 | SJX973Y |
| Vehicle Make/Model/Colour | HYUNDAI ELANTRA |
| Details Of Properties | |
| Vehicle Category | PRIVATE HIRE |
| Name of Driver | |

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

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number GX5987K
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category COMMERCIAL VEHICLE
Name of Driver
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name LEE KIM SAN
Approximate Age
Injuries Sustain
Injured person in which vehicle? SHD1859S
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

Sketch Plan

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.



Policyholder's Signature
Date & Time:

 1178593/2
Driver's Signature
(If driver is not the policyholder)
Date & Time:


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

Sketch Plan #2

SKETCH PLAN

A full-page view of a blank sheet of white graph paper. The grid consists of light gray horizontal and vertical lines forming small squares. A slightly thicker vertical line runs down the center of the page, dividing it into two equal halves. There are no margins, text, or other markings on the paper.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PLS REFER TO POLICE REPORT

DECLARATION

I/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:

Reporting Centre Personnel's Signature

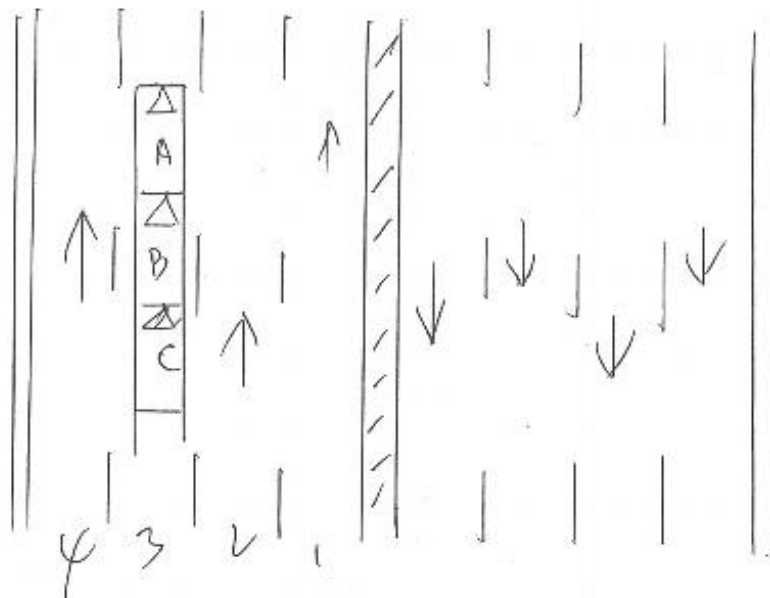
Name:

NRIC/FIN No.:

GaRMC SketchPlane Rev. 03

Accident Sketch Plan

ECR | CITY.



- 1- SHD-1859-S
- 2- SJX-973-T.
- 3- GX-5987-K

Police Report

As stated in police report, dated 26.11.2018, Police Report number. T20181126/2106

at Tampines North NPP



**SINGAPORE
POLICE FORCE**



T20181126/2106

1 of 3

Report No. T20181126/2106

Police Station Of Origin:
Tampines North NPP
451 Tampines Street 44 #01-56 SINGAPORE
520481
Tel No: 1800-7818899

REPORT OF A TRAFFIC ACCIDENT

| | | |
|--|-------------------|--------------------------|
| Date/Time Report Made: 26/11/2018 15:37 | Video Report No.: | Station Diary No.: 38 |
|--|-------------------|--------------------------|

Informant's Particulars

| | | | |
|-----------------------------------|--|---|------------------------------|
| Name of Informant: LEE KIM SAN | | Address: APT BLK 119D KIM TAN ROAD #05-208 SINGAPORE 164119 | |
| ID Type / ID No.: | NRIC NO / S1178593Z | Contact No.: | Mobile: 94881941 |
| Nationality: SINGAPORE CITIZEN | | Email: | |
| Sex: Male | Age: 62 | Date of Birth: 29/01/1956 | Type of Informant: Driver |
| Race: Chinese | Language: English | | 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: | Non-injury Others | Drink Drive: No | Date/Time of Accident: 26/11/2018 12:00 | Type of Location: |
| Location: Along Road 1 EAST COAST EXPRESSWAY | | | | |
| Weather: Heavy rain | | Road Surface: Wet | Road Speed Limit: | |
| Traffic Flow: | | Traffic Control: | Traffic Volume: Moderate | |
| 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 |
|-------------|------|---------|---------|--------|-----------|-----------------|
| GX5987K | Van | | | Black | | 0 |
| SHD1859S | TAXI | HYUNDAI | I40 | Silver | | 2 |
| SJX573Y | Car | HYUNDAI | ELANTRA | Silver | | 0 |

Police Report



SINGAPORE
POLICE FORCE



T20181128/2100

Police Station Of Origin:
Tampines North NPP
461 Tampines Street 44 #01-58 SINGAPORE
520461
Tel No: 1800-7818989

3 of 3

Report No: T20181128/2100

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 65474685 stating the report number as reference.

Signature Of Officer Recording The Report:
G /
Staff Sgt CHAN DE MING

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
26/11/2018 16:37

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

Classification Of Case:

Authentication Stamp
NP165



Police Report



SINGAPORE
POLICE FORCE



T/20181128/2105

Police Station Of Origin:
Tampines North NPP
451 Tampines Street 44 #01-56 SINGAPORE
520461
Tel No: 1800-7818889

3 of 3

Report No: T/20181128/2105

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 /
Staff Sgt CHAN DE MING

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
25/11/2018 15:37

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

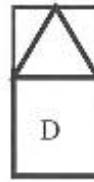
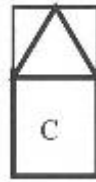
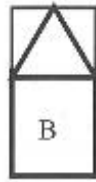
Classification Of Case:

Authentication Stamp
NF168



Police Report

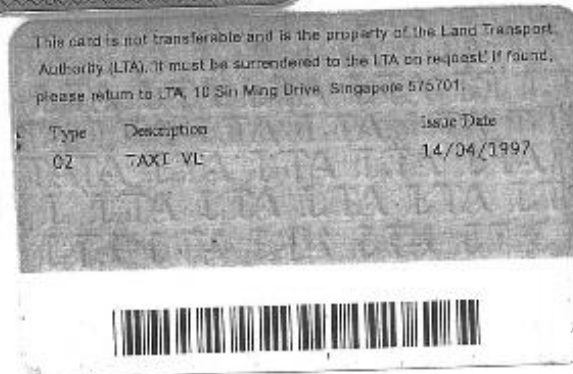
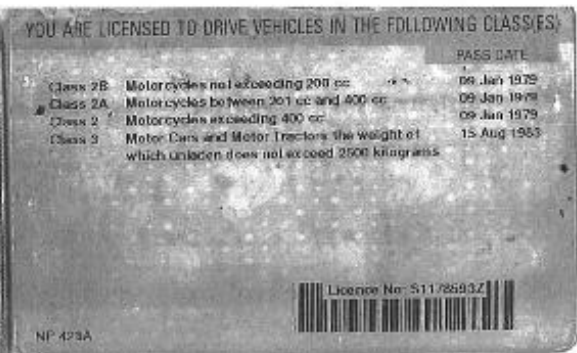
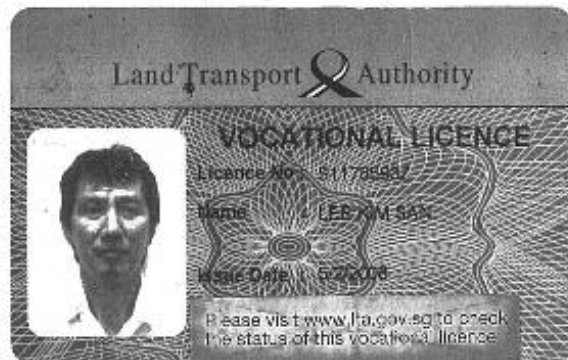
DAMAGES FOUND ON VEHICLES INVOLVED IN THE ACCIDENT



 *[Signature]* 1178593/z

Driver's Signature & NRIC Number
Monday, November 26, 2018 @ 4:42:38 PM

NRIC



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: S66SS0020G / 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

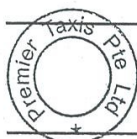
(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MPA318153202 Vehicle Registration No: SHA 1859S
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 : 26-11-2018 Time of Accident : 1200 HRS
Place of Accident : ECPC City
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 re-attach police report



Policyholder / Driver's Signature
Date:

[Signature]

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Date:

30 NOV 2018



**SINGAPORE
POLICE FORCE**



T/20181126/2106

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/20181126/2106

REPORT OF A TRAFFIC ACCIDENT

| | | | | | |
|--|------------|------------------------------|--|--------------------------|----------------------------|
| Date/Time Report Made: 26/11/2018 15:37 | | Vide Report No.: | | Station Diary No.: 39 | |
| Informant's Particulars | | | | | |
| Name of Informant: LEE KIM SAN | | | Address: APT BLK 119D KIM TIAN ROAD #05-208 SINGAPORE 164119 | | |
| ID Type / ID No.: NRIC NO / S1178593Z | | | Contact No.: Home/Office: Mobile: 94891941 | | |
| Nationality: SINGAPORE CITIZEN | | | Email: | | |
| Sex: Male | Age: 62 | Date of Birth: 29/01/1956 | Type of Informant: Driver | | |
| Race: Chinese | | | Language: English | | 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: | Non-Injury Others | Drink Drive: No | Date/Time of Accident: 26/11/2018 12:00 | Type of Location: |
| Location: Along Road 1 EAST COAST EXPRESSWAY | | | | |
| Weather: Heavy rain | | Road Surface: Wet | | Road Speed Limit: |
| Traffic Flow: | | Traffic Control: | | Traffic Volume: Moderate |
| 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 |
| GX5987K | Van | | | Black | | 0 |
| SHD1859S | TAXI | HYUNDAI | I40 | Silver | | 2 |
| SJX973Y | Car | HYUNDAI | ELANTRA | Silver | | 0 |



**SINGAPORE
POLICE FORCE**



T/20181126/2106

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/20181126/2106

CONTINUATION OF REPORT

| Details of Person Involved | | | |
|-----------------------------------|---------------------------|--|---|
| Any Pedestrian Involved: No | | | |
| No. of Pedestrians Injured: NIL | | Use of Pedestrian Crossing: NA | |
| Driver | | | |
| Name | LEE KIM SAN | ID No. | S1178593Z |
| Related Vehicle | SHD1859S (TAXI) | Contact No. | 94891941 |
| Hospital/Clinic | Y M CHAN CLINIC & SURGERY | Class of Driving Licence & Expiry Date | Class: 2B,2A,2,3 Date of Expiry: NIL |
| Date Treatment | 26/11/2018 | Date Discharge | 26/11/2018 |
| No. of Days granted Medical Leave | 03 | Degree of Injury | NIL |

Brief Details.

On 26/11/2018, at about 12:00pm, I was driving my Taxi (SHD1859S) along East Coast Expressway (Near to Exit of Changi Airport Terminal One) with two passengers on board on the third lane. It was raining heavily and the traffic volume was moderate.

I was driving slowly at about 20km/hr as there was construction work in front and it was raining heavily. Suddenly, I felt an impact from the rear. I had alighted from my Taxi and realised that it was a chain collision. I did not manage to exchange particulars as I have forgotten about it.

I was the first vehicle in the chain collision, followed by a GrabTaxi (SJX973Y) and then a Van (GX5987K). No ambulance or Traffic Police attended as no one was injured.

There in-car camera recording in my Taxi. I had felt pain on my body as such I had went to seek medical consultation and was given 3 days medical certificate.



**SINGAPORE
POLICE FORCE**



T/20181126/2106

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/20181126/2106

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 /
Staff Sgt CHAN DE MING

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
26/11/2018 15:37

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

Classification Of Case:

Authentication Stamp
NP168



**SINGAPORE
POLICE FORCE**

SIGNATURE