

## 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             | 07/01/2020 10:22 |
| Date Of Accident           | 06/01/2020 12:45 |
| Exact Location Of Accident | BALESTIER ROAD   |
| Country/State of Loss      | SINGAPORE        |

### DETAILS OF OWN VEHICLE

|  |  |
|--|--|
| Vehicle Registration Number  | SHB8686M                               |
| <b>Insured/Policyholder</b>  |  |
| Name Of Registered Owner   | PREMIER TAXIS PTE LTD                  |
| Co Reg No  | 2XXXXX975H                             |
| Email Address  | NOEMAIL                                |
| Mobile Phone No  |  |
| Alternative Phone No   | OFFICE-62148880                        |
| <b>Vehicle Particulars</b>   |  |
| Manufacturer   | HYUNDAI                                |
| Model  | IONIQ HYBRID-1.6 GLS DCT (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                                   |
| <b>Insurance Company</b>   |  |
| Name of Insurance Company  | NTUC INCOME INSURANCE CO-OPERATIVE LTD |
| Type Of Coverage   | THIRD PARTY                            |
| Fleet Policy   | YES                                    |
| Policy Number  | 5107202885                             |
| Cover Note Number  |  |
| <b>Driver</b>  |  |
| Name of Driver   | LEE ZHEN HON KEVIN (LI ZHENHONG)       |
| NRIC No  | SXXXXX271J                             |
| Date Of Birth  | 05/12/1980                             |
| Occupation   | OUTDOOR                                |
| Date Of Driving Pass   | 25/03/2002                             |
| Driving Experience   | 17 YEARS AND 9 MONTHS                  |
| Gender   | MALE                                   |
| Mobile Number  | (LOCAL) +65-81117164                   |
| Fax Number   |  |
| Contact Number   |  |
| Email Address  | NOEMAIL                                |

Address BLK 138A #10-105  
YUAN CHING ROAD

Postcode 611138

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 DRIZZLING

Road Surface WET

#### 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: : SPOUSE - FRONT SEAT  
GENDER: : FEMALE

Passenger 2  
NAME: : SON - CHILD @ REAR SEAT  
GENDER: : MALE

#### Details of Police Action

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name JURONG NEIGHBOURHOOD POLICE POST

Police Station Address ROAD: BLK 158 YUNG LOH ROAD , POSTCODE: 610158 , COUNTRY: SINGAPORE

Police Station Contact TEL NO: 1800-2659999 - FAX NO: 62664987

Was notice of intended Prosecution given? NO

If Yes, against whom?

#### Circumstances of Accident

VEH. A - 2 PAX VEH. B - 1 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 YQ342C

Vehicle Make/Model/Colour LORRY

Details Of Properties VEH. B

Vehicle Category GOODS VEHICLE

Name of Driver CHINNAIAH JOTHI

|                                     |           |
|-------------------------------------|-----------|
| NRIC/Passport Number                | FXXXX284M |
| Contact Number                      |           |
| Address                             |           |
| Postcode                            |           |
| Insurance Company Name              |           |
| Nature Of Damage                    |           |
| No. Of Passenger (Including Driver) | 2         |

#### DETAILS OF INJURED PERSON 1

|   |   |
|---|---|
| Name  | LEE ZHEN HON KEVIN (LI ZHENHONG) - DRIVER OF VEH. A |
| Approximate Age                                     |   |
| Injuries Sustain                                    | WENT CLINIC & HAD 4 DAYS MC                         |
| Injured person in which vehicle?                    | SHB8686M  |
| Were seat belts worn?                               | YES   |
| Was this injured conveyed to hospital by ambulance? | NO  |
| Address   |   |
| Postcode  |   |

#### DETAILS OF INJURED PERSON 2

|   |                             |
|---|-----------------------------|
| Name  | CHEN AIPING - PAX IN VEH. A |
| Approximate Age                                     |                             |
| Injuries Sustain                                    | WENT CLINIC & HAD 4 DAYS MC |
| Injured person in which vehicle?                    | SHB8686M                    |
| Were seat belts worn?                               | YES                         |
| Was this injured conveyed to hospital by ambulance? | NO                          |
| Address   |                             |
| Postcode  |                             |

#### DETAILS OF INJURED PERSON 3

|   |                                    |
|---|------------------------------------|
| Name  | ZLATAN LEE KIM SEE - PAX IN VEH. A |
| Approximate Age                                     |                                    |
| Injuries Sustain                                    | WENT CLINIC & HAD 4 DAYS MC        |
| Injured person in which vehicle?                    | SHB8686M                           |
| Were seat belts worn?                               |                                    |
| Was this injured conveyed to hospital by ambulance? | NO                                 |
| Address   |                                    |
| Postcode  |                                    |

SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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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 JAN 2020

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

Q 880392711  
Q SHB 8686M





**SINGAPORE  
POLICE FORCE**



T/20200106/2191

1 of 4

Police Station Of Origin:  
Jurong NPP  
158 Yung Loh Road #01-58 SINGAPORE  
610158  
Tel No: 1800-2659999

Report No. T/20200106/2191

**REPORT OF A TRAFFIC ACCIDENT**

|  |            |                              |  |                          |                            |
|--|------------|------------------------------|--|--------------------------|----------------------------|
| Date/Time Report Made:<br>06/01/2020 19:53 |            | Vide Report No.:             |  | Station Diary No.:<br>20 |                            |
| <b>Informant's Particulars</b>             |            |                              |  |                          |                            |
| Name of Informant:<br>LEE ZHEN HON KEVIN   |            |                              | Address:<br>APT BLK 138A YUAN CHING ROAD #10-105 SINGAPORE<br>611138 |                          |                            |
| ID Type / ID No.:<br>NRIC NO / S8039271J   |            |                              | Contact No.:<br>Home/Office: Mobile: 81117164                        |                          |                            |
| Nationality:<br>SINGAPORE CITIZEN          |            |                              | Email:   |                          |                            |
| Sex:<br>Male                               | Age:<br>39 | Date of Birth:<br>05/12/1980 | Type of Informant:<br>Driver   |                          |                            |
| Race:<br>Chinese                           |            |                              | Language:<br>English   |                          | Institution / School Name: |
| Occupation:<br>Taxi driver                 |            |                              | Driving Licence Information:<br>Class: 2B,3,4,5                      |                          | Date of Expiry:            |

|   |                  |                       |  |  |  |
|---|------------------|-----------------------|--|--|--|
| <b>General Information of the Accident</b>                                  |                  |                       |  |  |  |
| Type of Accident:   | Injury<br>Others | Drink<br>Drive:<br>No | Date/Time of<br>Accident:<br>06/01/2020 13:00<br>12.45 | Type of Location:<br>Roundabout        |  |
| Location:<br>Along Road 1<br>BALESTIER ROAD                                 |                  |                       |  |  |  |
| Weather:<br>Drizzling   |                  | Road Surface:<br>Wet  |  | Road Speed Limit:                      |  |
| Traffic Flow:   |                  | Traffic Control:      |  | Traffic Volume:<br>Moderate            |  |
| Type of Collision:<br>Between Moving Vehicles - Side Swipe - Same Direction |                  |                       |  | Anyone conveyed by<br>ambulance:<br>No |  |

| <b>Details of Vehicle Involved</b> |      |      |       |       |                     |                  |
|------------------------------------|------|------|-------|-------|---------------------|------------------|
| Vehicle No.                        | Type | Make | Model | Color | Condition           | No. of Passenger |
| SHB8686M                           | Car  |      |       |       | Slightly<br>Damaged | 2                |
| YQ342C                             | Car  |      |       |       | Slightly<br>Damaged | 0                |

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

## Sketch Plan Pg. 4



**SINGAPORE  
POLICE FORCE**



T/20200106/2191

Police Station Of Origin:  
Jurong NPP  
158 Yung Loh Road #01-58 SINGAPORE  
610158  
Tel No: 1800-2659999

2 of 4

Report No. T/20200106/2191

## CONTINUATION OF REPORT

|                                   |                                   |  |  |
|-----------------------------------|-----------------------------------|--|--|
| <b>Passenger</b>                  |                                   |  |  |
| Name                              | CHEN AIPING                       | ID No.                                 | S8263631E                              |
| Related Vehicle                   | SHB8686M (Car)                    | Contact No.                            | NIL                                    |
| Hospital/Clinic                   | W Y TEH FAMILY CLINIC AND SURGERY | Class of Driving Licence & Expiry Date | Class: NIL<br>Date of Expiry: NIL      |
| Date Treatment                    | 06/01/2020                        | Date Discharge                         | 06/01/2020                             |
| No. of Days granted Medical Leave | 03                                | Degree of Injury                       | NIL                                    |
| <b>Driver</b>                     |                                   |  |  |
| Name                              | LEE ZHEN HON KEVIN                | ID No.                                 | S8039271J                              |
| Related Vehicle                   | SHB8686M (Car)                    | Contact No.                            | 81117164                               |
| Hospital/Clinic                   | W Y TEH FAMILY CLINIC AND SURGERY | Class of Driving Licence & Expiry Date | Class: 2B,3,4,5<br>Date of Expiry: NIL |
| Date Treatment                    | 06/01/2020                        | Date Discharge                         | 06/01/2020                             |
| No. of Days granted Medical Leave | 04                                | Degree of Injury                       | NIL                                    |
| <b>Passenger</b>                  |                                   |  |  |
| Name                              | ZLATAN LEE KIM SEE                | ID No.                                 | T1490661J                              |
| Related Vehicle                   | SHB8686M (Car)                    | Contact No.                            | NIL                                    |
| Hospital/Clinic                   | W Y TEH FAMILY CLINIC AND SURGERY | Class of Driving Licence & Expiry Date | Class: NIL<br>Date of Expiry: NIL      |
| Date Treatment                    | 06/01/2020                        | Date Discharge                         | 06/01/2020                             |
| No. of Days granted Medical Leave | 03                                | Degree of Injury                       | NIL                                    |
| <b>Driver</b>                     |                                   |  |  |
| Name                              | CHINNAIAH JOTHI                   | ID No.                                 | F8316284M                              |
| Related Vehicle                   | YQ342C (Car)                      | Contact No.                            | NIL                                    |
| Hospital/Clinic                   | NIL                               | Class of Driving Licence & Expiry Date | Class: 3<br>Date of Expiry: 27/02/2024 |
| Date Treatment                    | NIL                               | Date Discharge                         | NIL                                    |
| No. of Days granted Medical Leave | NIL                               | Degree of Injury                       | NIL                                    |



**POLICE FORCE**

T/20200106/2191

Police Station Of Origin:  
Jurong NPP  
158 Yung Loh Road #01-58 SINGAPORE  
610158  
Tel No: 1800-2659999

3 of 4

Report No. T/20200106/2191

CONTINUATION OF REPORT

Brief Details.

On 6/1/2020, around 1245hrs, I was travelling along Balestier Rd towards PIE in V1) SHB8686M in the 3rd lane. Subsequently, V2) YQ342C, which was travelling along 2nd lane, cut into V1's lane abruptly. V2 then collided into V1's front right hand side. As a result my passengers and I were injured. We then seek treatment and received 4 days, and A1) Chen Liping, A2) Zlatan Lee, 3 days respectively. I am lodging this report for insurance claims purposes.





**SINGAPORE  
POLICE FORCE**



T/20200106/2191

Police Station Of Origin:  
Jurong NPP  
158 Yung Loh Road #01-58 SINGAPORE  
610158  
Tel No: 1800-2659999

4 of 4

Report No. T/20200106/2191

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:  
J/  
Staff Sgt MUHAMMAD ZHARIF BIN ZAINUDIN

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
06/01/2020 19:53

Officer In Charge Of Case:  
TP / AEIT /

Classification Of Case:

SI MOHAMAD ZULFAZDLI BIN ABDULLAH  
Contact No.: 65476204 SN 124

Authentication Stamp  
NP168

Signature :

**Singapore Police Force**



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-20-003155

Date of Request: 07/01/2020

Your Ref No:

Online Purchase

Premier Automotive Services Pte Ltd  
23 Changi South Ave 2  
#01-02  
Singapore 486443

Dear Sir/Madam,

Enquiry Date 07/01/2020  
Enquiry By GOH WEE DEK  
TP Vehicle No. YQ342C  
Accident Date 06/01/2020

**Enquiry Result**

| TP Vehicle No. | Insurer                                       | Period of Insurance   | Insurer Tel. No. |
|----------------|---|-----------------------|------------------|
| YQ342C         | China Taiping Insurance (Singapore) Pte. Ltd. | 18/03/2019-17/03/2020 | 6389 6111        |
| YQ342C         | China Taiping Insurance (Singapore) Pte. Ltd. | 19/03/2019-18/03/2020 | 6389 6111        |

Thank You.

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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**TAX INVOICE**

Our Ref No: GR-20-003155

Date of Request: 07/01/2020

Your Ref No:

Online Purchase

Premier Automotive Services Pte Ltd  
23 Changi South Ave 2  
#01-02  
Singapore 486443

Dear Sir/Madam,

Enquiry Date 07/01/2020  
Enquiry By GOH WEE DEK  
TP Vehicle No. YQ342C  
Accident Date 06/01/2020

| DESCRIPTION                      | AMOUNT (S\$) |
|----------------------------------|--------------|
| TP Insurer Enquiry               | 1.87         |
| GST Amount                       | 0.13         |
| Total Amount Due (GST Inclusive) | 2.00         |

Thank You.

This is a computer generated document and requires no signature.

For GIARMC Official use:

Date:

☒ GIRO ☐ Cash ☐ Cheque

## Enquire Vehicle Registration Details

### Owner Particulars

NRIC/Passport  
/Company Cert  
No.: 200304975H

Owner ID Type: Company

Owner Name: PREMIER TAXIS PTE. LTD.

Registered  
Address: 23 CHANGI SOUTH AVENUE 2 #04-03 SINGAPORE 486443

Mailing Address: -

Birth Date: -

### Vehicle Particulars

Vehicle No.: SHB8686M

Previous Vehicle  
No.: -

Effective Date of  
Ownership: 14 Feb 2019

Original Regn Date: 14 Feb 2019

Registration Date: 14 Feb 2019

Year of  
Manufacture: 2018

Vehicle Type: Public Transport Taxi (Motor Car)

Vehicle Scheme: Taxi (Company)

Vehicle  
Attachment 1: Air-Con (Taxi)

Vehicle  
Attachment 2: -

Vehicle  
Attachment 3: -

Vehicle Make: HYUNDAI

Vehicle Model: AE IONIQ HEV 1.6 DCT

Primary Colour: Silver

Secondary Colour: -

Passenger  
Capacity: 4

Chassis No.: KMHC851CVKU129603

Engine No.: G4LEJU155972

Motor No.: PM04JB5171DJ

Engine Capacity  
/Power Rating: 1580 cc / 32.0 kW

Maximum Power  
Output: 103.6 kW (138 bhp)