

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	09/10/2020 13:17
Date Of Accident	08/10/2020 21:25
Exact Location Of Accident	SLIP ROAD OF BRADELL ROAD INTO CTE/CITY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC6231A
Insured/Policyholder	
Name Of Registered Owner	PREMIER TAXIS PTE LTD
Co Reg No	2XXXXX975H
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	
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	
Cover Note Number	5107202885-01
Driver	
Name of Driver	TAY TENG HOW
NRIC No	SXXXX836J
Date Of Birth	03/05/1952
Occupation	OUTDOOR
Date Of Driving Pass	20/05/1975
Driving Experience	45 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98762138
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	APT BLK 625 SENJA ROAD #07-140 SINGAPORE
Postcode	670625
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	CHAIN COLLISION
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	3
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	YES
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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	CLEMENTI N.P.C
Police Station Address	ROAD: 20 CLEMENTI AVE 5 , POSTCODE: 129858 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

VEH, A - NO PAX VEH, B - 2 PAX (FEMALE ADULT + 1 CHILD) VEH, C - UNKNOWN PAX ONBOARD, 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	SMF5992T
Vehicle Make/Model/Colour	MERCEDES BENZ
Details Of Properties	VEH.B
Vehicle Category	PRIVATE CAR
Name of Driver	TEOH WONG HAR
NRIC/Passport Number	SXXXX690G
Contact Number	
Address	
Postcode	

Insurance Company Name	
Nature Of Damage	DAMAGED ON FRONT & REAR
No. Of Passenger (Including Driver)	3

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	GBB7124X
Vehicle Make/Model/Colour	VAN
Details Of Properties	VEH.C
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	MALE CHINESE
NRIC/Passport Number	
Contact Number	
Address	
Postcode	

Insurance Company Name	
Nature Of Damage	DAMAGED ON FRONT PORTION
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	CHILD - PAX IN VEH. B
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SMF5992T
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

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.



09 OCT 2020

Policyholder's Signature
Date & Time:

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

5 009 5 8 3 6 3

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

↑ INTO CTE
CITY

BRADDELL 2040

A : SHC 6231A
B : SMF 5992T
C : GBB 7124X.

* Refer to attached police report.

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

Signature: 

✓

09 OCT 2020

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



**SINGAPORE
POLICE FORCE**



T/20201009/2000

Police Station Of Origin:
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999

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Report No. T/20201009/2000

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 09/10/2020 00:22		Vide Report No.:		Station Diary No.: 11	
Informant's Particulars					
Name of Informant: TAY TENG HOW			Address: APT BLK 625 SENJA ROAD #07-140 SINGAPORE 670625		
ID Type / ID No.: NRIC NO / S0095836J			Contact No.: Home/Office: Mobile: 98762138		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 68	Date of Birth: 03/05/1952	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 08/10/2020 21:25	Type of Location: Straight Road
Location: BRADDELL ROAD				
Lamp Post Number: 49				
Weather: Drizzling		Road Surface: Wet		Road Speed Limit:
Traffic Flow:		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBB7124X	Van				Slightly Damaged	0
SHC6231A	Car				Slightly Damaged	0
SMF5992T	Car				Slightly Damaged	2

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



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20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999

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Report No. T/20201009/2000

CONTINUATION OF REPORT

Driver			
Name	TAY TENG HOW		ID No. S0095836J
Related Vehicle	SHC6231A (Car)		Contact No. 98762138
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
Driver			
Name	TEOH WONG HAR		ID No. S8770690G
Related Vehicle	SMF5992T (Car)		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

Brief Details.

On 08/10/2020 at about 2125hrs, I was driving my taxi (silver-coloured Taxi, Kia Optima bearing the registration plate number SHC6231A) travelling along Bradell Road with the intention to turn in to CTE (towards City). Before my taxi approached the sliproad (to CTE), the car in front of me (bearing the registration plate number SMJ5512 (unable to remember last alphabet) suddenly stopped to alight his passenger.

I immediately jammed my brakes and managed to avoid any collision with the vehicle in front. However, I felt a collision from the rear and realised that a vehicle behind my taxi had hit onto my rear bumper. Upon making a check, I discovered that it was a chain collision between 3 cars.

After my vehicle stopped, one vehicle (black coloured Mercedes bearing the registration plate SMF5992T) collided onto the rear of my vehicle, and one van (silver-coloured bearing the registration plate number GBB7124X) also collided onto the rear of the Mercedes.

Traffic Police then came to scene and advised me to lodge a Traffic Accident Report. I wish to declare that at the point of time, at the scene, no one was injured. My vehicle sustained some scratches at the rear bumper. I am not too sure of the damages sustained on the other two vehicles. Traffic Police officer had also seized the memory card from my in-car camera.

I also wish to declare that at the point of time when the accident occurred, the road was wet as it was still drizzling. After leaving the scene, I got a call from a TP Officer who informed me that an Ambulance was activated to convey two passengers from the Mercedes (mother and baby) to make further checks on the said baby after the accident.



**SINGAPORE
POLICE FORCE**



T/20201009/2000

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Clementi N.P.C

20 Clementi Avenue 5 SINGAPORE 129858

Tel No: 1800-8729999

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Report No. T/20201009/2000

CONTINUATION OF REPORT



**SINGAPORE
POLICE FORCE**



T/20201009/2000

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Report No. T/20201009/2000

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: D / Sgt 2 AZUIN ASFERRA BINTE ANWAR	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 09/10/2020 00:22
Officer In Charge Of Case: TP / GIT / SI YEO CHUN JIAN Contact No.: 65476213	Classification Of Case:
Authentication Stamp NP168	
SIGNATURE	