

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	10/12/2018 11:42
Date Of Accident	07/12/2018 21:25
Exact Location Of Accident	NICOLL HIGHWAY TWDS GEYLANG
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB8906D
Insured/Policyholder	
Name Of Registered Owner	PREMIER TAXIS PTE LTD
Co Reg No	200307975H
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	KWOK WAN KEONG
NRIC No	S1637132G
Date Of Birth	03/11/1964
Occupation	OUTDOOR
Date Of Driving Pass	23/07/1982
Driving Experience	36 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84822460
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 276 #10-242 YISHUN ST 22
Postcode	760276
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	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	4
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)	4
Passenger 1	NAME: : PAX IN THE FRONT SEAT - CHINESE GENDER: : MALE
Passenger 2	NAME: : PAX IN THE REAR SEAT - CHINESE GENDER: : FEMALE
Passenger 3	NAME: : PAX IN THE REAR SEAT - CHINESE/CHILD GENDER: : FEMALE

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

VEH. A - 3 PAX VEH. B - 2 PAX (AN ADULT & A CHILD) VEH. C - 1 PAX VEH. D - NO 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 OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMA4611B
Vehicle Make/Model/Colour	TOYOTA CHR/WHITE

Details Of Properties	VEH. B
Vehicle Category	PRIVATE CAR
Name of Driver	ONG KHENG HOE
NRIC/Passport Number	S6830179C
Contact Number	81021129
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	DAMAGED ON THE FRONT & REAR
No. Of Passenger (Including Driver)	3

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SJQ803S
Vehicle Make/Model/Colour	CHEVROLET
Details Of Properties	VEH. C
Vehicle Category	PRIVATE CAR
Name of Driver	ZHU ZIXIANG
NRIC/Passport Number	S9473496G
Contact Number	86081430
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	DAMAGED ON THE REAR
No. Of Passenger (Including Driver)	2

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	GBH1286U
Vehicle Make/Model/Colour	SUZUKI VAN
Details Of Properties	VEH. D
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	KHO JIALING GENEVIEVE
NRIC/Passport Number	S8340706I
Contact Number	81114989
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	KWOK WAN KEONG - DRIVER OF VEH. A
Approximate Age	
Injuries Sustain	WENT MT ALVERNIA HSPT & HAD 3 DAYS MC
Injured person in which vehicle?	SHB8906D
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
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.



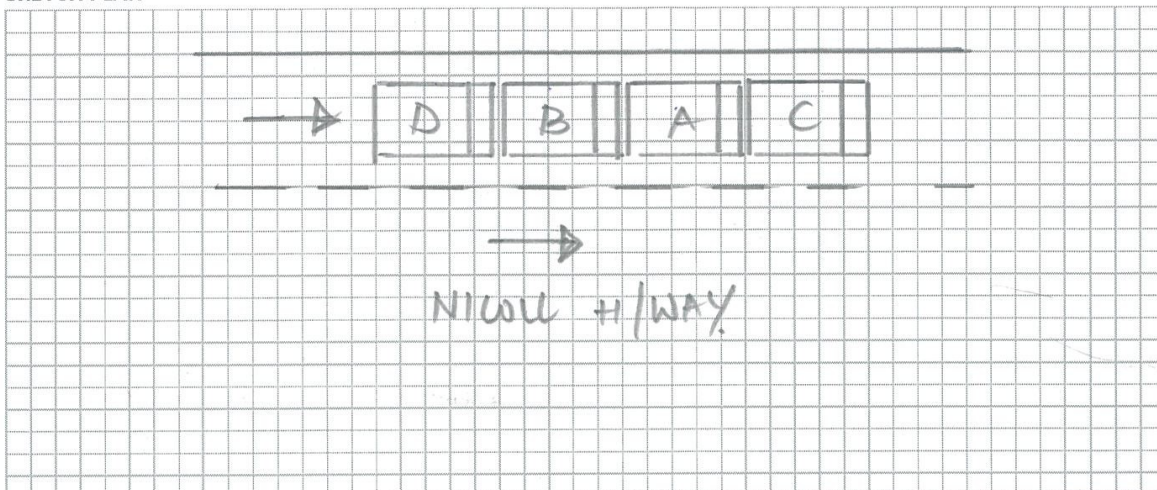
Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time: 1637132 G

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

Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

A: SHB 8906D

B: SMA 4611B

C: SJQ 8035

D: GBH 12864.

* Refer to attach police report

* video footage captured.

DECLARATION

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

Policyholder's Signature _____
Date & Time: _____

GIARMC SketchPlanForm_V3

Driver's Signature
(If driver is not the policyholder)
Date & Time: 1/3/2019

Date & Time: 16/3/2024

10 DEC 2018

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

NRIC/FIN No.:



**SINGAPORE
POLICE FORCE**



T/20181208/2095

1 of 4

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

Report No. T/20181208/2095

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 08/12/2018 15:19	Vide Report No.:	Station Diary No.: 21
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Informant's Particulars

Name of Informant: KWOK WAN KEONG			Address: APT BLK 276 YISHUN STREET 22 #10-242 SINGAPORE 760276		
ID Type / ID No.: NRIC NO / S1637132G			Contact No.: Home/Office: Mobile: 84822460		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 54	Date of Birth: 03/11/1964	Type of Informant: Driver		
Race: Chinese			Language: English	Institution / School Name:	
Occupation: Taxi driver			Driving Licence Information: Class: 2B,3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 07/12/2018 22:25	Type of Location:
Location: Along Road 1 NICOLL HIGHWAY towards Geylang				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision: Chain collision				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBH1286U	Van					0
SHB8906D	Car					3
SJQ803S	Car					1
SMA4611B	Car					0



**SINGAPORE
POLICE FORCE**



T/20181208/2095

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

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Report No. T/20181208/2095

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	Kho Jialing Genevieve	ID No.	S8340706I
Related Vehicle	GBH1286U (Van)	Contact No.	81114989
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
Driver			
Name	KWOK WAN KEONG	ID No.	S1637132G
Related Vehicle	SHB8906D (Car)	Contact No.	84822460
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	08/12/2018	Date Discharge	08/12/2018
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	Zhu Zixiang	ID No.	S9473496G
Related Vehicle	SJQ803S (Car)	Contact No.	86081430
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



**SINGAPORE
POLICE FORCE**



T/20181208/2095

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

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Report No. T/20181208/2095

CONTINUATION OF REPORT

Driver			
Name	Ong Kheng Hoe	ID No.	S6830179C
Related Vehicle	SMA4611B (Car)	Contact No.	81021129
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 above mentioned date, time and location, I was driving on the extreme left lane. I noticed that the car in front of me started to slow down. So I followed. Then out of a sudden, the vehicle behind me hit onto me. SMA 4611B hit me. Due to the impact from the hit, my vehicle moved forward and hit onto the car in front SJQ803S. My vehicle suffered several scratches from the front and rear of the vehicle. I came out of the vehicle and found that GBH1286U, was also involved and the vehicle hit onto SMA4611B.

I went to Mount Alvernia Hospital and was given 3 days MC.



**SINGAPORE
POLICE FORCE**



T/20181208/2095

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

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Report No. T/20181208/2095

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 DZULHILMI BIN OMAR		Signature Of Informant: 	
Signature Of Interpreter: Not applicable		Date/Time: 08/12/2018 15:19	
Officer In Charge Of Case: TP / AEIT / SI ANG YI TING, STEPHANIE Contact No.: 65476414		Classification Of Case:	
Authentication Stamp NP168		 	



Sketch Plan Pg. 7


PREMIER TAXIS	HIRER / RELIEF / SUPER RELIEF
VEHICLE NO.	SHB 890.6 D
CONTACT NO.	8482 2460
NEW MAILING ADDRESS (if any)	/

REPUBLIC OF SINGAPORE DRIVING LICENCE	
	Licence Number: S1637132G Name: KWOK WAN KEONG Birth Date: 03 Nov 1964 Issue Date: 20 Jun 2003
	

REPUBLIC OF SINGAPORE	
IDENTITY CARD NO. S1637132G	
	Name: KWOK WAN KEONG Race: CHINESE Date of Birth: 03-11-1964 Country of Birth: SINGAPORE Sex: M

Land Transport Authority	
VOCATIONAL LICENCE	
	Licence No: S1637132G Name: KWOK WAN KEONG Issue Date: 30/12/2014 Please visit www.lta.gov.sg to check the status of this vocational licence

	
NRIC No. S1637132G	
	Blood Group: A+ Date of issue: 14-09-1992
APT BLK 276 YISHUN STREET 22 #10-242 SINGAPORE 760276 NRIC No: S1637132G Date: 02/02/2013 No: 7248123	

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS/ES	
	PASS DATE
2B Motorcycles not exceeding 200 cc	29 Mar 1983
Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	23 Jul 1982
Licence No: S1637132G 	

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	30/12/2014



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

