

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	14/12/2018 09:44
Date Of Accident	14/12/2018 01:45
Exact Location Of Accident	TERMINAL 2 TAXI PICK UP
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SH2440H
Insured/Policyholder	
Name Of Registered Owner	CHAN KOK KAI
NRIC No	S1151118Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93887718
Alternative Phone No	OFFICE-93887718

Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA AXIO-1.5 HYBRID CVT (A)
Exact Purpose for which vehicle was being used at time of accident	HIRE AND REWARD
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	MS FIRST CAPITAL INSURANCE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	D-180091153MSH
Cover Note Number	

Driver

Name of Driver	G JEFRY KAPOOR
NRIC No	S1770020J
Date Of Birth	25/01/1996
Occupation	OUTDOOR
Date Of Driving Pass	02/02/2010
Driving Experience	8 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84425573
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLOCK 824WOODLANDS STREET 81 #03-08
Postcode	730824
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - RELIEF
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 TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes,Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes,against whom?	

Circumstances of Accident

On 14.12.2018 at about 0145hrs, I was driving my vehicle (A: SH2440H) along terminal 2 Taxi Pick Up. While vehicles ahead stopped, I followed suit. Suddenly, I felt an impact from behind and realized that vehicle (B: SHD3154D) had hit onto rear portion. Vehicle A (SH2440H): No passenger on board. Vehicle B (SHD3154D): No passenger on board.

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	SHD3154D
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan

SKETCH PLAN

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8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

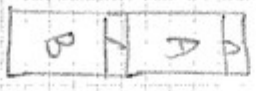
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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



A: SH2400H
B: SHD313VD

Terminal 2 Taxi Pick up

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Annex 1

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.:

Annex 1

On 14.12.2018 at about 0145hrs, I was driving my vehicle (A: SH2440H) along terminal 2 Taxi Pick Up. While vehicles ahead stopped, I followed suit. Suddenly, I felt an impact from behind and realized that vehicle (B: SHD3154D) had hit onto rear portion.

Vehicle A (SH2440H): No passenger on board.

Vehicle B (SHD3154D): No passenger on board.

A handwritten signature, possibly reading 'A', is written in black ink.



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

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 14/12/2018 11:52		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: G JEFY KAPOOR			Address: APT BLK 4 GHIM MOH ROAD #07-50 GHIM MOH GREEN SINGAPORE 270004		
ID Type / ID No.: NRIC NO / S1770020J			Contact No.: Home/Office: Mobile: 84425573		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 52	Date of Birth: 25/01/1966	Type of Informant: Driver		
Race: Indian			Language: English		Institution / School Name:
Occupation: TAXI DRIVER			Driving Licence Information: Class: 3,4A Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 14/12/2018 01:45	Type of Location: Straight Road
Location: Along Road 1 T2 ARRIVAL DRIVE CHANGI INTERNATIONAL AIRPORT TERMINAL 2 AT THE ARRIVAL HALL TAXI QUEUE				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SH2440H	TAXI	TOYOTA	COROLLA AXIO	Black	Seriously Damaged	0
SHD3154D	TAXI	HYUNDAI		Blue	No Damage	0

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



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

CONTINUATION OF REPORT

Driver			
Name	G JEFY KAPOOR		ID No. S1770020J
Related Vehicle	SH2440H (TAXI)		Contact No. 84425573
Hospital/Clinic	FINEST HEALTH MEDICAL CENTRE		Class of Driving Licence & Expiry Date Class: 3,4A Date of Expiry: NIL
Date Treatment	14/12/2018	Date Discharge	14/12/2018
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	GAN PEH HENG		ID No. S0323503C
Related Vehicle	SHD3154D (TAXI)		Contact No. 91864317
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 14/12/18@1.45am, I was at the Changi Airport Terminal 2 Arrival Hall in my taxi bearing registration number SH2440H. I was in the taxi queue waiting to pick up passengers. I was stationary in the queue when I was suddenly hit from the rear by another taxi bearing registration number SHD3154D. As a result of the impact, my taxi was pushed forward. Luckily I had engaged my handbrake at that time and my taxi did not hit the vehicle in front of me.

After the collision the other driver and I then alighted from our vehicles and inspected the damages to our vehicles. I noticed that the rear of my taxi especially the boot area was seriously damaged. The other taxi did not sustain any damages. We then exchanged particulars and continued on our respective journeys. I went to seek medical attention later on in the morning and I was given 3 days of medical leave.

I have lodged a report with my insurance company.



SINGAPORE
POLICE FORCE



T/20181214/2042

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

3 of 3

Report No. T/20181214/2042

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: E / Sr Staff Sgt FAIROZ S/O ABDUL KAREEM	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 14/12/2018 11:52
Officer In Charge Of Case: TP / AEIT / Staff Sgt WONG SIEU LUI Contact No: 65476151	Classification Of Case:
Authentication Stamp NP168	
SIGNATURE	

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Addendum Sheet

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 : MTLUN18161107 Vehicle Registration No: SH2440H
Name (as shown in NRIC) : Chan Kok Kai NRIC/FIN/Passport No : S11511187
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore ()
Contact (Tel) : _____ Mobile No. : _____
Email Address : _____
Date of Accident : 14-12-2018 Time of Accident : 0145hr
Place of Accident : Terminal 2 Taxi pick up
Insurance Company: MS First Capital Insurance 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:

Attach police Report.

Policyholder / Driver's Signature
Date:

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

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