

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	16/03/2019 12:29
Date Of Accident	15/03/2019 16:55
Exact Location Of Accident	ECP TOWARDS CHANGI AIRPORT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD2289E
Insured/Policyholder	
Name Of Registered Owner	PRIME CAR RENTAL & TAXI SERVICES PTE LTD
Co Reg No	199606293Z
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-68982000
Vehicle Particulars	
Manufacturer	HONDA
Model	SHUTTLE HYBRID-1.5 (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	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	5068045737-04
Cover Note Number	

Driver

Name of Driver	CHONG FATT SEAN JAMES
NRIC No	S7435745H
Date Of Birth	15/11/1974
Occupation	OUTDOOR
Date Of Driving Pass	16/06/2003
Driving Experience	15 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-85111931
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK. 416 PANDAN GARDENS #04-127 SINGAPORE
Postcode	600416
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)	2
Passenger 1	NAME: : PASSENGER GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	BEDOK POLICE DIVISIONAL HQ (G DIVISION)
Police Station Address	ROAD: 30 BEDOK NORTH ROAD , POSTCODE: 469676 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2440000 - FAX NO: 64443009
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO ATTACHED STATEMENT

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	SH7986S
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	SEETOH CHEE HONG
NRIC/Passport Number	S7249112B
Contact Number	
Address	

Postcode

Insurance Company Name

MS FIRST CAPITAL INSURANCE LTD

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

SHA7468M

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

TAXI

Name of Driver

KHALID BIN AHMAD

NRIC/Passport Number

S7416237A

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

CHONG FATT SEAN JAMES

Approximate Age

Injuries Sustain

PAIN FROM NECK, SHOULDER, RIBCAGE, RIGHT KNEECAP & RIGHT HAND

Injured person in which vehicle?

SHD2289E

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

Address

BLK. 416 PANDAN GARDENS #04-127 SINGAPORE

Postcode

600416

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.

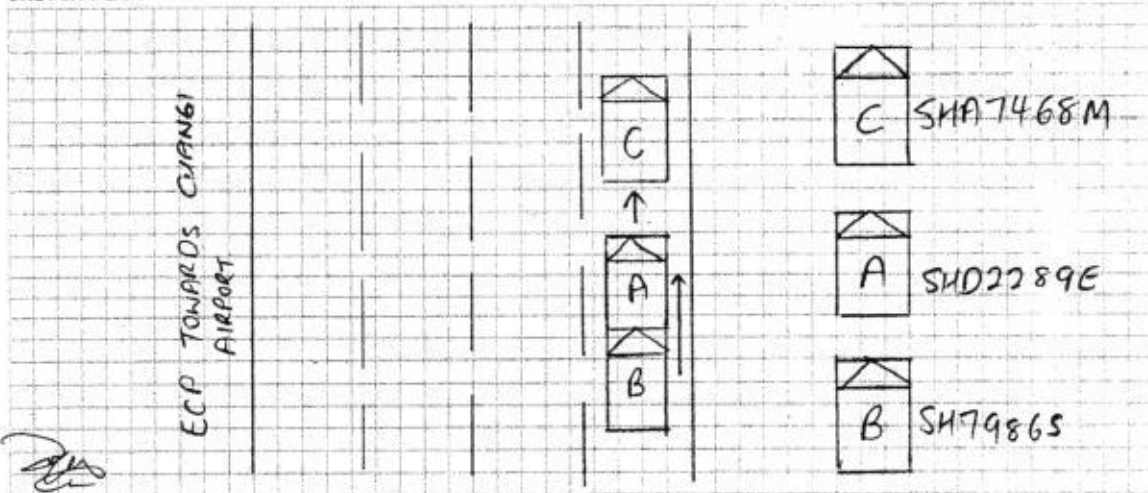


Policyholder's Signature
Date & Time:

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 No. G/20190317/7025.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature
Date & Time

GIA/MAC SketchPlanForm_V5

Driver's Signature
(If driver is not the policyholder)
Date & Time: 16/3/19 1200hrs

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

POLICE REPORT Pg. 1



**SINGAPORE
POLICE FORCE**



G/20190317/7025

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POLICE REPORT (NP299)

Report No. G/20190317/7025

Police Station Of Origin
Bedok Division HQ
30 Bedok North Road SINGAPORE 469676
Tel No: 1800-2440000

Date/Time Report Made 17/03/2019 17:31	Vide Report No.	Station Diary No.
Name Of Informant CHONG FATT SEAN JAMES	Address APT BLK 416 PANDAN GARDENS #04-127 SINGAPORE 600416	
ID Type / ID No. NRIC NO / S7435745H	Contact No. Home/Office:	Mobile: 85111931
Nationality SINGAPORE CITIZEN	Email Address jameschongfs1974@hotmail.com	
Occupation Taxi driver	Sex Male	Age 44
Institution/School Name	Date of Birth 15/11/1974	Race Chinese
Date/Time Of Incident 15/03/2019 16:55	Location Of Incident EAST COAST PARKWAY	

Brief details.

On 15/03/2019 at 1655hrs, I was driving my taxi SHD2289E with one male passenger along ECP towards Changi airport on Lane 1. While travelling, front Comfort taxi SHA7468M stopped and my taxi follow suit by keeping a safe distance with SHA7468M. Moments later, one taxi SH7986S rear ended my stationary taxi. The great impact caused my taxi to surge forward and collided to the behind of SHA7468M.

After the accident, we alighted from our vehicles to check on the damages. We exchanged particulars.

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 17/03/2019 17:31
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp

POLICE REPORT Pg. 1



**SINGAPORE
POLICE FORCE**



G/20190317/7025

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20190317/7025

Driver of SH7986S, Mr. Seetoh Chee Hong (NRIC: S7249112B) verbally admitted for his negligence and claimed he tried to brake but cannot stop in time. After the accident, I felt pain from my neck, shoulder, ribcage, right kneecap and right hand. My passenger told me he felt headache but he's fine and requested to send him to airport as he's rushing for his flight back to USA.

The following day on Saturday 16/03/2019, the pain on my body was unbearable so I went down to make an accident report with my taxi company Prime taxi and subsequently went to NUH A&E department for consultation. I was given medications and 5 days medical leave by the doctor. I was told to make another appointment for further checkup with NUH medical centre.

Subjects Involved			
Victim			
Person Name	CHONG FATT SEAN JAMES		
ID Type	NRIC NO	ID No	S7435745H
Gender	Male	Age	44
Race	Chinese	Language	English
Occupation	Taxi driver	Address Type	
Address	APT BLK 416 PANDAN GARDENS #04-127 SINGAPORE 600416		Mobile No
Is Informant A Victim?	Yes		
Person Name CHONG FATT SEAN JAMES (Informant)			

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 17/03/2019 17:31
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp