

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	07/11/2019 15:28
Date Of Accident	06/11/2019 22:55
Exact Location Of Accident	AIRPORT BOULEVARD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD2649A
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	TOYOTA
Model	CAMRY HYBRID 2.5G CVT
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	5112413881
Cover Note Number	

Driver

Name of Driver	TAN KOK YEOW
NRIC No	S1696158B
Date Of Birth	02/08/1965
Occupation	OUTDOOR
Date Of Driving Pass	24/09/1986
Driving Experience	33 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-82274991
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 58 HAVELOCK ROAD #35-166 SINGAPORE
Postcode	161058
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 - HEAD TO REAR
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)	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	CHANGKAT NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 109 TAMPINES STREET 11 #01-261 , POSTCODE: 521109 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7819999 - FAX NO: 67832722
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO ATTACHED POLICE REPORT NO. T/20191107/2051

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	SLZ2815Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	SUM QIAN HUI PEARLIE
NRIC/Passport Number	S9231784F
Contact Number	98393353
Address	

Postcode

Insurance Company Name

CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	TAN KOK YEOW
Approximate Age	54
Injuries Sustain	
Injured person in which vehicle?	SHD2649A
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	BLK. 58 HAVELOCK ROAD #35-166 SINGAPORE
Postcode	161058

DETAILS OF INJURED PERSON 2

Name	PASSENGER
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SHD2649A
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

Accident Sketch Plan Pg. 1

SKETCH PLAN

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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.

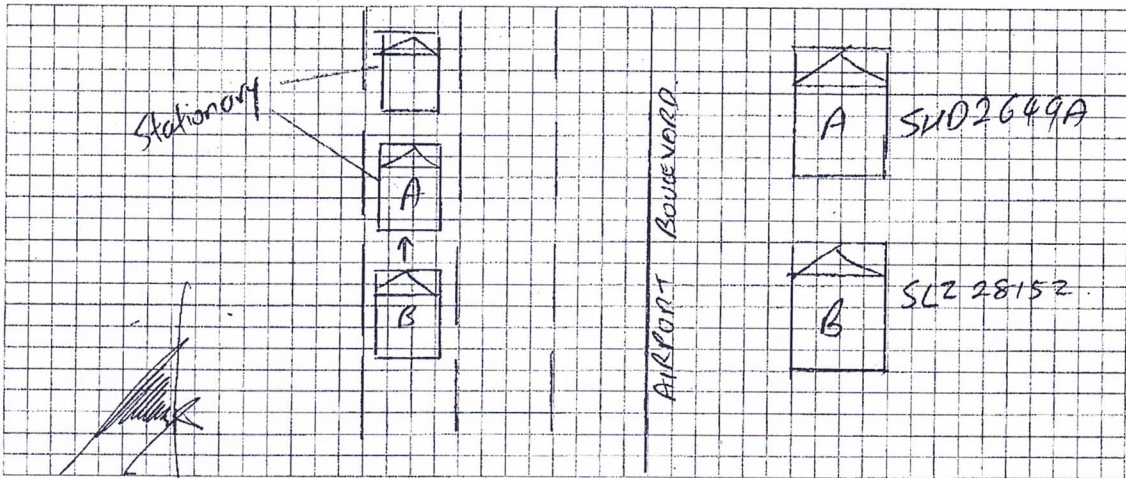


Policyholder's Signature
Date & Time:

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. T/20191107/2051.

[Handwritten signature]

DECLARATION

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

Policyholder's Signature
Date & Time:

GIARMC SketchPlanForm_V3

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

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

POLICE REPORT Pg. 1



**SINGAPORE
POLICE FORCE**



T/20191107/2051

1 of 3

Police Station Of Origin:
Changkat NPP
109 Tampines Street 11 #01-261
SINGAPORE 521109
Tel No: 1800-7819999

Report No. T/20191107/2051

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 07/11/2019 12:27	Vide Report No.:	Station Diary No.: 5
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Informant's Particulars

Name of Informant: TAN KOK YEOW	Address: APT BLK 58 HAVELOCK ROAD #35-166 SINGAPORE 161058		
ID Type / ID No.: NRIC NO / S1696158B	Contact No.: Home/Office: Mobile: 8227 4991		
Nationality: SINGAPORE CITIZEN	Email:		
Sex: Male	Age: 54	Date of Birth: 02/08/1965	Type of Informant: Driver
Race: Chinese	Language: English		Institution / School Name:
Occupation: Taxi driver	Driving Licence Information: Class: 2B,3		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 06/11/2019 22:50	Type of Location: Straight Road
Location: Along Road 1 AIRPORT BOULEVARD Along Airport Boulevard before entering PIE (Tuas).				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control:	Traffic Volume: Light	
Type of Collision: Moving vehicle against stationary vehicle			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHD2649A	TAXI	TOYOTA	CAMRY	Black	Seriously Damaged	1
SLZ2815Z	Car	MERCEDES BENZ		Black		0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20191107/2051

Police Station Of Origin:
Changkat NPP
109 Tampines Street 11 #01-261
SINGAPORE 521109
Tel No: 1800-7819999

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Report No. T/20191107/2051

CONTINUATION OF REPORT

Driver			
Name	TAN KOK YEOW		ID No. S1696158B
Related Vehicle	SHD2649A (TAXI)		Contact No. 8227 4991
Hospital/Clinic	SIN MIN CLINIC		Class of Driving Licence & Expiry Date Class: 2B,3 Date of Expiry: NIL
Date Treatment	07/11/2019		Date Discharge NIL
No. of Days granted Medical Leave	07	Degree of Injury	Slight

Brief Details.

On 06/11/2019 at about 2250hrs, I was driving my taxi with my passenger in tow at back seat on the left. I picked up my passenger from Terminal 1 and proceeded to his destination at Hillview Avenue. I was driving along lane three going into PIE towards. A car in front of my taxi had applied emergency brakes. As I was driving in a safe distance, I managed to apply my brakes and in time and eventually came to a stop. Immediately after when my taxi was in a stationary position, I felt a hard collision coming from the rear portion of my taxi. The collision caused a 'whiplash' effect. I put my taxi in parking mode and alighted from my taxi to make a check. Apparently, a Mercedes car had collided into the rear of my taxi.

I met up with the driver namely Kai and exchanged contact details. His number was 9839 3353. I took pictures of the damages to the taxi and also car involved. After doing so, we drove off as I needed to send my passenger to his destination. After the accident took place, I felt numbness on the rear of my neck, shoulder and left arm. Hence, I decided to visit the doctor the next day at Sin Ming Clinic to have my injury checked. I was given seven (07) days of medical leave from 07/11/2019 to 13/11/2019.

Due to the accident, I have dents and damages to the rear portion of my vehicle. I am also unable to close the rear boot due to the accident. Hence, it has since been sent back to the taxi company workshop for repair.

POLICE REPORT Pg. 1



SINGAPORE
POLICE FORCE



T/20191107/2051

Police Station Of Origin:
Changkat NPP
109 Tampines Street 11 #01-261
SINGAPORE 521109
Tel No: 1800-7819999

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Report No. T/20191107/2051

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 /

Staff Sgt MUZAINAH BINTE LATIFF

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

07/11/2019 12:27

Officer In Charge Of Case:

TP / AEIT /

SSI 2 YEO GEAK ENG CECILIA

Contact No.: 65476404

Classification Of Case:

Authentication Stamp

NP158



**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-19-183928
Date of Request: 07/11/2019

Your Ref No: Online Purchase

Prime Auto Claims Service Pte Ltd
6 Benoi Place
Singapore 629927

Dear Sir/Madam,

Enquiry Date 07/11/2019
Enquiry By Chrissy Teo Ye En
TP Vehicle No. SLZ2815Z
Accident Date 06/11/2019

Enquiry Result

TP Vehicle No.	Insurer	Period of Insurance	Insurer Tel. No.
SLZ2815Z	China Taiping Insurance (Singapore) Pte. Ltd.	27/04/2019-26/04/2020	6389 6111

Thank You.

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