

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 27/08/2021 12:05 (SGT)
Date of Accident 24/08/2021 15:20 (SGT)
Exact Location of Accident Woodlands Ave 12, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHD1352L

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 YAP CHIN GUAN
NRIC No SXXXX332J

Date Of Birth	07/01/1966
Occupation	Outdoor
Date Of Driving Pass	19/12/1983
Driving experience	37 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98070374
Alt. Phone Number	-
Email Address	CLAIMS@PREMIERTAXI.COM
Address	BLK 843 #06-83
Address complement	WOODLANDS ST 82
Postcode	730843
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 - Change/cross lane
Weather Conditions	SLIGHT DRIZZLING
Road Surface	SLIGHT WET

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?	Yes
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	PAX IN THE REAR SEAT - CHINESE
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Woodlands East Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18007679999
Police Station Address	3 Woodlands Drive 63 Singapore 737890
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO ATTACH POLICE REPORT
INSURED VEHICLE CURRENTLY IN TRAFFIC POLICE, NO PHOTOS UPLOADED

VEH. A - 1 PAX
VEH. B - NO PAX

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	YN7214J
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Goods vehicle
Name of Driver	MR TAN
Contact Number	(Phone) +65-92273806
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	YAP CHIN GUAN - DRIVER OF VEH. A
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	I/D WARDED IN KHOO TECK PHUAT FOR A NIGHT & GRANTED 7 DAYS MC
Injured person in which vehicle?	SHD1352L
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	Yes

SKETCH PLAN**IMPORTANT NOTICE**

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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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

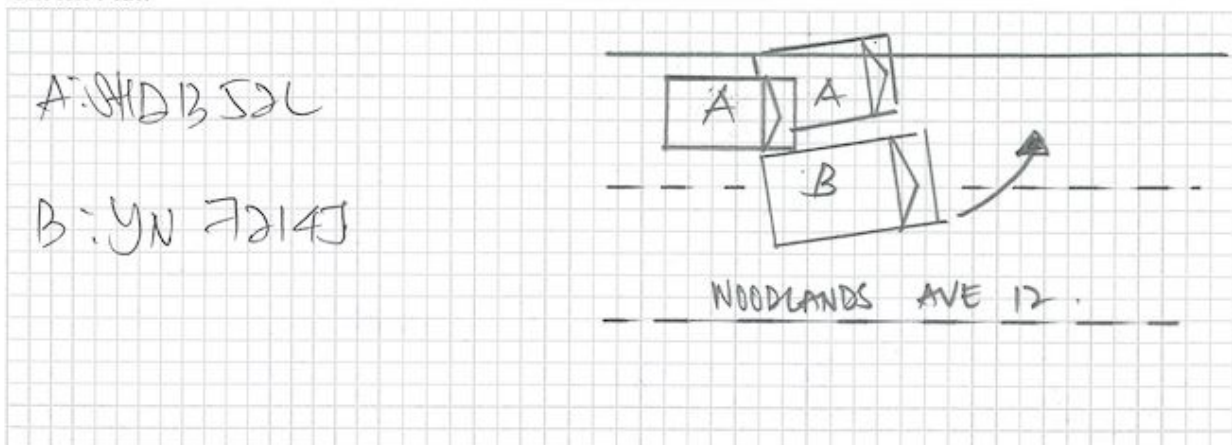


Policyholder's Signature / Date & Time

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

27 AUG 2021

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

Refer to attach photo report

Declaration

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

27 AUG 2021



Witnessed by Reporting Centre Personnel



**SINGAPORE
POLICE FORCE**



T/20210825/2118

Police Station Of Origin:
Woodlands East N.P.C.
3 Woodlands Drive 63 SINGAPORE 737890
Tel No: 1800-7679999

1 of 3

Report No. T/20210825/2118

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 25/08/2021 17:56		Vide Report No.:		Station Diary No.: 82	
Informant's Particulars					
Name of Informant: YAP CHIN GUAN			Address: APT BLK 843 WOODLANDS STREET 82 #06-83 SINGAPORE 730843		
ID Type / ID No.: NRIC NO / S1742332J			Contact No.: Home/Office: Mobile: 98070374		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 55	Date of Birth: 07/01/1966	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: 3,4 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 24/08/2021 15:25	Type of Location: Straight Road
Location: WOODLANDS AVENUE 12				
Weather: Raining		Road Surface: Wet		Road Speed Limit: 70 Km/h
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHD1352L	taxi	HYUNDAI	I30 GDH 1.6 TCI 5DR DCT		Seriously Damaged	1
YN7214J	Lorry				Slightly Damaged	0



**SINGAPORE
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T/20210825/2118

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Report No. T/20210825/2118

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3 Woodlands Drive 63 SINGAPORE 737890
Tel No: 1800-7679999

CONTINUATION OF REPORT**Brief Details.**

On the 24/08/2021 at about 1525hrs, I (SHD1352L) was driving my taxi along woodlands Ave 12 towards gambas, Infront of mega.

I was travelling along lane 3, when a lorry (YN7214J) from lane 2 filtered into my lane. The lorry did not notice me and continued filtering into my lane. The lorry's left side then hit the front right of my taxi, which cause my taxi to hit the curb and bounce back.

After the accident I could not get out from my taxi, I felt chest pain and breathing difficulty. The lorry driver (Tan 92273806) and witness(+6591905064) called for ambulance. I was then conveyed to KTPH and given 7 days MC from 24/08/2021 to 30/08/2021.

TP was at scene and they took my phone number, and return me my taxi keys informing me that they would tow my taxi back. TP also informed me that they have taken my in car camera memory card.

I came to lodge a traffic accident report at the soonest possible time.



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T/20210825/2118

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3 Woodlands Drive 63 SINGAPORE 737890
Tel No: 1800-7679999

3 of 3

Report No. T/20210825/2118

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:

L /

Sgt 3 JONATHAN LOW JIN HUA

Signature Of Informant:

[Handwritten signature]

Signature Of Interpreter:

Not applicable

Date/Time:

25/08/2021 17:56

Officer In Charge Of Case:

TP / GIT /

SI GOH WEI LI

SN 130

Contact No.: 65476394

Authentication Stamp

Signature: *[Handwritten signature]*

Singapore Police Force

Classification Of Case: