

### 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	06/03/2019 14:48
Date Of Accident	28/02/2019 21:00
Exact Location Of Accident	TAMPINES ST 21 - PIE/CHANGI
Country/State of Loss	SINGAPORE

#### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB8437R
<b>Insured/Policyholder</b>	
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	5107202885
Cover Note Number	

#### Driver

Name of Driver	SOON CHEE GUAN
NRIC No	S1292460G
Date Of Birth	08/06/1958
Occupation	OUTDOOR
Date Of Driving Pass	13/08/2015
Driving Experience	3 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83338658
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 133 #04-236 MARSILING RISE
Postcode	730133
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	10 UBI AVENUE 3
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , 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 & VEH. B - NO PAX VEH. C - 3 PAX (2 ADULTS & 1 CHILD) \*REFER TO ATTACH POLICE REPORT \*VEHICLE AT TRAFFIC POLICE COMPOUND, NO PHOTOS UPLOADED

#### 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	SLD6155J
Vehicle Make/Model/Colour	HONDA VEZEL
Details Of Properties	VEH. B
Vehicle Category	PRIVATE CAR
Name of Driver	MUHD HAFIZ KHAN BIN ABDUL AZIZ
NRIC/Passport Number	S8329459J
Contact Number	
Address	
Postcode	

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver) 1

**DETAILS OF OTHER VEHICLE PROPERTY 2**

Vehicle Registration Number SHC8124M  
Vehicle Make/Model/Colour COMFORT TAXI  
Details Of Properties VEH. C  
Vehicle Category TAXI  
Name of Driver MALE CHINESE

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver) 4

**DETAILS OF INJURED PERSON 1**

Name SOON CHEE GUAN - DRIVER OF VEH. A  
Approximate Age  
Injuries Sustain CONVEYED TO CGH, ADMITTED ON 01/03/2019 & DISCHARGED ON 03/03/2019  
Injured person in which vehicle? SHB8437R  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? YES  
Address  
Postcode

**SKETCH PLAN**

**IMPORTANT NOTICE**

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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:

*[Signature]*

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

*51292460-6*  
*SHB 8437R*

06 MAR 2013

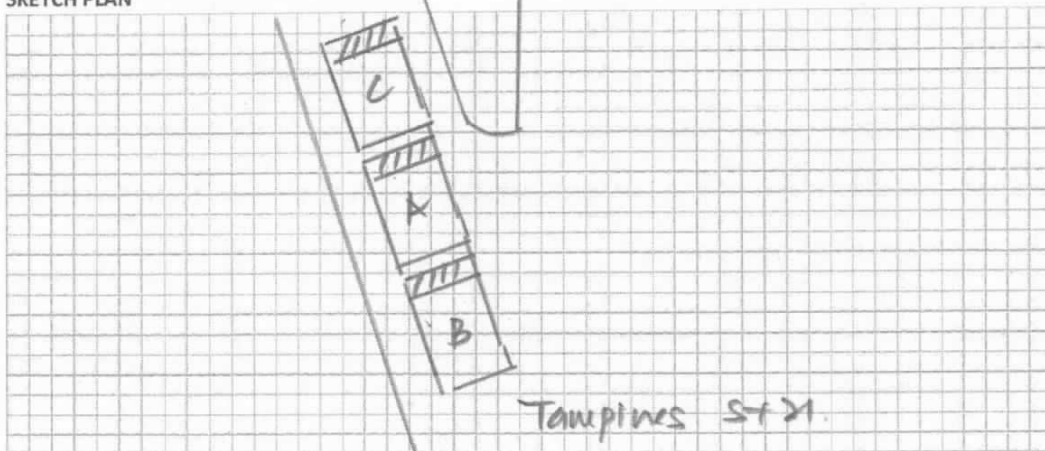
*[Signature]*

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

## Sketch Plan Pg. 2

INTO PIE/CHANGE.

### SKETCH PLAN



**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

A: SHB8437R

B: SLD 6155J.

C: SHC 8124M

\* Refer to attach police report.

## 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: .. / .. / ..

Date & Time: 3/29/2006

06 MAR 2013

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



**SINGAPORE  
POLICE FORCE**



T/20190306/2073

1 of 4

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

Report No. T/20190306/2073

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 06/03/2019 13:20		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: SOON CHEE GUAN			Address: APT BLK 133 MARSILING RISE #04-236 SINGAPORE 730133		
ID Type / ID No.: NRIC NO / S1292460G			Contact No.: Home/Office: Mobile: 83338658		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 60	Date of Birth: 08/06/1958	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 Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 28/02/2019 21:00	Type of Location:
Location: Along Road 1 TAMPINES STREET 31 TOWARDS PIE ( CHANGI )				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision:				Anyone conveyed by ambulance: Yes

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHB8437R	Car	KIA	OPTIMA 1.7(A)		Seriously Damaged	0
SHC8124M	Car	HYUNDAI	I40 1.7L CRDI AT ABS AIRBAG 4DR			0



**SINGAPORE  
POLICE FORCE**



T/20190306/2073

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Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

Report No. T/20190306/2073

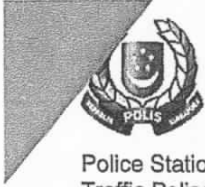
## CONTINUATION OF REPORT

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No. of Passenger
SLD6155J	Car	HONDA	VEZEL 1.5X CVT ABS D/AIRBAG 2WD 5DR			0

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	SOON CHEE GUAN	ID No.	S1292460G
Related Vehicle	SHB8437R (Car)	Contact No.	83338658
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	28/02/2019	Date Discharge	03/03/2019
No. of Days granted Medical Leave	08	Degree of Injury	NIL
Driver			
Name	MUHAMMAD HAFIXKHAN BIN ABDUL AZIZ	ID No.	S8329459J
Related Vehicle	SLD6155J (Car)	Contact No.	NIL
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

**Brief Details.**

ON STATED TIME, DATE AND LOCATION,  
I WAS IN STATIONARY AT THE SAID LOCATION BECAUSE THE TRAFFIC WAS RED. SUDDENLY,  
THE SAID VEHICLE COMING FROM BEHIND AND COLLIDED ONTO THE REAR PORTION OF MY  
VEHICLE. THE IMPACT OF THE ACCIDENT MADE MY VEHICLE TO MOVE AND HIT ONTO THE  
TAXI INFRONT ME. I CLIMBED OUT FROM MY VEHICLE AND SIT AT ONE OF THE LAMPOST. THE  
DRIVER INFRONT CALLED FOR POLICE AND AMBULANCE FOR HELP. I WAS CONVEYED TO CGH  
AND WAS GIVEN 8 DAYS OF MEDICAL LEAVES.



**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000



T/20190306/2073

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Report No. T/20190306/2073

CONTINUATION OF REPORT





**SINGAPORE  
POLICE FORCE**



T/20190306/2073

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Report No. T/20190306/2073

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

**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:  
TP /  
AHMAD JALALUDDIN BIN AHMAD

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / GIT /  
Staff Sgt LEE GUANG HUI  
Contact No.: 65476138

Authentication Stamp  
NP168

Signature Of Informant:

Date/Time:  
06/03/2019 13:20

Classification Of Case:



**SINGAPORE  
POLICE FORCE**

Signature: \_\_\_\_\_