

# 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 ..... 09/06/2021 14:11 (SGT)  
Date of Accident ..... 09/06/2021 10:20 (SGT)  
Exact Location of Accident ..... Yio Chu Kang Rd, Singapore  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SHD1405T

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... PREMIER TAXIS PTE LTD  
Company Reg No ..... 2XXXXX975H  
Email Address ..... CLAIMS@PREMIERTAXI.COM  
Mobile Phone No ..... (Phone) +65-91550072  
Alternative Phone No ..... (Office) +65-62148880

### VEHICLE PARTICULARS

Manufacturer ..... Hyundai  
Model ..... I30  
Variant ..... -  
Exact purpose for which vehicle was being used at time of accident ..... Employment  
Are you claiming under your own insurance policy for repair to your vehicle? ..... No - Claiming third party  
Vehicle Category ..... Taxi  
Transmission ..... Auto  
CC ..... 1600

### INSURANCE COMPANY

Name of Insurance Company ..... NTUC Income Insurance Co-operative Ltd  
Type of Coverage ..... ThirdParty  
Fleet Policy ..... Yes  
Policy Number ..... 5107202885-02  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... LAM KAH THONG (LIN JIATANG)  
NRIC No ..... SXXXX468B

Date Of Birth	02/02/1972
Occupation	Outdoor
Date Of Driving Pass	15/11/2018
Driving experience	2 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-82024508
Alt. Phone Number	-
Email Address	CLAIMS@PREMIERTAXI.COM
Address	BLK 68 #10-3203
Address complement	GEYLANG BAHRU
Postcode	330068
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	Collision - Head to Rear
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
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)	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	PAX IN THE REAR SEAT - INDIAN
Gender	Male

PASSENGER 2

Name	PAX IN THE REAR SEAT - INDIAN
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Changkat Neighbourhood Police Post
Police Station Phone No	(Phone) +65-18007819999
Alt. Police Station Phone No	(Fax) +65-67832722
Police Station Address	Blk 109 Tampines Street 11 #01-261 Singapore 521109
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO ATTACH POLICE REPORT

VEH. A - 2 PAX  
 VEH. B - UNKNOWN PAX ONBOARD

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	GBE3696Y
Vehicle Manufacturer	Nissan
Vehicle Model	Cabstar
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Goods vehicle
Name of Driver	ZAKARIAH BIN WAHAB
NRIC No	SXXXX330C
Contact Number	(Phone) +65-88624610
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	LAM KAH THONG (DRIVER OF VEH. A )
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	FELT SOME DISCOMFORT, WENT TO CLINIC FOR TREATMENT & HAD 5 DAYS MC
Injured person in which vehicle?	SHD1405T
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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  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 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.
6. **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.



Handwritten signature of the policyholder

09 JUN 2021  
S7250468B

Handwritten signature of the reporting centre personnel

Policyholder's Signature / Date & Time

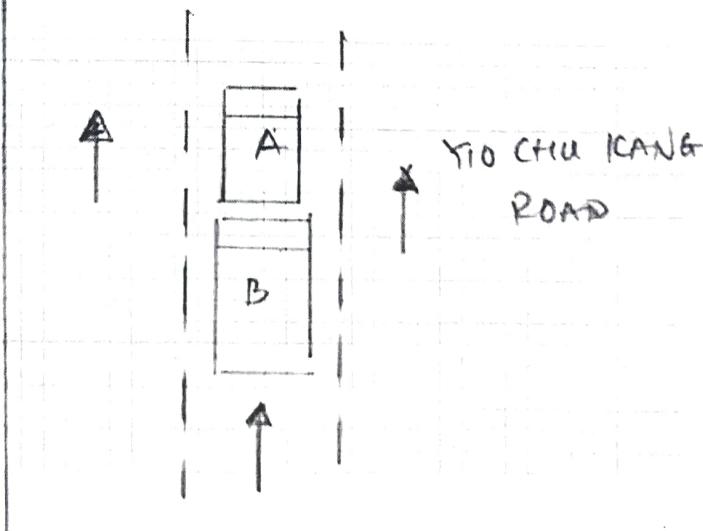
Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Sketch Plan

A: SHD 1405T

B: GBE 3696Y



**Describe Circumstances of the Accident**

Refer to attach police report

**Declaration**

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

*[Handwritten Signature]*

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

09 JUN 2021

*[Handwritten Signature]*

Witnessed by Reporting Centre Personnel



**SINGAPORE  
POLICE FORCE**



T/20210609/2030

Police Station Of Origin:  
Changkat NPP  
109 Tampines Street 11 #01-261  
SINGAPORE 521109  
Tel No: 1800-7819999

1 of 3

Report No T/20210609/2030

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 09/06/2021 12:59		Vide Report No.:		Station Diary No.:	
				9	
<b>Informant's Particulars</b>					
Name of Informant: LAM KAH THONG			Address: APT BLK 68 GEYLANG BAHRU #10-3203 SINGAPORE 330068		
ID Type / ID No.: NRIC NO / S7250468B			Contact No.: Home/Office: Mobile: 82024508		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 49	Date of Birth: 02/02/1972	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: 3 Date of Expiry:		

<b>General Information of the Accident</b>				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 09/06/2021 10:20	Type of Location: Straight Road
Location: YIO CHU KANG ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control:		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBE3696Y	Car	NISSAN	CABSTAR 3.0 5M/T ABS 2DR 2WD EURO 5		Slightly Damaged	0
SHD1405T	Car	HYUNDAI	I30 GDH 1.6 TCI 5DR DCT		Slightly Damaged	2



**SINGAPORE  
POLICE FORCE**



T/20210609/2030

Police Station Of Origin:  
Changkat NPP  
109 Tampines Street 11 #01-261  
SINGAPORE 521109  
Tel No: 1800-7819999

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Report No. T/20210609/2030

## CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	ZAKARIAH BIN WAHAB	ID No.	S1578330C
Related Vehicle	GBE3696Y (Car)	Contact No.	88624610
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	LAM KAH THONG	ID No.	S7250468B
Related Vehicle	SHD1405T (Car)	Contact No.	82024508
Hospital/Clinic	CARE MEDICAL CLINIC	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	05	Degree of Injury	Slight

**Brief Details.**

On the above mentioned date, time and place while I was travelling on Yio Chu Kang Road towards Fernvale Link, as the traffic light turned red I gradually down and came to a complete stop, suddenly a vehicle(GBE3696Y) came from the rear and collided onto my vehicle(SHD1405T) rear bumper.

We then got out of our vehicle and exchanged our particular. After the traffic accident I suffered strain pain on my neck and back, I went to visit the doctor and was given 5 days MC.

I am lodging this report for record purposes and as requested by my Taxi Company (Premier).



SINGAPORE  
POLICE FORCE



T/20210809/2030

Police Station Of Origin:  
Changkat NPP  
109 Tampines Street 11 #01-261  
SINGAPORE 521109  
Tel No: 1800-7819999

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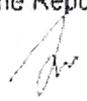
Report No T/20210809/2030

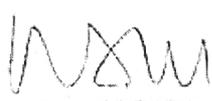
CONTINUATION OF REPORT

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 1 CHEW JUN JIE JAYSON 
Signature Of Interpreter: Not applicable
Officer In Charge Of Case: TP / AEIT / Sgt 3 MUHAMMAD RIZWAN BIN KAMALUDIN Contact No.: 65476185

Signature Of Informant: 
Date/Time: 09/06/2021 12:59
Classification Of Case:

Authentication Stamp  
NP168 