

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 | 21/01/2019 11:38 |
| Date Of Accident | 20/01/2019 20:05 |
| Exact Location Of Accident | BAYFRONT AVE |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|-----------------------|
| Vehicle Registration Number | SHC6648G |
| 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 | 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 | SEE LUB HOK |
| NRIC No | S0095690B |
| Date Of Birth | 03/04/1952 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 04/01/1971 |
| Driving Experience | 48 YEARS AND 0 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-81099369 |
| Fax Number | |
| Contact Number | |
| EEmail Address | NOEMAIL |

| | |
|---|-----------------------------------|
| Address | BLK 377 #05-322 CLEMENTI AVE 5 |
| Postcode | 120377 |
| Was driver an employee of the Insured's Company | NO |
| If No, Relationship of the Driver with the Insured | OTHER - SUPER RELIEF - CLEMENTI |
| 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) | 5 |
| 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 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 | CLEMENTI N.P.C |
| Police Station Address | ROAD: 20 CLEMENTI AVE 5 , POSTCODE: 129858 , COUNTRY: SINGAPORE |
| Police Station Contact | TEL NO: - FAX NO: |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom? | |

Circumstances of Accident

VEH. A - 4 PAX VEH. B - NO PAX VEH. C & VEH. D - UNKNOWN PAX ONBOARD *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 | SJM7733K |
| Vehicle Make/Model/Colour | BMW |
| Details Of Properties | VEH. B |
| Vehicle Category | PRIVATE CAR |
| Name of Driver | CHUA TIONG KEE |
| NRIC/Passport Number | S7173600H |
| Contact Number | 91095010 |
| Address | |
| Postcode | |
| Insurance Company Name | |
| Nature Of Damage | DAMAGED ON THE FRONT PORTION |
| No. Of Passenger (Including Driver) | 1 |

DETAILS OF OTHER VEHICLE PROPERTY 2

| | |
|-------------------------------------|----------------|
| Vehicle Registration Number | SHC5005T |
| Vehicle Make/Model/Colour | TRANSACB TAXI |
| Details Of Properties | VEH. C |
| Vehicle Category | TAXI |
| Name of Driver | WONG SOON CHAI |
| NRIC/Passport Number | S0092439C |
| Contact Number | 97501009 |
| Address | |
| Postcode | |
| Insurance Company Name | |
| Nature Of Damage | |
| No. Of Passenger (Including Driver) | |

DETAILS OF OTHER VEHICLE PROPERTY 3

| | |
|-------------------------------------|--------------|
| Vehicle Registration Number | SHD6661L |
| Vehicle Make/Model/Colour | M/BENZ |
| Details Of Properties | VEH. D |
| Vehicle Category | TAXI |
| Name of Driver | YU CHIN SONG |
| NRIC/Passport Number | S2567416B |
| Contact Number | 96226711 |
| Address | |
| Postcode | |
| Insurance Company Name | |
| Nature Of Damage | |
| No. Of Passenger (Including Driver) | |

DETAILS OF INJURED PERSON 1

| | |
|---|--|
| Name | SEE LUB HOK - PAX IN VEH. A |
| Approximate Age | |
| Injuries Sustain | WENT TO CLINIC FOR MEDICAL TREATMENT & HAD 4 DAYS MC |
| Injured person in which vehicle? | SHC6648G |
| Were seat belts worn? | YES |
| Was this injured conveyed to hospital by ambulance? | NO |
| Address | |
| Postcode | |

SKETCH PLAN

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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:

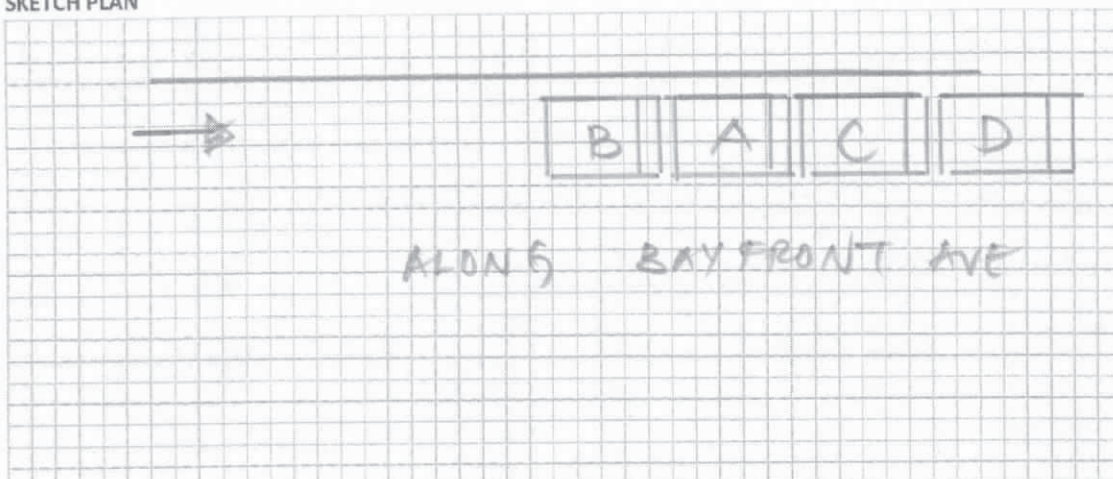
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

GIA/ARMC SketchPlanForm_V3

X SEE 2113 HOK

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

A: SHC6648G
 B: SJM 77331C
 C: SHC 5005T
 D: SHD 6661L.

* 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: 21/1/2013 1140h.

50055690/B

21 JAN 2013

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



**SINGAPORE
POLICE FORCE**



T/20190120/2112

Police Station Of Origin:
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999

1 of 3

Report No. T/20190120/2112

REPORT OF A TRAFFIC ACCIDENT

| | | | | | |
|--|------------|------------------------------|--|---------------------------|----------------------------|
| Date/Time Report Made: 20/01/2019 19:31 | | Vide Report No.: | | Station Diary No.: 177 | |
| Informant's Particulars | | | | | |
| Name of Informant: SEE LUB HOK | | | Address: APT BLK 377 CLEMENTI AVENUE 5 #05-322 SINGAPORE 120377 | | |
| ID Type / ID No.: NRIC NO / S0095690B | | | Contact No.: Home/Office: Mobile: 81099369 | | |
| Nationality: SINGAPORE CITIZEN | | | Email: | | |
| Sex: Male | Age: 66 | Date of Birth: 03/04/1952 | Type of Informant: Driver | | |
| Race: Chinese | | | Language: English | | Institution / School Name: |
| Occupation: Taxi driver | | | Driving Licence Information: Class: 3 Date of Expiry: | | |

General Information of the Accident

| | | | | |
|--|----------------------------------|---|--|-------------------------------------|
| Type of Accident: | Non-Injury Attended by Police | Drink Drive: No | Date/Time of Accident: 19/01/2019 22:00 | Type of Location: Straight Road |
| Location: Along Road 1 BAYFRONT AVENUE along Bayfront Ave towards Temasek Ave near Lamp Post 13 | | | | |
| Weather: Clear | | Road Surface: Dry | | Road Speed Limit: |
| Traffic Flow: Two Way | | Traffic Control: Traffic Light - Working | | Traffic Volume: Heavy |
| Type of Collision: chain collision | | | | Anyone conveyed by ambulance: No |

Details of Vehicle Involved

| Vehicle No. | Type | Make | Model | Color | Condition | No of Passenger |
|-------------|------|---------------|---|--------|-------------------|-----------------|
| SHC5005T | Car | RENAULT | LATITUDE 2.0L DCI AUTO D/AB 4DRLATITUDE | Red | Seriously Damaged | 0 |
| SHC6648G | Car | KIA | OPTIMA 1.7(A) | Silver | Seriously Damaged | 4 |
| SHD6661L | Car | MERCEDES BENZ | E220 BLUETEC | White | Slightly Damaged | 0 |



**SINGAPORE
POLICE FORCE**



T/20190120/2112

2 of 3

Police-Station Of Origin:
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999

Report No. T/20190120/2112

CONTINUATION OF REPORT

| Details of Vehicle Involved | | | | | | |
|-----------------------------|------|------|---|-------|---------------------|-----------------|
| Vehicle No. | Type | Make | Model | Color | Condition | No of Passenger |
| SJM7733K | Car | BMW | 740LI 3.0L A/T ABS D/AB 2WD 4DR HID SR | Grey | Slightly Damaged | 0 |

| Details of Person Involved | | | |
|-----------------------------------|-----------------------------|--------------------------------|---|
| Any Pedestrian Involved: No | | | |
| No. of Pedestrians Injured: NIL | | Use of Pedestrian Crossing: NA | |
| Driver | | | |
| Name | SEE LUB HOK | | ID No. S0095690B |
| Related Vehicle | SHC6648G (Car) | | Contact No. 81099369 |
| Hospital/Clinic | FINESTHEALTH MEDICAL CENTRE | | Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: NIL |
| Date Treatment | 20/01/2019 | | Date Discharge 20/01/2019 |
| No. of Days granted Medical Leave | 04 | Degree of Injury. | NIL |

Brief Details.

On 19/01/2019 at about 2200hrs, I was driving my silver Premier taxi - SHC6648G with 4 passengers along Bayfront Ave towards Temasek Ave near Lamp Post 13 at the junction of Bayfront Ave to turn left to Raffles Ave. As the traffic light indicated red, I stopped my taxi and waited. Suddenly I heard a loud thud from the rear and then realised that the impact caused my taxi to hit the car in front of me.

In total, 4 cars are involved. The car in front of me is a Transcab - SHC5005T with driving namely Wong Soon Chai S0092439C HP: 97501009 and the car in front of SHC5005T which is a CDG taxi - SHD6661L was also affected. The driver is namely Yu Chin Song S25674161B HP: 96226711. The car behind me is a SJM7733K and the driver is namely Chua Tiong Kee S7173600H HP: 91095010.

My left rear part of my taxi was badly damaged and the front part of my taxi was also damaged. Ambulance and traffic police attended to scene but no one conveyed. I seek medical attention at Finest Health Medical Centre which is located at 9 Lorong 7 Toa Payoh #01-268 as the back of my neck felt stiff and was given unfit for duty for 4 days from 20/01/19 to 23/01/2019. There is an in-car camera installed in my taxi but it only captures the front side.



**SINGAPORE
POLICE FORCE**



T/20190120/2112

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Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999

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Report No. T/20190120/2112

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:

D /

Sr Staff Sgt SUZIANNA BINTE ZAINAL

Signature Of Informant:

20/1/2019

Signature Of Interpreter:

Not applicable

Date/Time:

20/01/2019 19:31

Officer In Charge Of Case:

TP / GIT /

Sgt 3 MOHAMED RIZWAN BIN IBRAHIM

Contact No.: 93265045

Classification Of Case:

SN 37

Authentication Stamp
NP168



SINGAPORE
POLICE FORCE

SIGNATURE