

## 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	14/10/2019 14:28
Date Of Accident	14/10/2019 04:10
Exact Location Of Accident	ORANGE GROVE ROAD // ORCHARD ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB8073G
<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	JEFFREY KOH TEK HEAN
NRIC No	S1560319D
Date Of Birth	30/09/1962
Occupation	OUTDOOR
Date Of Driving Pass	12/12/2013
Driving Experience	5 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94822545
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 129 #03-344 PENDING ROAD
Postcode	670129
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 - CHANGE/CROSS LANE
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?	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)	3
Passenger 1	NAME: : PAX IN THE REAR SEAT - CHINESE GENDER: : MALE
Passenger 2	NAME: : PAX IN THE REAR SEAT - CHINESE GENDER: : FEMALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	BOON TECK NEIGHBOURHOOD POLICE POST
Police Station Address	<b>ROAD:</b> BLK 207 TOA PAYOH NORTH , <b>POSTCODE:</b> 310207 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-2549999 - <b>FAX NO:</b> 63554310
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

VEH. A - 2 PAX VEH. B - 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	SHC8565Z
Vehicle Make/Model/Colour	COMFORT TAXI
Details Of Properties	VEH. B
Vehicle Category	TAXI
Name of Driver	LOW KENG KWONG

NRIC/Passport Number  
Contact Number 97571958  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver) 1

**DETAILS OF INJURED PERSON 1**

Name JEFFREY KOH TEK HEAN - DRIVER OF VEH. A  
Approximate Age  
Injuries Sustain WENT MT ALVERNIA FOR TREATMENT & HAD 5 DAYS MC  
Injured person in which vehicle? SHB8073G  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? NO  
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: \_\_\_\_\_

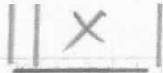


x   
 Driver's Signature  
 (If driver is not the policyholder)  
 Date & Time:  
 15 OCT 2019  
 15603190  
 SHB80739

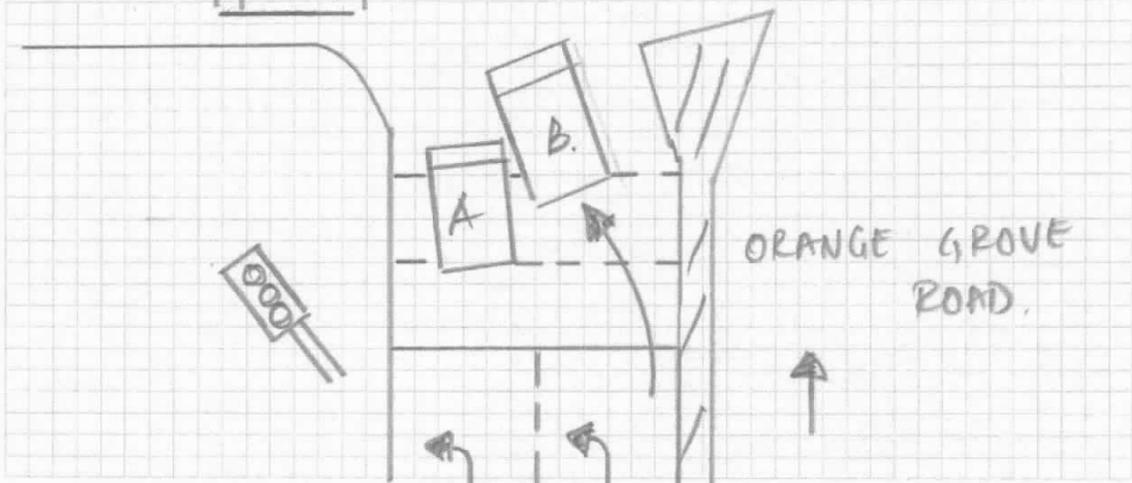
14 OCT 2019

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

SKETCH PLAN



ORCHARD ROAD



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

A: SH1080776

B: SHC 85652

\* Refer to attach police report

DECLARATION

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

Policyholder's Signature

Date & Time:



GIAMC SketchPlanForm 23

Driver's Signature

(If driver is not the policyholder)

Date & Time:

15/10/2019

SH1080776

14 OCT 2019

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



SINGAPORE  
POLICE FORCE



T/20191014/2088

1 of 3

Police Station Of Origin:  
Boon Teck NPP  
207 Toa Payoh North #01-1231 SINGAPORE  
310207  
Tel No: 1800-2549999

Report No. T/20191014/2088

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 14/10/2019 13:26		Vide Report No.:		Station Diary No.: 13	
<b>Informant's Particulars</b>					
Name of Informant: JEFFREY KOH TEK HEAN			Address: APT BLK 129 PENDING ROAD #03-344 SINGAPORE 670129		
ID Type / ID No.: NRIC NO / S1560319D			Contact No.: Home/Office: Mobile: 94822545		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 57	Date of Birth: 30/09/1962	Type of Informant: Driver		
Race: Chinese		Language: English		Institution / School Name:	
Occupation: Taxi driver			Driving Licence Information: Class: 3		Date of Expiry:

<b>General Information of the Accident</b>				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 14/10/2019 04:10	Type of Location: T-Junction
Location: Junction of Road 1 and Road 2 ORANGE GROVE ROAD ORCHARD ROAD NEAR TO ORCHARD HOTEL				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHB8073G	Car	KIA	OPTIMA	Silver	Slightly Damaged	2
SHC8565Z	Car	HYUNDAI	I40	Blue	Slightly Damaged	0

<b>Details of Person Involved</b>	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



SINGAPORE  
POLICE FORCE



T/20191014/2088

Police Station Of Origin:  
Boon Teck NPP  
207 Toa Payoh North #01-1231 SINGAPORE  
310207  
Tel No: 1800-2549999

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Report No. T/20191014/2088

## CONTINUATION OF REPORT

Driver			
Name	JEFFREY KOH TEK HEAN		ID No. S1560319D
Related Vehicle	SHB8073G (Car)		Contact No. 94822545
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL		Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: NIL
Date Treatment	14/10/2019	Date Discharge	NIL
No. of Days granted Medical Leave	05	Degree of Injury	Slight
Driver			
Name	LOW KENG KWONG		ID No. S1337185E
Related Vehicle	SHC8565Z (Car)		Contact No. 97571958
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 14/10/2019 at about 4.12am, my taxi (SHB8073G) was in stationery position before the traffic light along Orange Grove Road, junction of Orchard Road next to Orchard Hotel. My taxi was in stationery position on the left lane of a 2 lane road. Both lanes were only allowed to make a left turn to Orchard Road.

Shortly when the traffic light turn green, I drove my taxi forward and was about to make a left turn. Suddenly, I felt an impact on my taxi. I then realised that the other taxi (SHC8565Z) who was also making a left turn collided onto my taxi. The other taxi's left rear passenger door had collided onto the front right tyre area and right bumper of my taxi.

Due to the collision, both affected areas of our taxis suffered scratches and paint transfer. During the incident, I have 2 passengers (one male and one female) in my taxi but they had already left before I could get their personal details.

I wish to state that my taxi was already hit before I make a left turn. I had also kept my taxi in my own lane and did not filter to other lanes. My taxi was installed with an in-built car camera and the incident was recorded. I was given 5 days of outpatient medical leave after seeing the doctor.



SINGAPORE  
POLICE FORCE



T/20191014/2088

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Report No. T/20191014/2088

Police Station Of Origin:  
Boon Teck NPP  
207 Toa Payoh North #01-1231 SINGAPORE  
310207  
Tel No: 1800-2549999

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: E / Sr Staff Sgt NGOO TSE EE	
Signature Of Interpreter: Not applicable.	
Officer In Charge Of Case: TP / AEIT / Sr Staff Sgt ONG YONG HOCK Contact No.: 65476436	

Signature Of Informant:	
Date/Time: 14/10/2019 13:26	
Classification Of Case:	

Authentication Stamp

PONR168JUR