

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	27/07/2020 11:57
Date Of Accident	25/07/2020 20:40
Exact Location Of Accident	TANJONG PAGAR ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMG4227C
Insured/Policyholder	
Name Of Registered Owner	BIS MOTORING PTE LTD
Co Reg No	201735055D
Email Address	KEIFTAN@BISMOTORING.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-62523822

Vehicle Particulars

Manufacturer	KIA
Model	CARENS-1.7 D DCT 5DR FWD (A)
Exact Purpose for which vehicle was being used at time of accident	HIRE AND REWARDS
Are you claiming under your own insurance policy for repair to your vehicle?	YES
If No, Please state action to be taken	
Vehicle Category	PRIVATE HIRE

Insurance Company

Name of Insurance Company	ETIQA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	M0014509
Cover Note Number	26.12.2019 TO 25.12.2020

Driver

Name of Driver	CHEE KUM HING
NRIC No	S1585731E
Date Of Birth	29/06/1963
Occupation	OUTDOOR
Date Of Driving Pass	30/06/2006
Driving Experience	14 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91260733
Fax Number	
Contact Number	
Email Address	CKUMHING@GMAIL.COM

Address	BLOCK 47 JALAN TIGA #15-42
Postcode	390047
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - CROSS JUNCTION
Weather Conditions	CLEAR
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?	NO
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: : GRAB PASSENGER GENDER: : MALE
Passenger 2	NAME: : GRAB PASSENGER GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	GEYLANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 132 PAYA LEBAR ROAD , POSTCODE: 409014 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8486999 - FAX NO: 68486799
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

Refer to Police Report:- T/20200725/2135

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	RETRIEVING
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SH9180L
Vehicle Make/Model/Colour	HYUNDAI I40
Details Of Properties	COMFORT TAXI
Vehicle Category	TAXI

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

Sketch Plan

SKETCH PLAN

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8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

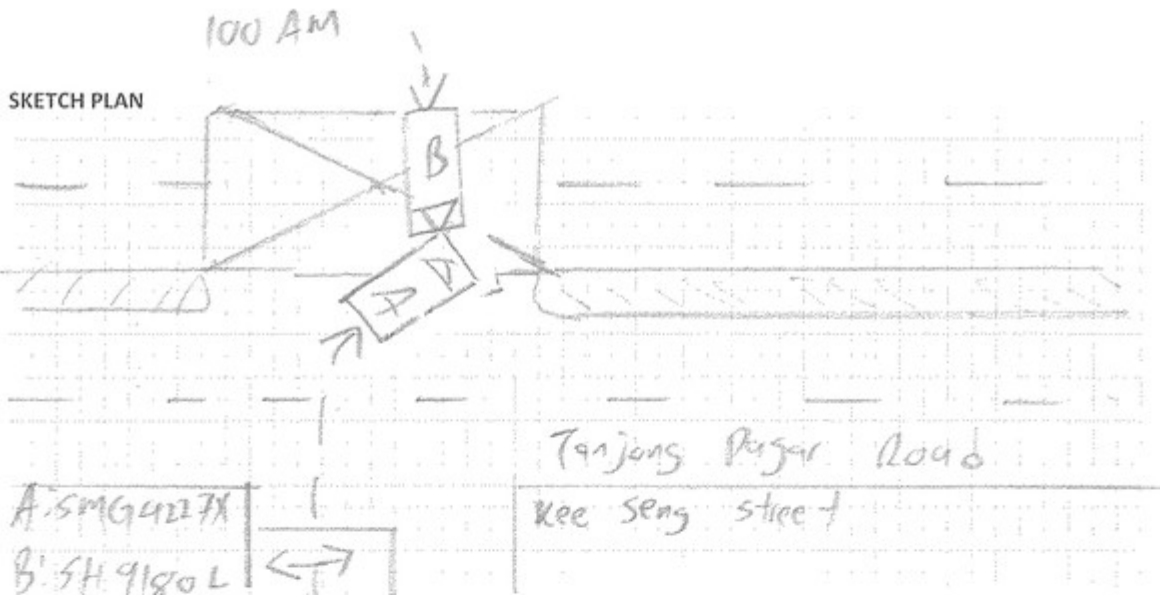
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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: 27/07/2020

01230hrs

Reporting Centre Personnel's Signature
Name: Lam Wei Sheng
NRIC/FIN No.: 37018



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report: - T/20200725/2135.

The taxi come out from 100 km shopping mall

Taxi drop off/pick up point

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:

Reporting Centre Personnel's Signature
Name: Lan Wei Sheng
NRIC/FIN No.: 3707



**SINGAPORE
POLICE FORCE**



T/20200725/2135

Police Station Of Origin:
Geylang N.P.C
1 Cassia Link SINGAPORE 397618
Tel No: 1800-8486999

1 of 3

Report No. T/20200725/2135

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 25/07/2020 23:29		Vide Report No.:		Station Diary No.: 79	
Informant's Particulars					
Name of Informant: CHEE KUM HING			Address: APT BLK 47 JALAN TIGA #15-42 SINGAPORE 390047		
ID Type / ID No.: NRIC NO / S1585731E			Contact No.: Home/Office: Mobile: 91260733		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 57	Date of Birth: 29/06/1963	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: Grab Driver			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 25/07/2020 20:40	Type of Location: X-Junction
Location: Along Road 1 KEE SENG STREET TANJONG PAGAR ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Not Controlled	Traffic Volume: Light	
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
SH9180L	Taxi	HYUNDAI	I40 1.7 CRDI F/L AT ABS AIRBAG 4DR	Blue	Slightly Damaged	0
SMG4227X	Car	KIA	CARENS 1.7 DCT DIESEL 5DR FWD	Red	Slightly Damaged	2



**SINGAPORE
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T/20200725/2135

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Report No. T/20200725/2135

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	Unknown Driver	ID No.	NIL
Related Vehicle	SH9180L (Taxi)	Contact No.	NIL
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
Driver			
Name	CHEE KUM HING	ID No.	S1585731E
Related Vehicle	SMG4227X (Car)	Contact No.	91260733
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On the 25/07/2020 at about 2040hrs, I was driving along Kee Seng Street, I then turned right into Tanjong Pagar Road after checking that the traffic was clear. I then felt a slight impact on the left side of my vehicle I then realized that my vehicle hit by a taxi driver (SH9180L).

I then made a check on my passengers and they informed me that they are alright. I then made a check on the taxi driver who informed me that he is ok. The taxi driver inform me that he will lodge a police report with regards to the issue and left. We did not exchange our particulars during the incident. I would like to state that there were no visible injuries on any of the parties during the incident.



SINGAPORE
POLICE FORCE



T/20200725/2135

Police Station Of Origin:
Geylang N.P.C
1 Cassia Link SINGAPORE 397618
Tel No: 1800-8486999

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Report No. T/20200725/2135

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 3 ANG YI FENG, ELSON	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 25/07/2020 23:29
Officer In Charge Of Case: TP / GIA / Staff Sgt WONG SIEU LUI Contact No.: 65476151	Classification Of Case:
Authentication Stamp NP168	 SIGNATURE

Interview Form

eTiQa

Insurance

INTERVIEW FORM

Name (Driver) : Chee Kum Hing

Policy No : MC014509

Vehicle No : 5M G 42271

Place of Accident : Tanjong Pagar Road

Insured Driver's relationship with Insured : Driver

Drink Driving of Insured and/or Insured Driver : NO

No of passenger(s) in Insured vehicle : 2 (one male, one female)

Injury to Insured and/or Insured driver, please indicate which hospital:

NO

Third Party Vehicle No (if any) : 5H 91806

No of passenger(s) in Third Party Vehicle : NO

Injury to Third Party driver and/or passenger(s), please indicate which hospital:

NO

Type of collision and the extensiveness of the damages to all vehicles involved:

Collision - Cross Junction

Any witness to the accident (if yes, please indicate Name, Contact No and a copy of the statement):

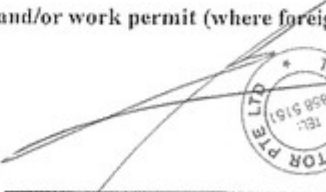
NO

Traffic Police report (enclosed) : Yes / No

Please obtain a copy of the driving licence of Insured driver and/or work permit (where foreign worker is involved)



Driver (Name & Signature)

I, affirmed the above information is given to my best knowledge


Attended by (Name & Signature)

Workshop Name: Tan Lim Motor Pte Ltd

Etiqua Insurance Berhad (Company Reg. No. T09FC0054K)
1 North Bridge Road, #08-01 High Street Centre, Singapore 179094
T: +65 6336 0477 F: +65 6339 2109

Member of the  **Maybank Group**

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Addendum Sheet

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM


(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

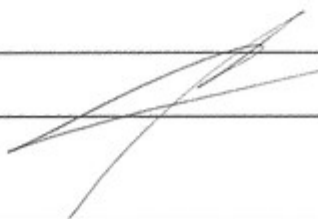
Original Report No : MTM 20062955 Vehicle Registration No: SMG 4227X
Name (as shown in NRIC) : Chee Kun Hing NRIC/FIN/Passport No : S1585731E
(*Vehicle Driver / ~~Vehicle Owner~~) (*) Please delete as appropriate
Address : Block 47 Jln Tjua Tjua #15-42 Singapore 0900471
Contact (Tel) : — Mobile No. : 9126 0733
Email Address : Ckumhing@gmail.com
Date of Accident : 25/07/2020 Time of Accident : 2040 hrs
Place of Accident : Tanjong Pagar Road
Insurance Company : Ediga Insurance

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

I would like to report OD claim.


Policyholder / Driver's Signature
Date: 27/07/2020


Reporting Centre Personnel's Signature
Name: Lam Wai Shun
NRIC/FIN No.: 37017
Date: 27/07/2020