

## 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             | 12/02/2019 13:25  |
| Date Of Accident           | 11/02/2019 22:40  |
| Exact Location Of Accident | AIRPORT BOULEVARD |
| Country/State of Loss      | SINGAPORE         |

### DETAILS OF OWN VEHICLE

|                             |                 |
|-----------------------------|-----------------|
| Vehicle Registration Number | SHC7628H        |
| <b>Insured/Policyholder</b> |                 |
| 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                                                                        | SONATA-2.0 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       | LOW JUAY SEAH         |
| NRIC No              | S1178326J             |
| Date Of Birth        | 16/07/1955            |
| Occupation           | OUTDOOR               |
| Date Of Driving Pass | 26/07/1976            |
| Driving Experience   | 42 YEARS AND 6 MONTHS |
| Gender               | MALE                  |
| Mobile Number        | (LOCAL) +65-92376506  |
| Fax Number           |                       |
| Contact Number       |                       |
| EEmail Address       | NOEMAIL               |

|                                                     |                                   |
|-----------------------------------------------------|-----------------------------------|
| Address                                             | BLK664A JURONG WEST ST 64 #13-252 |
| Postcode                                            |                                   |
| 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   | 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?                                          | YES |
| 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                       | NANYANG NEIGHBOURHOOD POLICE CENTRE                                                       |
| Police Station Address                    | <b>ROAD:</b> 2 JURONG WEST AVENUE 5 , <b>POSTCODE:</b> 649482 , <b>COUNTRY:</b> SINGAPORE |
| Police Station Contact                    | <b>TEL NO:</b> 1800-7929999 - <b>FAX NO:</b> 67912972                                     |
| Was notice of intended Prosecution given? | NO                                                                                        |
| If Yes, against whom?                     |                                                                                           |

#### Circumstances of Accident

REFER TO ATTACH POLICE REPORT (T/20190212/2013)

#### 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 | SH7651H |
| 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)

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SKX5536G

Vehicle Make/Model/Colour

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 UNKNOW

Approximate Age

Injuries Sustain

Injured person in which vehicle? SH7651H

Were seat belts worn?

Was this injured conveyed to hospital by ambulance? YES

Address

Postcode

**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.:

SKETCH PLAN

A grid-based sketch plan for an accident. On the right side, three vehicles are listed with their details:

- A: SHC7628H
- B: SH 7.65/17
- C: SKX5536G

To the left of these details, there are four small boxes stacked vertically, each containing a letter: A, B, C, and D. To the left of these boxes are several vertical lines, likely representing a road or boundary.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report (T/20190212/2013)

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/20190212/2013

1 of 4

Police Station Of Origin:  
Nanyang N.P.C  
2 Jurong West Avenue 5 SINGAPORE  
649482  
Tel No: 1800-7929999

Report No. T/20190212/2013

**REPORT OF A TRAFFIC ACCIDENT**

|                                            |                                     |                          |
|--------------------------------------------|-------------------------------------|--------------------------|
| Date/Time Report Made:<br>12/02/2019 04:40 | Vide Report No.:<br>P/20190211/0078 | Station Diary No.:<br>39 |
|--------------------------------------------|-------------------------------------|--------------------------|

**Informant's Particulars**

|                                          |            |                              |                                                                            |  |                            |
|------------------------------------------|------------|------------------------------|----------------------------------------------------------------------------|--|----------------------------|
| Name of Informant:<br>LOW JUAY SEAH      |            |                              | Address:<br>APT BLK 664A JURONG WEST STREET 64 #13-252<br>SINGAPORE 641664 |  |                            |
| ID Type / ID No.:<br>NRIC NO / S1178326J |            |                              | Contact No.:<br>Home/Office: Mobile: 92376506                              |  |                            |
| Nationality:<br>SINGAPORE CITIZEN        |            |                              | Email:                                                                     |  |                            |
| Sex:<br>Male                             | Age:<br>63 | Date of Birth:<br>16/07/1955 | Type of Informant:<br>Driver                                               |  |                            |
| Race:<br>Chinese                         |            |                              | Language:                                                                  |  | Institution / School Name: |
| Occupation:<br>Taxi driver               |            |                              | Driving Licence Information:<br>Class: Date of Expiry:                     |  |                            |

**General Information of the Accident**

|                                                               |                              |                                    |                                            |                                    |
|---------------------------------------------------------------|------------------------------|------------------------------------|--------------------------------------------|------------------------------------|
| General Information                                           |                              |                                    |                                            |                                    |
| Type of Accident:                                             | Injury<br>Attended by Police | Drink Drive:<br>No                 | Date/Time of Accident:<br>11/02/2019 22:40 | Type of Location:<br>Straight Road |
| Location:<br>Along Road 1<br>AIRPORT BOULEVARD                |                              |                                    |                                            |                                    |
| Towards Airport Terminal 2                                    |                              |                                    |                                            |                                    |
| Weather:<br>Clear                                             |                              | Road Surface:<br>Dry               | Road Speed Limit:                          |                                    |
| Traffic Flow:<br>One Way                                      |                              | Traffic Control:<br>Not Controlled | Traffic Volume:<br>Heavy                   |                                    |
| Type of Collision:<br>Moving Vehicle Against - Parked Vehicle |                              |                                    | Anyone conveyed by ambulance:<br>Yes       |                                    |

**Details of Vehicle Involved**

| Vehicle No. | Type | Make | Model | Color | Condition            | No of Passenger |
|-------------|------|------|-------|-------|----------------------|-----------------|
| SH7651H     | Car  |      |       |       | Seriously<br>Damaged | 0               |
| SHC7628H    | Car  |      |       |       | Seriously<br>Damaged | 0               |
| SKX5536G    | Car  |      |       |       | Seriously<br>Damaged | 0               |

# Accident Sketch Plan Pg. 2



**SINGAPORE  
POLICE FORCE**



T/20190212/2013

Police Station Of Origin:  
Nanyang N.P.C  
2 Jurong West Avenue 5 SINGAPORE  
649482  
Tel No: 1800-7929999

2 of 4

Report No. T/20190212/2013

## CONTINUATION OF REPORT

| Details of Person Involved        |                         |                                        |                                   |
|-----------------------------------|-------------------------|----------------------------------------|-----------------------------------|
| Any Pedestrian Involved: No       |                         |                                        |                                   |
| No. of Pedestrians Injured: NIL   |                         | Use of Pedestrian Crossing: NA         |                                   |
| Driver                            |                         |                                        |                                   |
| Name                              | AN CHIN KWANG           | ID No.                                 | S1581649Z                         |
| Related Vehicle                   | SH7651H (Car)           | Contact No.                            | NIL                               |
| Hospital/Clinic                   | NIL                     | Class of Driving Licence & Expiry Date | Class: NIL<br>Date of Expiry: NIL |
| Date Treatment                    | NIL                     | Date Discharge                         | NIL                               |
| No. of Days granted Medical Leave | NIL                     | Degree of Injury                       | Slight                            |
| Driver                            |                         |                                        |                                   |
| Name                              | LOW JUAY SEAH           | ID No.                                 | S1178326J                         |
| Related Vehicle                   | SHC7628H (Car)          | Contact No.                            | 92376506                          |
| Hospital/Clinic                   | NIL                     | Class of Driving Licence & Expiry Date | Class: NIL<br>Date of Expiry: NIL |
| Date Treatment                    | NIL                     | Date Discharge                         | NIL                               |
| No. of Days granted Medical Leave | NIL                     | Degree of Injury                       | NIL                               |
| Driver                            |                         |                                        |                                   |
| Name                              | JEENA BINTE ABDUL KADIR | ID No.                                 | S7326577J                         |
| Related Vehicle                   | SKX5536G (Car)          | Contact No.                            | NIL                               |
| Hospital/Clinic                   | NIL                     | Class of Driving Licence & Expiry Date | Class: NIL<br>Date of Expiry: NIL |
| Date Treatment                    | NIL                     | Date Discharge                         | NIL                               |
| No. of Days granted Medical Leave | NIL                     | Degree of Injury                       | NIL                               |

## Brief Details.

On 11/02/2019, at about 2240hrs, I was driving my Taxi, bearing registration number SHC7628H, along Airport Boulevard towards Changi Airport Terminal 2. I then stopped my Taxi on the 2nd lane from the left as there was a slight traffic jam in front of me. Suddenly I heard a loud car crash sound coming from the back and subsequently, I felt an impact from the back of my Taxi. I then came down from my Taxi and saw a Silver Toyota vehicle bearing registration number SKX5536G clashed into another Taxi, bearing registration number SH7651H, who was behind me. The impact led to the said Taxi behind me clashing into the back of my Taxi.



**SINGAPORE  
POLICE FORCE**



T/20190212/2013

3 of 4

Police Station Of Origin:  
Nanyang N.P.C  
2 Jurong West Avenue 5 SINGAPORE  
649482  
Tel No: 1800-7929999

Report No. T/20190212/2013

**CONTINUATION OF REPORT**

I wish to state I do not know what happened between the said Silver Toyota car and the Taxi behind me. Traffic police was at scene and I was given a report number vide P/20190211/0078 under IO Tan Chin Yong (DID: 65476178). Ambulance was also at scene and the driver of the said taxi behind me namely An Chin Kwang was conveyed to hospital, however I do not know which hospital or what kind injury did he suffer from the accident. My car only have a front in-car camera.

I am lodging this report for my company purpose and under the instruction of the TP officer.





**SINGAPORE  
POLICE FORCE**



T/20190212/2013

Police Station Of Origin:  
Nanyang N.P.C  
2 Jurong West Avenue 5 SINGAPORE  
649482  
Tel No: 1800-7929999

4 of 4

Report No. T/20190212/2013

**CONTINUATION OF REPORT**

**Sketch Plan**

Informant is not able to provide sketch plan

*Chin*

**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:

J /

Sgt 2 CHONG JIA WEI

*Chong*

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

Insp TAN CHIN YONG

Contact No.: 65476478



Authentication Stamp

NR168

Signature :

*Chin*

**Singapore Police Force**

Signature Of Informant:

*Chin*

Date/Time:

12/02/2019 04:40

Classification Of Case:

Accident Photo



Accident Photo





Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo

