

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	26/12/2018 15:30
Date Of Accident	25/12/2018 10:30
Exact Location Of Accident	AIRPORT BOULEVARD NEAR T3 DEPARTURE TAXI QUEUE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD2790Z
Insured/Policyholder	
Name Of Registered Owner	PRIME CAR RENTAL & TAXI SERVICES PTE LTD
Co Reg No	199606293Z
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-68982000

Vehicle Particulars

Manufacturer	TOYOTA
Model	PRIUS-1.8 HYBRID CVT (A)
Exact Purpose for which vehicle was being used at time of accident	
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 FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	5068045737-04
Cover Note Number	

Driver

Name of Driver	CHAN KENG JIN
NRIC No	S7336694A
Date Of Birth	13/10/1973
Occupation	OUTDOOR
Date Of Driving Pass	20/07/1999
Driving Experience	19 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91094435
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 678D JURONG WEST STREET 64 #04-351 SINGAPORE
Postcode	644678
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 (including own vehicle) 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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TAMPINES NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 6 TAMPINES AVE 4 , POSTCODE: 529682 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-5871999 - FAX NO: 65871699
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER ATTACHED POLICE REPORT NO. T/20181225/2077

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	SHD7129B
Vehicle Make/Model/Colour	COMFORT TAXI
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	MS FIRST CAPITAL INSURANCE LTD
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SHD6502M
Vehicle Make/Model/Colour	COMFORT TAXI
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)	

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	UNKNOWN
Vehicle Make/Model/Colour	COMFORT TAXI
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)	

DETAILS OF INJURED PERSON 1

Name	CHAN KENG JIN
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SHD2790Z
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
Address	BLK 678D JURONG WEST STREET 64 #04-351 SINGAPORE
Postcode	644678

Accident Sketch Plan Pg. 1

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:

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

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

GIA/SMC Sketch Plan (Rev. 1/18)

14.47

POLICE REPORT Pg. 1



**SINGAPORE
POLICE FORCE**



T/20181225/2077

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

1 of 3

Report No. T/20181225/2077

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 25/12/2018 17:42	Vide Report No.:	Station Diary No.: 60
--	------------------	--------------------------

Informant's Particulars			
Name of Informant: CHAN KENG JIN		Address: APT BLK 678D JURONG WEST STREET 64 #04-351 SINGAPORE 644678	
ID Type / ID No.: NRIC NO / S7336694A		Contact No. Home/Office: Mobile: 91094435	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 45	Date of Birth: 13/10/1973	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 Government Property	Drink Drive: No	Date/Time of Accident: 25/12/2018 10:30	Type of Location: Straight Road
Location: Along Road 1 AIRPORT BOULEVARD TERMINAL 3				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light
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
SHD2790Z	Car	TOYOTA	PRIUS HYBRID 1.8LA	Brown	Slightly Damaged	0
SHD6502M	Car	HYUNDAI	I40 1.7L CRDI AT ABS AIRBAG 4DR	Blue	Slightly Damaged	0



**SINGAPORE
POLICE FORCE**



T/20181225/2077

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

2 of 3
Report No. T/20181225/2077

CONTINUATION OF REPORT

Details of vehicle involved						
Vehicle No.	Type	Make	Model	Color	Condition	No. of passenger
SHD7129B	Car	HYUNDAI	I40 1.7 CRDI F/L AT ABS AIRBAG 4DR	Blue	Slightly Damaged	1

Brief Details.

On the 25th of December 2018 at about 1030hrs, my taxi (SHD2790Z) was stationery along Airport Boulevard (Terminal 3), waiting in the taxi queue to pick up passengers. My car was in queue behind another taxi (SHD6502M). Out of a sudden, I heard banging sound and the next thing I know, another taxi (SHD7129B) has hit onto my vehicle, causing my vehicle to inched forward and hit onto the taxi in front, causing a chain collision. I did not see what actually happened.

Due to the accident, the side of my right eye hit onto the steering wheel, causing a bump. I then went to the hospital and was given 3 days MC (EMD2018247497) from 25/12/2018 to 27/12/2018.

The vehicle behind me (SHD7129B) front bumper came off. My vehicle had dents on the front and rear bumper. The vehicle in front of me (SHD6502M) had dents on his rear bumper. The vehicle behind me has hit onto a mirror (blindspot) which came off.

I do not have an in-car camera installed but the other 2 taxi do.



SINGAPORE
POLICE FORCE



T/20181225/2077

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

3 of 3

Report No. T/20181225/2077

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 / Sgt 3 SITI NUR SYAFIQAH BINTE AZMAN	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 25/12/2018 17:42
Officer In Charge Of Case: TP / AEIT / SSI-2 JUREMAH BINTE AHMAD Contact No.: 65472076	Classification Of Case:
Authentication Stamp NP168 	