

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	13/02/2019 10:12
Date Of Accident	11/02/2019 09:45
Exact Location Of Accident	BAYFRONT AVE // RAFFLES AVE TWDS TEMASEK AVE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD1215A
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	HYUNDAI
Model	I30 (FD)-1.6 DOHC (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	5107202885
Cover Note Number	

Driver

Name of Driver	LOW TIEN SER
NRIC No	S0069633A
Date Of Birth	23/11/1954
Occupation	OUTDOOR
Date Of Driving Pass	13/06/1975
Driving Experience	43 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92727270
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 508C #05-11 WELLINGTON CIRCLE
Postcode	753508
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?	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	SEMBANWANG NPC
Police Station Address	ROAD: 4 SEMBAWANG CRESCENT , POSTCODE: 757633 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

ALL VEHICLES - NO PAX *REFER TO ATTACH POLICE REPORT *VEHICLE AT TRAFFIC POLICE, NO PHOTOS ATTACHED

Attachment(s)

Are accident photos available for attachment?	NOT AVAILABLE DUE TO CIRCUMSTANCES OF ACCIDENT
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	PA8391Z
Vehicle Make/Model/Colour	MINI BUS/WHITE
Details Of Properties	VEH. B
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	TANG CHI HONG
NRIC/Passport Number	S7123889Z
Contact Number	87529794
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 SH7247S
Vehicle Make/Model/Colour COMFORT TAXI
Details Of Properties VEH. C
Vehicle Category TAXI
Name of Driver JASNI BIN SAAT
NRIC/Passport Number S6846921Z
Contact Number 97523456
Address
Postcode
Insurance Company Name

Nature Of Damage DAMAGED ON THE REAR PORTION
No. Of Passenger (Including Driver) 1

DETAILS OF INJURED PERSON 1

Name LOW TIEN SER - DRIVER OF VEH. A
Approximate Age
Injuries Sustain CONVEYED TO RAFFLES HSPTL & HAD 5 DAYS MC
Injured person in which vehicle? SHD1215A
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? YES
Address
Postcode

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:

[Handwritten Signature]

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

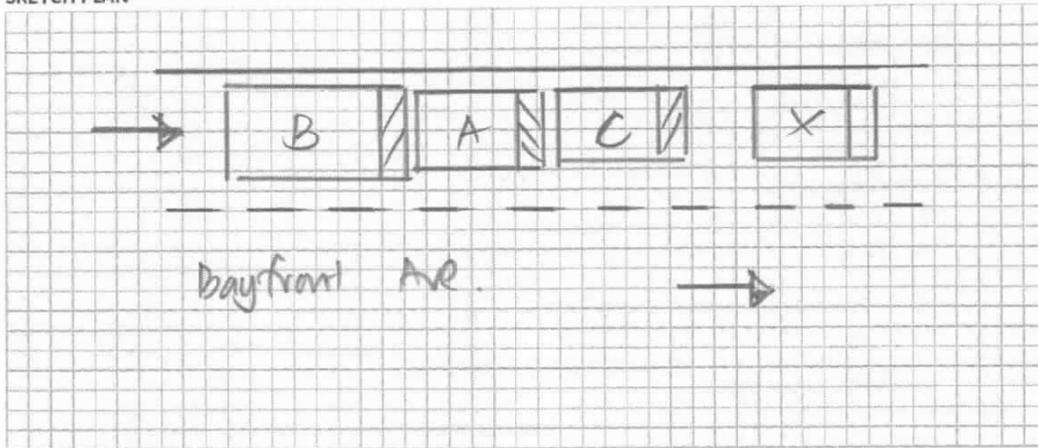
X 30069633-A
X SHD 1215 A

13 FEB 2019

[Handwritten Signature]

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

A: SHD1215A
B: PA 8391Z
C: CH 7247S.
* 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:



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

50069633/A 13 FEB 2019

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



**SINGAPORE
POLICE FORCE**



T/20190211/2113

Police Station Of Origin:
Sembawang N.P.C
4 Sembawang Crescent SINGAPORE
757633
Tel No: 1800-5549999

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Report No. T/20190211/2113

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 11/02/2019 15:29		Vide Report No.:		Station Diary No.: 95	
Informant's Particulars					
Name of Informant: LOW TIEN SER			Address: APT BLK 508C WELLINGTON CIRCLE #05-11 SINGAPORE 753508		
ID Type / ID No.: NRIC NO / S0069633A			Contact No.: Home/Office: Mobile: 92727270		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 64	Date of Birth: 23/11/1954	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 11/02/2019 09:45	Type of Location: Bridge
Location: Along Road 1 BAYFRONT AVENUE Bayfront Ave going towards Temasek Ave				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
PA8391Z	Bus/Coach/Mi nibus	TOYOTA		White	Slightly Damaged	0
SH7247S	Car	TOYOTA	Prius	Blue	Slightly Damaged	0
SHD1215A	Car	HYUNDAI	i30	Silver	Seriously Damaged	0



**SINGAPORE
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T/20190211/2113

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757633
Tel No: 1800-5549999

Report No. T/20190211/2113

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	Tang Chi Hong	ID No.	S7123889Z
Related Vehicle	PA8391Z (Bus/Coach/Minibus)	Contact No.	87529794
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
Driver			
Name	Jasni Bin Saat	ID No.	S6846921Z
Related Vehicle	SH7247S (Car)	Contact No.	97523456
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	05	Degree of Injury	Slight
Driver			
Name	LOW TIEN SER	ID No.	S0069633A
Related Vehicle	SHD1215A (Car)	Contact No.	92727270
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	05	Degree of Injury	Slight

Brief Details.

On 11/02/2019 at about 0945hrs, I was driving my silver coloured taxi bearing the vehicle number, SHD1215A, along Bayfront Ave towards Temasek Ave. I was travelling on the most left lane waiting in the queue to turn left into Raffles Ave when a white coloured Toyota minibus bearing the registration number, PA8391Z, hit the rear of my taxi three times which caused me to collide with another blue coloured taxi bearing the registration number, SH7247S.

The said minibus driver assisted to call for the ambulance and police as the other taxi driver and myself were injured due to the accident. After which, I was conveyed to Raffles Hospital where I was given



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Report No. T/20190211/2113

CONTINUATION OF REPORT

medical treatment for my back and neck injury. I also given 5 days MC by the doctor. I wish to inform that I had exchanged number with the other 2 drivers involved in the incident and we had also exchanged photos of the accident and our particulars.



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T/20190211/2113

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Report No. T/20190211/2113

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: L / Sgt 3 DINESH S/O CHAN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 11/02/2019 15:29
Officer In Charge Of Case: TP / GIT / Sr Staff Sgt SHAHRUL NIZAM BIN SAMARRI Contact No.: 65476904	Classification Of Case:
Authentication Stamp NP168	 Signature: _____ Singapore Police Force