

## 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	17/04/2019 09:28
Date Of Accident	16/04/2019 13:10
Exact Location Of Accident	YISHUN RING ROAD HDB BLOCK
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD2417C
<b>Insured/Policyholder</b>	
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
<b>Vehicle Particulars</b>	
Manufacturer	HONDA
Model	GRACE HYBRID-1.5 DX (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	FOO WENG CHIAN
NRIC No	S0146440Z
Date Of Birth	10/11/1954
Occupation	OUTDOOR
Date Of Driving Pass	17/01/1974
Driving Experience	45 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94743488
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 149 WOODLANDS STREET 13 #09-843 SINGAPORE
Postcode	730149
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	COLLISION - OPENING DOOR OF VEHICLE
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	2
Was any body injured in the Accident?	NO
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: : FEMALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	WOODLANDS WEST N.P.C
Police Station Address	ROAD: 1 WOODLANDS STREET 12 , POSTCODE: 738622 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER ATTACHED STATEMENT & POLICE REPORT NO. T/20190417/2036

#### 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	YP4527R
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	

Postcode

Insurance Company Name

AXA INSURANCE PTE LTD

Nature Of Damage

No. Of Passenger (Including Driver)

**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:

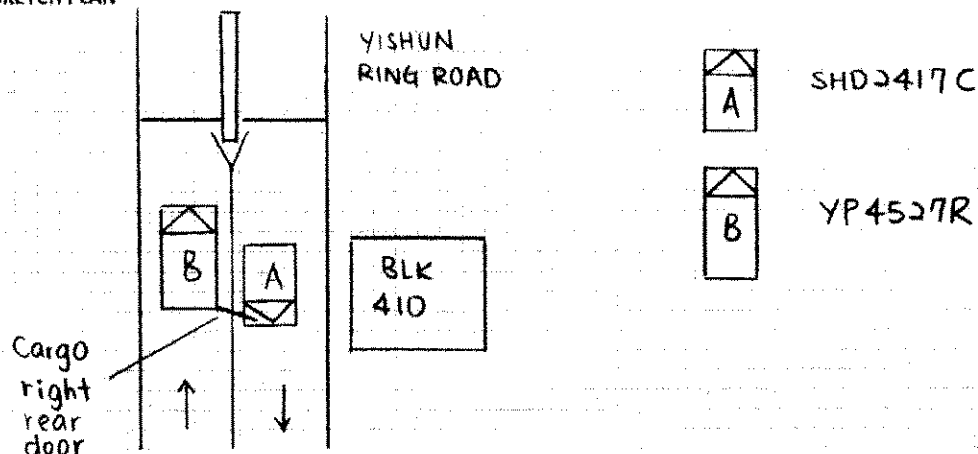
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

16/4/2019  
5.00 pm

*[Signature]*

Individual Statement Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 16.04.2019 @ 1310 hrs, I was driving my taxi SHD2417C with one female passenger along Yishun Ring Road towards HDB apartment Blk 414. After passing over barrier, one box lorry YP4527R's cargo right rear door all of sudden opened and subsequently hit onto my taxi right front bonnet, right front portion & etc.

After this accident, we alighted from our vehicles to check for the damages. We only exchanged phone number. No one was injured in the accident.

*Joe*

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:

*Joe 16/4/2019*  
*5.00pm*

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

*Rm*



**SINGAPORE  
POLICE FORCE**



T/20190417/2036

Police Station Of Origin:  
Woodlands West N.P.C  
1 Woodlands Street 12 SINGAPORE 738622  
Tel No 1800-363 9999

1 of 3

Report No. T/20190417/2036

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 17/04/2019 10:26		Vide Report No.		Station Diary No.: 119	
Name of Informant: FOO WENG CHIAN		Address: APT BLK 149 WOODLANDS STREET 13 #09-843 SINGAPORE 730149			
ID Type / ID No.: NRIC NO / S0146440Z		Contact No.: Home/Office: Mobile: 94743488			
Nationality: SINGAPORE CITIZEN		Email:			
Sex: Male	Age: 64	Date of Birth: 10/11/1954	Type of Informant: Driver		
Race: Chinese		Language: Chinese	Institution / School Name:		
Occupation: Taxi driver		Driving Licence Information: Class: 2B,3,4 Date of Expiry:			

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 16/04/2019 13:10	Type of Location: Straight Road
Location: Along Road 1 YISHUN RING ROAD				
Along Yishun Ring Road, entering Blk 410 after gantry				
Weather: Clear	Road Surface: Dry	Road Speed Limit:		
Traffic Flow: One Way	Traffic Control: Not Controlled	Traffic Volume: No Traffic		
Type of Collision: Between Moving Vehicles Head To Rear				Anyone conveyed by ambulance: No

SHD2417C	Car	HONDA	Grace Hybrid	Brown	Slightly Damaged	1
YP4527R	Lorry	MITSUBISHI	Canter	White	No Damage	2

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE  
POLICE FORCE**



T/20190417/2036

Police Station Of Origin:  
Woodlands West N.P.C.  
1 Woodlands Street 12 SINGAPORE 738622  
Tel No: 1800-363 9999

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Report No. T/20190417/2036

## CONTINUATION OF REPORT

Name	FOO WENG CHIAN		ID No.	S0146440Z
Related Vehicle	SHD2417C (Car)		Contact No	94743488
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 2B,3,4 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL	
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL	

**Brief Details.**

V1) SHD2417C

V2) YP4527R

I am working as a taxi driver. On the above mentioned date, time and location, I was driving V1 with one female passenger to Blk 414 Yishun Ring. Upon entering the gantry near to Blk 410 Yishun, I saw that V2 right rear door was opened, I tried to honk at the V2's driver but no response. Subsequently, V2 right rear door hit onto V1 front bonnet and right front portion.

After the incident, we alighted and check for the damaged. We only exchanged phone number and no one was injured in the accident



**SINGAPORE  
POLICE FORCE**



T/20190417/2036

Police Station Of Origin:  
Woodlands West N.P.C.  
1 Woodlands Street 12 SINGAPORE 738622  
Tel No. 1800-363 9999

3 of 3

Report No. T/20190417/2036

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/ /  
Staff Sgt AIK QISONG

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

17/04/2019 10:26

Officer In Charge Of Case

TP / GIA /

Staff Sgt WONG SIEU LUI

Contact No. 65476151

Classification Of Case:

Authentication Stamp

NP168





RECORDS MANAGEMENT CENTRE

**GENERAL INSURANCE ASSOCIATION OF SINGAPORE  
RECORDS MANAGEMENT CENTRE**

6 Raffles Quay #18-00, Singapore 048580  
Phone: +65 6224 0010 Fax: +65 6224 0030  
Operating Hours: Monday to Friday 9am to 5pm  
GST Registration No: M400017735

**Third Party Insurer Enquiry**

Our Ref No: GR-19-060076

Date of Request: 16/04/2019

Your Ref No:

Online Purchase

Prime Auto Claims Service Pte Ltd  
6 Benoi Place  
Singapore 629927

Dear Sir/Madam,

Enquiry Date 16/04/2019

Enquiry By Liu Pei Yee

TP Vehicle No. YP4527R

Ident Date 16/04/2019

**Enquiry Result**

TP Vehicle No.	Insurer	Period of Insurance	Insurer Tel. No.
YP4527R	AXA Insurance Pte Ltd	30/09/2018-29/09/2019	6338 7288
YP4527R	AXA Insurance Pte Ltd	04/04/2019-03/04/2020	6338 7288

Thank You.

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