

## 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	11/12/2018 16:56
Date Of Accident	11/12/2018 04:15
Exact Location Of Accident	CHOA CHU KANG NORTH 7 TWDS CHOA CHU KANG CRESCENT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC6841P
<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	LIM PENG CHAI
NRIC No	S6806703J
Date Of Birth	15/03/1968
Occupation	OUTDOOR
Date Of Driving Pass	17/07/1991
Driving Experience	27 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91443936
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 449 #13-169 CHOA CHU KANG AVE 4
Postcode	680449
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	DRIZZLING
Road Surface	WET

#### 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)	5
Passenger 1	NAME: : PAX IN THE FRONT SEAT - INDIAN GENDER: : MALE
Passenger 2	NAME: : PAX IN THE REAR SEAT - INDIAN GENDER: : MALE
Passenger 3	NAME: : PAX IN THE REAR SEAT - CHINESE GENDER: : FEMALE
Passenger 4	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	BUKIT PANJANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address	<b>ROAD:</b> 42 FAJAR ROAD , <b>POSTCODE:</b> 679005 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-8929999 - <b>FAX NO:</b> 67673650
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

VEH. A - 4 PAX VEH. B - NO PAX

#### 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	SHD261Y
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Vehicle Make/Model/Colour	TRANSCAB TAXI
Details Of Properties	VEH. B
Vehicle Category	TAXI
Name of Driver	LIM MENG TECK
NRIC/Passport Number	S1758604A
Contact Number	90687591
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	DAMAGED ON THE RIGHT PORTION
No. Of Passenger (Including Driver)	1

#### DETAILS OF INJURED PERSON 1

Name	LIM PENG CHAI - DRIVER OF VEH. A
Approximate Age	
Injuries Sustain	WENT CLINIC FOR MEDICAL TREATMENT & HAD 2 DAYS MC
Injured person in which vehicle?	SHC6841P
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

## Sketch Plan Pg. 1

### SKETCH PLAN

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5. Any false reporting may be referred to the Police for investigation.
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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:

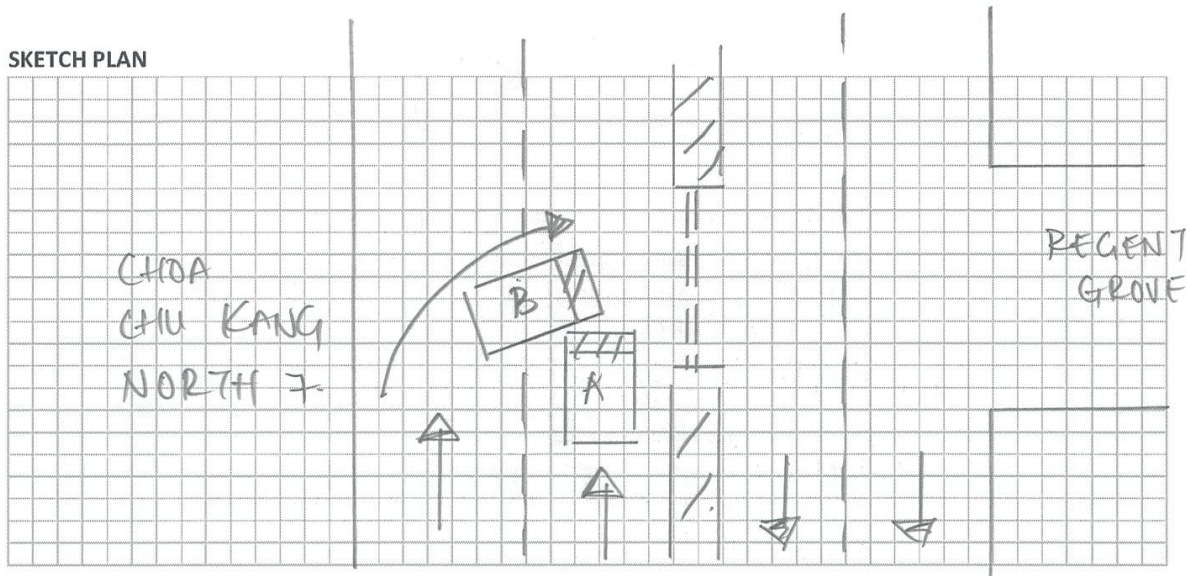
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

11 DEC 2018

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

## Sketch Plan Pg. 2

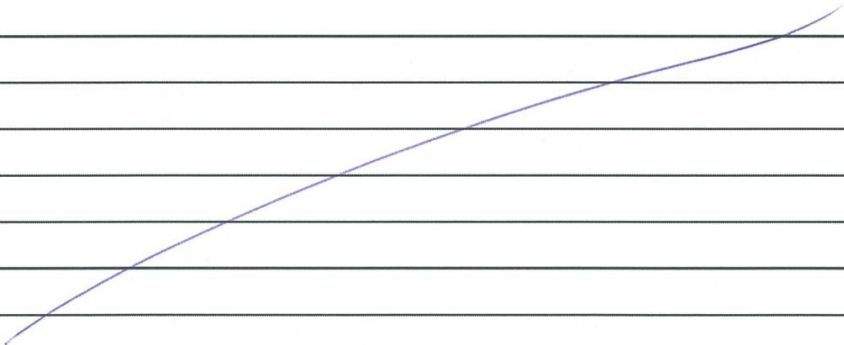
### SKETCH PLAN



**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

A: SHC 6841P

B: SHD 261Y



## 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.:

GIARMC SketchPlanForm\_V3

2



Describe Circumstance of the Accident.

ON 11/12/2018 @ 0415 HRS, I WAS DRIVING MY TAXI ( SHC 6841 P ), TRAVELLING ALONG CHOA CHU KANG NORTH 7 TOWARDS CHOA CHU KANG CRESCENT WITH 4 PASSENGERS ONBOARD, IN THE RIGHT LANE.

WHILE I WAS MOVING STRAIGHT AHEAD – WITHIN MY LANE, SUDDENLY VEHICLE B ( SHD 261 Y – TRANSCAB TAXI ) WHICH WAS INITIALLY IN THE LEFT LANE – FAILED TO KEEP FOR PROPER LOOK OUT, ENCROACHED ONTO MY PATH ON LEFT ABRUPTLY.

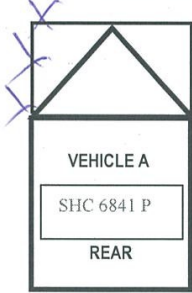
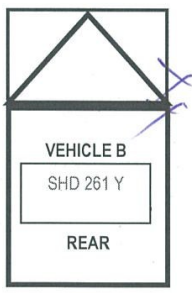
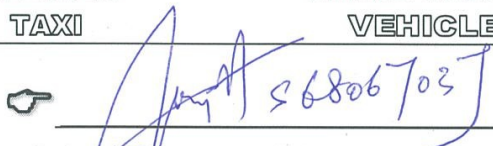

AS SUCH, THE RIGHT PORTION OF VEHICLE B COLLIDED ONTO THE FRONT LEFT OF MY TAXI – WHILE HE WAS MAKING HIS ILLEGAL U-TURN IN FRONT OF ME.

DUE TO THE IMPACT, MY TAXI HAD DAMAGES ON THE FRONT LEFT PORTION AND VEHICLE B HAD DAMAGES ON THE RIGHT PORTION.

AS A RESULT, I FELT SOME DISCOMFORT, WENT TO CLINIC FOR MEDICAL TREATMENT & HAD 2 DAYS OF MEDICAL LEAVE. NO AMBULANCE AT SCENE.

NO PASSENGERS ONBOARD VEHICLE B.

\*VIDEO FOOTAGE CAPTURED.

DAMAGES FOUND ON VEHICLE A & VEHICLE B	
 <p>VEHICLE A SHC 6841 P REAR</p> <p>PREMIER TAXI</p>	 <p>VEHICLE B SHD 261 Y REAR</p> <p>THIRD PARTY VEHICLE</p>
<p> Driver's Signature &amp; NRIC Number Tuesday, December 11, 2018 @ 5:06:14 PM</p> <p>( attended by  )</p>	



CONFIDENTIAL

NOTICE OF COMPLIANCE

This is to inform that Mr. Lim Peng Chai IC/FIN S6806703J Residing at Blk 449 Choa Chu Kang Ave 4 #13-169 has reported to the Police a non-injury traffic accident, which occurred at Choa Chu Kang North 7 towards Choa Chu Kang Crescent (Opposite Regent Gove) at 11/12/2018 between 0415 hrs  
Involving the following vehicle:

I SHC6841P

II SHD261Y Lim Meng Teck S1758604A

2. If the accident was reported to Police within 24 hours of its occurrence, He/she therefore had complied with Sec 84(2) of the Road Traffic Act, Cap 276.

Rank/Name of issuing Officer : Dion Chin Wei Jie

Date : 11/12/2018

Time : 0547hrs

S/D Ref : 17

Police Post/ Unit : Bukit Panjang NPC

**Bukit Panjang NPC**  
1 Seagar Road #01-05  
Singapore 677738  
Tel : 6892 9996

Original - To be issued to informant

Duplicate - To be retained at NPC or Police Post

<b>PREMIER TAXIS</b>	<b>HIRER / RELIEF / SUPER RELIEF</b>
VEHICLE NO.	SHC 6841P
CONTACT NO.	9144 3936
NEW MAILING ADDRESS (if any)	

**REPUBLIC OF SINGAPORE DRIVING LICENCE**

Licence Number: **S6806703J**  
Name: **LIM PENG CHAI**

Birth Date: 15 Mar 1968  
Issue Date: 02 Oct 2004

001288337E

**REPUBLIC OF SINGAPORE**  
IDENTITY CARD NO. **S6806703J**

**LIM PENG CHAI**  
林 秉 財  
Race: **CHINESE**  
Date of birth: 15-03-1968 Sex: **M**  
Country of birth: **SINGAPORE**

4211303

**Land Transport Authority**

**VOCATIONAL LICENCE**  
Licence No: **S6806703J**  
Name: **LIM PENG CHAI**  
Issue Date: 1/6/2012  
Please visit [www.lta.gov.sg](http://www.lta.gov.sg) to check the status of this vocational licence

4211303

NRIC No. **S6806703J**

Date of issue: **28-04-2008**

Address:  
**APT BLK 449 CHOA CHU KANG AVENUE 4 #13-169 SINGAPORE 680449**

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

	PASS DATE
Class 3 Motor cars =< 3000 kg with =< 7 passengers, exclusive of the driver; and motor tractors /vehicles =< 2500 kg	17 Jul 1991

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	04/03/2011





Accident Photo



Accident Photo



Accident Photo





Accident Photo

