

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	11/02/2019 09:14
Date Of Accident	10/02/2019 13:20
Exact Location Of Accident	ALONG PIE TOWARDS JURONG BETWEEN PAYA LEBAR EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB2090X
Insured/Policyholder	
Name Of Registered Owner	CITYCAB PTE LTD
Co Reg No	199502839G
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-65508768

Vehicle Particulars

Manufacturer	HYUNDAI
Model	I40-1.7 D CRDI (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	MS FIRST CAPITAL INSURANCE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	D-18088937MFSH
Cover Note Number	

Driver

Name of Driver	CHAN AH KOW
NRIC No	S0963423A
Date Of Birth	20/06/1949
Occupation	OUTDOOR
Date Of Driving Pass	02/05/1967
Driving Experience	51 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92322981
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	APT BLK 908 JURONG WEST STREET 91 #09-207 SINGAPORE
Postcode	640908
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	3
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: : UNKNOWN GENDER: : MALE
Passenger 2	NAME: : UNKNOWN GENDER: : FEMALE
Passenger 3	NAME: : CHILDREN (BELOW 12) GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	CLEMENTI NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 427 CLEMENTI AVENUE 3 , POSTCODE: 120427 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7759999 - FAX NO: 67764246
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT (T/20190210/2059) .

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	FILE NOT SUITABLE
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLV6148K
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Vehicle Make/Model/Colour	VOLKSWAGON BULE
Details Of Properties	
Vehicle Category	PRIVATE CAR
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 2

Vehicle Registration Number	SLM3497U
Vehicle Make/Model/Colour	MAZDA
Details Of Properties	
Vehicle Category	PRIVATE HIRE
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 AH KOW
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SHB2090X
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	
Address	
Postcode	

SKETCH PLAN

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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:

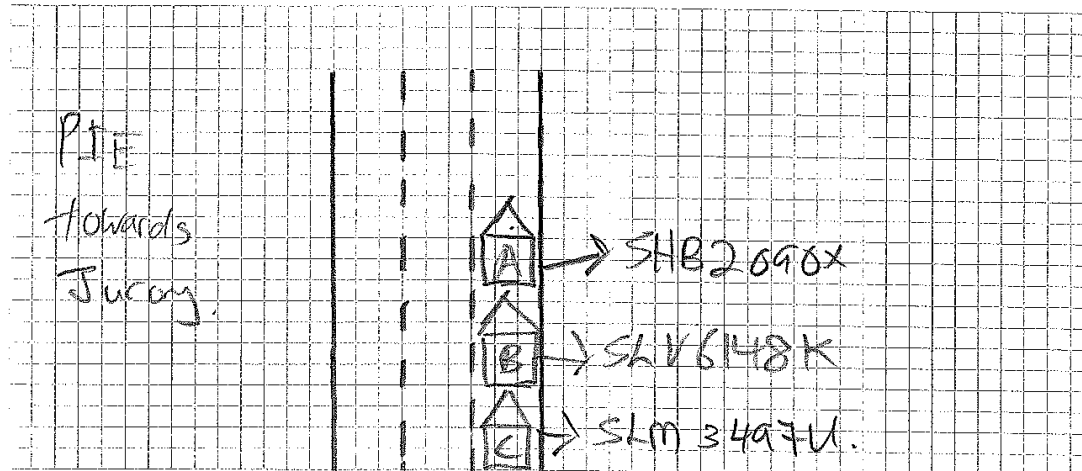
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report (T/20190210/2054)

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.:



**SINGAPORE
POLICE FORCE**



T/20190210/2059

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Report No. T/20190210/2059

Police Station Of Origin:
Clementi NPP
427 Clementi Avenue 3 #01-456
SINGAPORE 120427
Tel No: 1800-7759999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 10/02/2019 15:59	Vide Report No.:	Station Diary No.: 20
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Informant's Particulars

Name of Informant: CHAN AH KOW			Address: APT BLK 908 JURONG WEST STREET 91 #09-207 SINGAPORE 640908		
ID Type / ID No.: NRIC NO / S0963423A			Contact No.: Home/Office: Mobile: 92322981		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 69	Date of Birth: 20/06/1949	Type of Informant: Driver		
Race: Chinese			Language: Mandarin		Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: 2B,2A,2,3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 10/02/2019 13:20	Type of Location: Straight Road
Location: Along Road 1 PAN ISLAND EXPRESSWAY				
Towards Jurong between Paya Lebar and Kallang Bahru exit				
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
SHB2090X	Taxi	HYUNDAI	i40	Yellow	Seriously Damaged	3
SLM3497U	Car	MAZDA		Grey	Seriously Damaged	2
SLV6148K	Car	VOLKSWAGO N		Blue	Seriously Damaged	0



**SINGAPORE
POLICE FORCE**



T/20190210/2059

Police Station Of Origin:
Clementi NPP
427 Clementi Avenue 3 #01-456
SINGAPORE 120427
Tel No: 1800-7759999

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Report No. T/20190210/2059

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	CHAN AH KOW	ID No.	S0963423A
Related Vehicle	SHB2090X (Taxi)	Contact No.	92322981
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	10/02/2019	Date Discharge	10/02/2019
No. of Days granted Medical Leave	05	Degree of Injury	Serious

Brief Details.

On 10/02/2019 at about 1320hrs when I was travelling along PIE at the first lane towards Jurong after Paya Lebar exit, I slowed down my vehicle as the vehicles in front had slow down. I did not take note whether are there any vehicles behind me when I slow down my vehicle.

I suddenly felt an impact from behind after I slowed down my vehicle. After a while I felt a second impact from behind so I went down my vehicle and have a look and discovered my vehicle was involved in a 3 vehicle collision accident. So I took photo of the 2 other vehicles and did not exchange any particulars and moved off as not to cause any jam to the traffic.

I felt pain at my neck and shoulder area so I went to seek medical treatment at Mount Alvernia Hospital and was given 5 days outpatient sick leave from 10/02/2019.



**SINGAPORE
POLICE FORCE**



T/20190210/2059

Police Station Of Origin:
Clementi NPP
427 Clementi Avenue 3 #01-456
SINGAPORE 120427
Tel No: 1800-7759999

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Report No. T/20190210/2059

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 / Staff Sgt KELVIN TAN JOON MING <i>Kel</i>	Signature Of Informant: <i>[Signature]</i>
Signature Of Interpreter: Not applicable	Date/Time: 10/02/2019 15:59
Officer In Charge Of Case: TP / AEIT / Sgt 2 SHARIFAH NOR FARIZAN BINTE SYED MOHD SAID Contact No.: 65476172	Classification Of Case:
Authentication Stamp NP168	<div style="display: flex; align-items: center;">  <div style="border: 1px solid black; padding: 5px; display: flex; align-items: center;"> <div style="flex: 1;"> SINGAPORE POLICE FORCE </div> <div style="flex: 1; text-align: center;"> <i>Kel</i> </div> <div style="flex: 0.5; text-align: right;"> SN 40 </div> </div> </div>

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

