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 witholding 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.

By the lodgement of this report to the insurers, you here aforesaid.	by consent to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	27/02/2020 14:03
Date Of Accident	26/02/2020 23:00
Exact Location Of Accident	CHANGI SOUTH AVE 4 - CHANGI SOUTH AVE 3
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SHC6367S
Insured/Policyholder	
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 CRDI (A)
Exact Purpose for which vehicle was being us	sed at

time of accident

Are you claiming under your own insurance policy

for repair to your vehicle?

THIRD PARTY If No, Please state action to be taken

TAXI Vehicle Category

Insurance Company

NTUC INCOME INSURANCE CO-OPERATIVE LTD Name of Insurance Company

Type Of Coverage THIRD PARTY

Fleet Policy YES

Policy Number 5107202885-000843

Cover Note Number

Driver

Name of Driver KOH LEE WHY NRIC No S0107760J Date Of Birth 26/03/1954 Occupation **OUTDOOR** 07/07/1978 **Date Of Driving Pass**

Driving Experience 41 YEARS AND 7 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-97347503

Fax Number

Contact Number

EMail Address NOEMAIL

APT BLK 573B WOODLANDS DRIVE 16 Address

#03-666 SINGAPORE 732573

Postcode

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

COLLISION - HEAD TO REAR Type Of Accident

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

Was any body injured in the Accident? YES

Was any injured conveyed to hospital by

ambulance?

YES Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance. Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Police Station Name WHAMPOA NEIGHBOURHOOD POLICE POST

2

NO

NO

1

YES

NO

ROAD: BLK 29 JALAN BAHAGIA, POSTCODE: 320029, COUNTRY:

Police Station Address **SINGAPORE**

Police Station Contact TEL NO: 1800-2507999 - FAX NO: 63554314

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER ATTACHED

Attachment(s)

Are accident photos available for attachment? YES NO Was there any video captured by Car Camera? NO

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SHD4900K Vehicle Make/Model/Colour **COMFORT TAXI**

Details Of Properties

Vehicle Category TAXI

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Page 2 of 14

DETAILS OF INJURED PERSON 1

KOH LEE WHY Name

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

Address

Postcode

SUFFERED SLIGHT ACHING ON BACK

SHC6367S

SKETCH PLAN

IMPORTANT NOTICE

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- 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. The 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 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:
 - 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:

he pélicyholder)
7 FEB 2020

Reporting Gentre Personnel's Signature

Name: NRIC/FIN No.:

changi south Ave 4 Towards changi south Ave 3 SKETCH PLAN **DESCRIBE CIRCUMSTANCES OF THE ACCIDENT** I/We declare the foregoing particulars are true in every respect Policyholder's Sign Driver's Signature Reporting Centre Personnel's Signature Date & Time: (If driver is not the policyholder) Name: Date & Time: 2 7 FEB 2020 NRIC/FIN No.:





Police Station Of Origin:

Whampoa NPP

29 Jalan Bahagia #01-368 SINGAPORE

320029

Tel No: 1800-2507999

1 of 3 Report No. T/20200227/2065

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: Vide Report No.: Station Diary No.: 27/02/2020 12:58 13 Informant's Particulars Name of Informant: Address: KOH LEE WHY APT BLK 573B WOODLANDS DRIVE 16 #03-666 SINGAPORE 732573 ID Type / ID No.: Contact No.: NRIC NO / S0107760J Home/Office: Mobile: 97347503 Nationality: Email: SINGAPORE CITIZEN

Sex: Date of Birth: Age: Type of Informant: Male 65 26/03/1954 Driver Race: Language: Institution / School Name: Chinese Occupation: Driving Licence Information: Taxi driver Class: 3 Date of Expiry:

General Informat	ion of the Acciden	t				
Type of Accident:	Injury Others		Drink Drive: No	Date/Time Accident: 26/02/202		Type of Location: Straight Road
Location: Along Road 1 CHANGI SOUTH Towards a T-Jun Lamp Post Numb	ction	•				
Weather: Clear		Road Dry	Surface:		Roa	d Speed Limit:
Traffic Flow: Two Way	. ; .		c Control: c Light - Wor	king		fic Volume: raffic
Type of Collision: Between Moving	: Vehicles - Head To	Rear				one conveyed by ulance:

Details of V	ehicle Invo	lved				
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SHC6367S	Car		•,	,	Slightly	0
					Damaged	
SHD4900K	Car				Slightly	0
					Damaged	

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



T/2020227/2065

Police Station Of Origin: Whampoa NPP 29 Jalan Bahagia #01-368 SINGAPORE 320029 2 of 3 Report No. T/20200227/2065

Tel No: 1800-2507999

CONTINUATION OF REPORT

Driver						
Name	KOH LEE WHY			ID No.		S0107760J
Related Vehicle	SHC6367S (Car)			Contact No.		97347503
Hospital/Clinic	NOVENA MEDICAL (Class of Driving Licence & Expiry Date		Class: 3 Date of Expiry: NIL	
Date Treatment	27/02/2020	Date Disc	charge 27/02		/2020	
No. of Days granted Medical Leave 05		05	Degree of Injury Slight			
Driver						
Name	LIM WEE CHONG			ID No		S1706559I
Related Vehicle	NIL	***************************************		Conta	ct No.	97547757
Hospital/Clinic	NIL			Class Driving Licend Expiry	g ce &	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discl	harge	NIL		
No. of Days granted Medical Leave NIL			Degree of Injury NIL			

Brief Details.

I am a taxi driver from Premier taxi Company. I am driving a taxi bearing the plate number SHC6367S.

On 26/02/2020 at about 2300hrs, I went to the Premier Company petrol kiosk located at Changi South Street 1 to refuel my vehicle. Subsequently, upon leaving the company's petrol kiosk, there was another vehicle in front of mine thus I kept my distance. After making a left turn on Changi South Avenue 4 towards Changi South Avenue 3, there was another traffic light ahead thus I kept my distance from the vehicle in front as it was slowing down. While I was slowing down, another vehicle (SHD4900K) had hit the rear part of my vehicle.

My vehicle suffered slight damage where there was a dent and scratches at the rear part of my vehicle and the other vehicle suffered slight damage as well due to the impact. Subsequently, I drove my vehicle back to the company petrol kiosk to leave it there. From the impact, I suffered slight aching on my back.





Police Station Of Origin: Whampoa NPP 29 Jalan Bahagia #01-368 SINGAPORE 320029 Tel No: 1800-2507999

3 of 3 Report No. T/20200227/2065

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

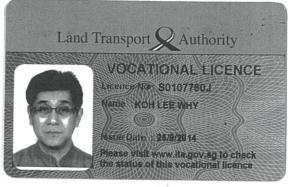
SIGNATURE

IMPORTANT: Please attach a copy of your vehicle's the certificate with you now, please fax a copy to 654	74885 stating the <u>report number</u> as reference.
Signature Of Officer Recording The Report:	Signature Of Informant:
Sgt 2 MOHAMMAD AFIQ BIN ABDUL RAHMAN	Signature Of Informant:
Signature Of Interpreter:	Date/Time:
Not applicable	27/02/2020 12:58
Officer In Charge Of Case: TP / AEIT /	Classification Of Case:
Sr Staff Sgt ONG YONG HOCK	
Contact No.: 65476436	
Authenticating Starp NP1 POLICE FORCE SAFEGUARDING EVERY DAY SAFEGUARDING EVERY DAY	

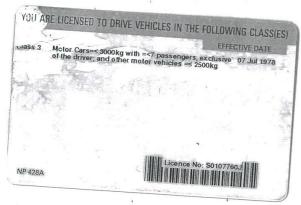
SHC63675 Hirer 97347503











This card is not transferable and is the property of the Land Transport
Authority (LTA). It must be surrendered to the LTA on request. If found,
please return to LTA, 10 Sin Ming Drive, Singapore 575701.

Type Description Issue Date
02 TAXI VL 25/09/2014









