

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 Submission 19/02/2021 16:33 (SGT)
Date of Accident 19/02/2021 14:30 (SGT)
Exact Location of Accident Airport Rd, Singapore
Additional Location Information NEAR KPE BEFORE TUNNEL
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHD2483K

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner PRIME CAR RENTAL & TAXI SERVICES PTE LTD
Company Reg No 199606293Z
Email Address peiyee@primeautoclaims.com
Mobile Phone No (Phone) +65-68982000
Alternative Phone No (Office) +65-68610908

VEHICLE PARTICULARS

Manufacturer Toyota
Model Prius
Variant -
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 - Claiming third party
Vehicle Category Taxi

INSURANCE COMPANY

Name of Insurance Company India International
Type of Coverage ThirdPartyFireTheft
Fleet Policy Yes
Policy Number D20MFL0006372
Cover Note Number -

DRIVER

Name of Driver KOH ENG CHONG
NRIC No S7919847A
Date Of Birth 10/07/1979
Occupation Outdoor

Date Of Driving Pass	27/05/2009
Driving experience	11 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-87555660
Alt. Phone Number	-
Email Address	peiye@primeautoclaims.com
Address	BLK 15 MARINE TERRACE #11-22 SINGAPORE
Address complement	-
Postcode	440015
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER ATTACHED STATEMENT & POLICE REPORT T/20210220/7003

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLM7213X
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	GAN LEE PENG JUNN
NRIC No	S7318579C

Contact Number	(Phone) +65-96419616
Address	-
Address complement	-
Postcode	-
Insurance Company Name	AIG
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SMD7626Z
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	CHAN YONG SIANG, ANDRE
NRIC No	S8626517F
Contact Number	(Phone) +65-96750562
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	KOH ENG CHONG
Address	BLK 15 MARINE TERRACE #11-22 SINGAPORE
Address Complement	-
Post Code	440015
Approximate Age Years Old	-
Injuries Sustained	BACKACHE
Injured person in which vehicle?	SHD2483K
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN**IMPORTANT NOTICE**

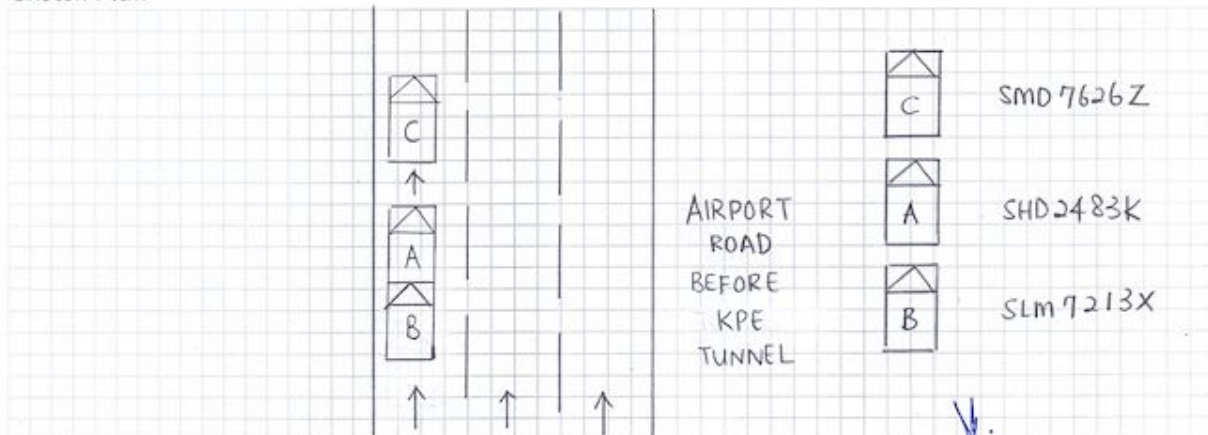
1. Please report **correctly** the details of the accident to speed up the claims process.
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7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
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.



Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

Describe Circumstances of the Accident

On 19.02.2021 @ 1430 hrs, I was driving my taxi SHD2483K^{along} Airport Road before KPE tunnel on most left lane and kept a safe distance with front vehicle SMD7626Z. While travelling, SMD7626Z applied brake to stop, thus I slowed down and stopped. While stationary, one car SLM7213X rear-ended my taxi rear portion. The great collision impact caused my taxi to surge forward and collided with SMD7626Z rear portion.

After the accident, we alighted from our vehicles to check on the damages. We exchanged particulars. After this accident, I felt my backache so I will consult doctor if my pain persisted. My in-car camera captured the occurrence of this accident.




Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time



19/2/21
1536

Driver's Signature (if driver is not the policyholder) / Date & Time



Witnessed by Reporting Centre Personnel



**SINGAPORE
POLICE FORCE**



T/20210220/7003

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20210220/7003

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 20/02/2021 10:56		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: KOH ENG CHONG			Address: 15 MARINE TERRACE #11-22 SINGAPORE 440015		
ID Type / ID No.: NRIC NO / S7919847A			Contact No.: Home/Office: Mobile: 87555660		
Nationality: SINGAPORE CITIZEN			Email: EDZADZKOH@GMAIL.COM		
Sex: Male	Age: 41	Date of Birth: 10/07/1979	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation:			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: 19/02/2021 14:30	Type of Location: Straight Road
Location: AIRPORT ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SHD2483K	Car	TOYOTA	PRIUS	Maroon	Seriously Damaged	0
SLM7213X	Car	NISSAN		Black	Seriously Damaged	0
SMD7626Z	Car	MAZDA	MAZDA 3	Grey	Slightly Damaged	0



**SINGAPORE
POLICE FORCE**



T/20210220/7003

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20210220/7003

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	KOH ENG CHONG	ID No.	S7919847A
Related Vehicle	SHD2483K (Car)	Contact No.	87555660
Hospital/Clinic	OUR FAMILY PHYSICIAN CLINIC & SURGERY	Class of Driving Licence & Expiry	Class: 2B,3 Date of Expiry: NIL
Date	20/02/2021	Date	20/02/2021
No. of Days granted Medical Leave	05	Degree of	Slight
Driver			
Name	GAN LEE PENG JUNN	ID No.	S7318579C
Related Vehicle	SLM7213X (Car)	Contact No.	96419616
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL
Driver			
Name	CHAN YONG SIANG ANDRE	ID No.	S862651F
Related Vehicle	SMD7626Z (Car)	Contact No.	96750562
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

Brief Details.

On 19/2/2021 at about 1430 Hrs, i was driving my taxi SHD2483K along Airport Road towards KPE tunnel. I was traveling at the most Left Lane before the KPE tunnel, in front of me a car SMD7626Z applied brakes and stop, thus i also slowed down and come to a complete stopped. Suddenly i felt a great impact from behind and the impact push my taxi forward and hit onto the front vehicle rear portion. After the accident, i alighted from my taxi and realized that a car SLM7213X cannot stop on time and rear ended my taxi rear portion and cause damage and dented to my taxi rear section. We exchange particular and take some scene photo and leave the scene. My neck and back was in pain due to the impact of the accident



**SINGAPORE
POLICE FORCE**



T/20210220/7003

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20210220/7003

CONTINUATION OF REPORT

and today when i wake up the pain more worse so i consult doctor and was given 5 days MC from 20/2/2021 to 24/2/2021.



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000



T/20210220/7003

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Report No. T/20210220/7003

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
MOHAMAD ZULFAZDLI BIN ABDULLAH
Contact No.: 65476204

Authentication Stamp
NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by SingPass. No signature is
required.

Date/Time:
20/02/2021 10:56

Classification Of Case:



















GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: S66550020G / GST Reg. No.: M400017735

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 : SP0T212J0002 Vehicle Registration No: SHD 2483K
Name(as shown in NRIC) : KOH ENG CHONG NRIC/FIN/Passport No : S 7919847A
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : BLK 15 MARINE TERRACE #11-22 Singapore(440015)
Contact (Tel) : / Mobile No. : 87555660
Email Address : peiyee@primeautoclaims.com
Date of Accident : 19.02.2021 Time of Accident : 14:30hrs
Place of Accident : AIRPORT ROAD
Insurance Company: INDIA INTERNATIONAL

(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:

Attach Police Report NO. T / 20210220 / 7003

F. Ray
Policyholder / Driver's Signature
Date:

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