

## 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	08/05/2019 13:07
Date Of Accident	07/05/2019 18:25
Exact Location Of Accident	RANGOON ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC6086C
<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	SEOW TZE WANG, STEVEN
NRIC No	S8023595Z
Date Of Birth	11/08/1980
Occupation	OUTDOOR
Date Of Driving Pass	13/10/2003
Driving Experience	15 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81258873
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 223 #01-76 TAMPINES ST 24
Postcode	521223
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)	1

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	CHANGI N.P.C
Police Station Address	ROAD: 9 SIMEI STREET 2 , POSTCODE: 529914 , 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

#### 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	SLM2216X
Vehicle Make/Model/Colour	TOYOTA
Details Of Properties	VEH. B
Vehicle Category	PRIVATE CAR
Name of Driver	KAN TAT SENG
NRIC/Passport Number	S0329683J
Contact Number	97893354
Address	
Postcode	
Insurance Company Name	

Nature Of Damage	DAMAGED ON THE FRONT & FRONT LEFT
No. Of Passenger (Including Driver)	1

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	GBF5277E
Vehicle Make/Model/Colour	LORRY
Details Of Properties	VEH. C
Vehicle Category	GOODS VEHICLE
Name of Driver	NACIAPPAN ARUNACHALAM
NRIC/Passport Number	S7567558E
Contact Number	90068775

Address

Postcode

Insurance Company Name

Nature Of Damage	DAMAGED ON THE REAR
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No. Of Passenger (Including Driver)	1
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#### DETAILS OF INJURED PERSON 1

Name	SEOW TZE WANG, STEVEN - DRIVER OF VEH. A
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Approximate Age

Injuries Sustain	WENT TO CLINIC FOR MEDICAL TREATMENT & HAD 5 DAYS MC
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Injured person in which vehicle?	SHC6086C
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Were seat belts worn?	YES
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Was this injured conveyed to hospital by ambulance?	NO
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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:

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

07 MAY 2013

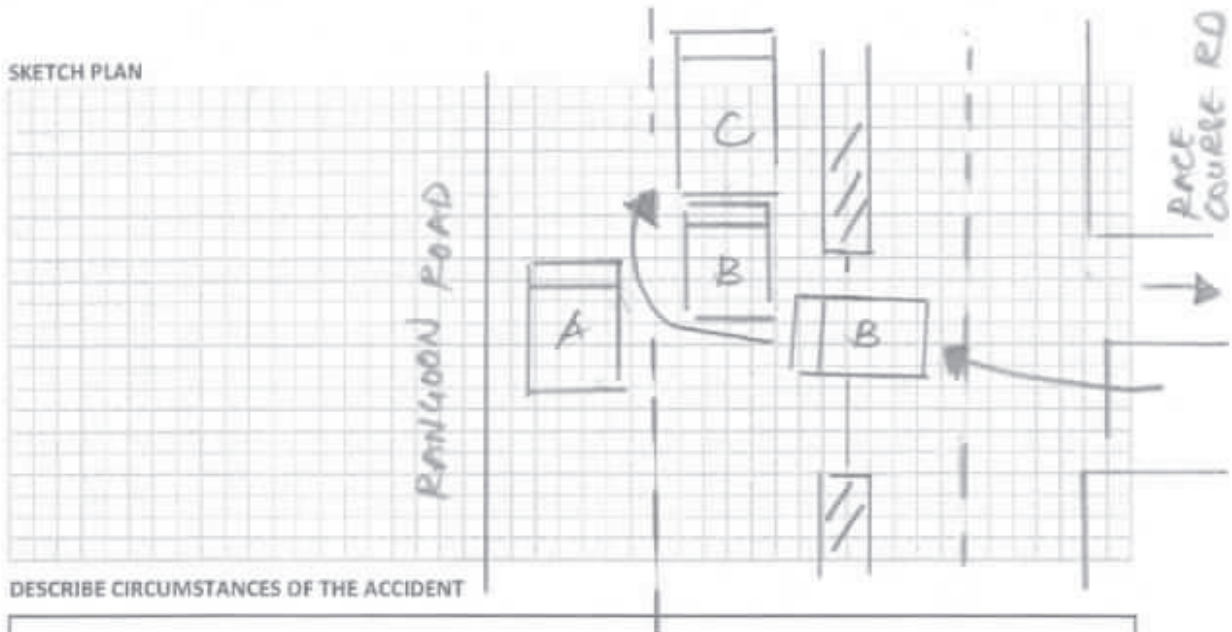
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

SHC6086C  
S80235952



## Sketch Plan Pg. 2

### SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

A: SHC6086 C

B: SLM 2216X

C: GBF5277E

\* Refer to attach pol's 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: \_\_\_\_\_

580235952

07 MAY 2013

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



**SINGAPORE  
POLICE FORCE**



T/20190508/2051

Police Station Of Origin:  
Changi N.P.C  
9 Simei Street 2 SINGAPORE 529914  
Tel No: 1800-5872999

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Report No. T/20190508/2051

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 08/05/2019 11:51	Vide Report No.:	Station Diary No.: 20
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Informant's Particulars			
Name of Informant: SEOW TZE WANG, STEVEN		Address: APT BLK 223 TAMPINES STREET 24 #01-76 SINGAPORE 521223	
ID Type / ID No.: NRIC NO / S8023595Z		Contact No.: Home/Office: Mobile: 81258873	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 38	Date of Birth: 11/08/1980	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: Taxi driver		Driving Licence Information: Class: 3 Date of Expiry:	

## General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 07/05/2019 18:20	Type of Location: T-Junction
Location: Along Road 1 RANGOON ROAD  ALONG RANGOON ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: No	

## Details of Vehicle Involved

Vehicle No	Type	Make	Model	Color	Condition	No of Passenger
GBF5277E	Lorry				Slightly Damaged	0
SHC6086C	Car				Seriously Damaged	0
SLM2216X	Car				Seriously Damaged	0



**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Changi N.P.C  
9 Simei Street 2 SINGAPORE 529914  
Tel No: 1800-5872999



Report No. T/20190508/2051

**CONTINUATION OF REPORT**

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	SEOW TZE WANG, STEVEN	ID No.	S8023595Z
Related Vehicle	SHC6086C (Car)	Contact No.	81258873
Hospital/Clinic	SUNSHINE CLINIC FAMILY PRACTICE & SURGERY	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	08/05/2019	Date Discharge	NIL
No. of Days granted Medical Leave	05	Degree of Injury	Slight

**Brief Details.**

On 07/05/2019 at about 1820hrs, I was travelling along Rangoon Road on the left lane when a vehicle (SLM2216X) came out from Race Course Road and hit onto the front right side of my vehicle. The vehicle did not stop and continued to drive and eventually hit onto another vehicle (GBF5277E) which was travelling on the right lane. After hitting onto the other vehicle, the driver reversed and mentioned that he wanted to move away from the lorry.

At that point time no one was injured, I only felt numbness on my right arm. My vehicle suffered damages on the front right side and was being towed to my company's office. The other vehicle (SLM2216X) suffered serious damages and believed to be towed as well.

I went for a medical check up and was given 5 days MC from 08.05.2019 to 12.05.2019.

**Particulars of the other vehicle drivers:**

Kan Tat Seng  
S0329683J  
HP: 97893354  
Vehicle: SLM2216X

Nachiappan Arunachalam  
S7567558E  
HP: 90068775  
Vehicle: GBF5277E



**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Changi N.P.C  
9 Simei Street 2 SINGAPORE 529914  
Tel No: 1800-5872999



T/20190508/2051

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Report No. T/20190508/2051

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: G / Sgt 2 ILYAAS BIN KHAMIS	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 08/05/2019 11:51
Officer In Charge Of Case: TP / AEIT / SI ANG YI TING, STEPHANIE Contact No.: 65476414	Classification Of Case:
Authentication Stamp NP168	



SIGNATURE



Text size + -

**Enquire Transaction History****Transaction History Details**

Log Date/Time:	30 Jul 2014 / 10:14:34	Receipt No.:	AACCK001-AX239-140730-000015
Asset Type:	Vehicle	Transaction Amount:	\$65,817.00
Asset ID:	SHC6086C	Channel:	AA Counterless - CYCLE & CARRIAGE KIA PTE LTD
Transaction Type:	01.02 Register New Vehicle (AA)		
Business Transaction Reference No.:	20140730101434179668		
Vehicle No.:	SHC6086C		
Vehicle Type:	H10 - Public Transport Taxi (Motor Car)		
Vehicle Attachment 1:	Air-Con (Taxi)		
Vehicle Attachment 2:	-		
Vehicle Attachment 3:	-		
Vehicle Scheme:	Taxi (Company)		
First Registration Date:	30 Jul 2014		
Original Registration Date:	30 Jul 2014		
Vehicle Make:	KIA		
Vehicle Model:	OPTIMA 1.7(A) DIESEL		
Chassis No.:	KNAGM414ME5464250		
Engine No.:	D4FDDH307916		
Motor No.:	-		
Trailer Chassis No.:	-		
Propellant:	Diesel		
Passenger Capacity:	4		
Engine Capacity:	1685		
Power Rating:	-		
Unladen Weight:	1584		
Maximum Laden Weight:	2050		
Primary Color:	Silver		
Secondary Color:	-		
Manufacturing Year:	2013		
Open Market Value:	\$19,908.00		
Minimum PARF Benefit:	\$7,444.00		
PARF Eligibility:	Y		
No. of Transfer:	0		
Effective Ownership Date/Time:	30 Jul 2014 10:14:34		
COE No.:	2014073001001367K		
COE Expiry Date:	29 Jul 2022		
COE Bid Category:	-		
Actual QP/PQP Paid Amount:	\$53,269.00		
Lifespan Expiry Date:	29 Jul 2022		
Owner ID Type:	Company		