

# 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 12:08 (SGT)
Date of Accident .....	26/08/2021 19:35 (SGT)
Exact Location of Accident .....	Bendemeer Rd, Singapore
Additional Location Information .....	SLIP ROAD OF BENDEMEER ROAD INTO GEYLANG BAHRU
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SHC6829B
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### 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 .....	Kia
Model .....	Optima
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 .....	1700

### 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 .....	TAY CHWEE KOK
NRIC No .....	SXXXX646J

Date Of Birth .....	03/11/1957
Occupation .....	Outdoor
Date Of Driving Pass .....	11/11/1975
Driving experience .....	45 YEARS AND 9 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-97313339
Alt. Phone Number .....	-
Email Address .....	CLAIMS@PREMIERTAXI.COM
Address .....	BLK 117 #02-3753
Address complement .....	BT MERAH CENTRAL
Postcode .....	150117
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 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 - JAPANESE
Gender .....	Male

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Bukit Merah West Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18003779999
Alt. Police Station Phone No .....	(Fax) +65-63773923
Police Station Address .....	500 Bukit Merah View #01-01 Singapore 159682
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

#### REFER TO ATTACH POLICE REPORT

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

#### 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 .....	SMQ1399A
Vehicle Manufacturer .....	Toyota
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	DAVID NG CHEW KIAT
NRIC No .....	SXXXX183A
Contact Number .....	(Phone) +65-96317802
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 .....	TAY CHWEE KOK - DRIVER OF VEH. A
Gender .....	Male
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	FELT SOME DISCOMFORT, WENT TO CLINIC & GRANTED 7 DAYS MC
Injured person in which vehicle? .....	SHC6829B
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

SKETCH PLANIMPORTANT NOTICE

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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:


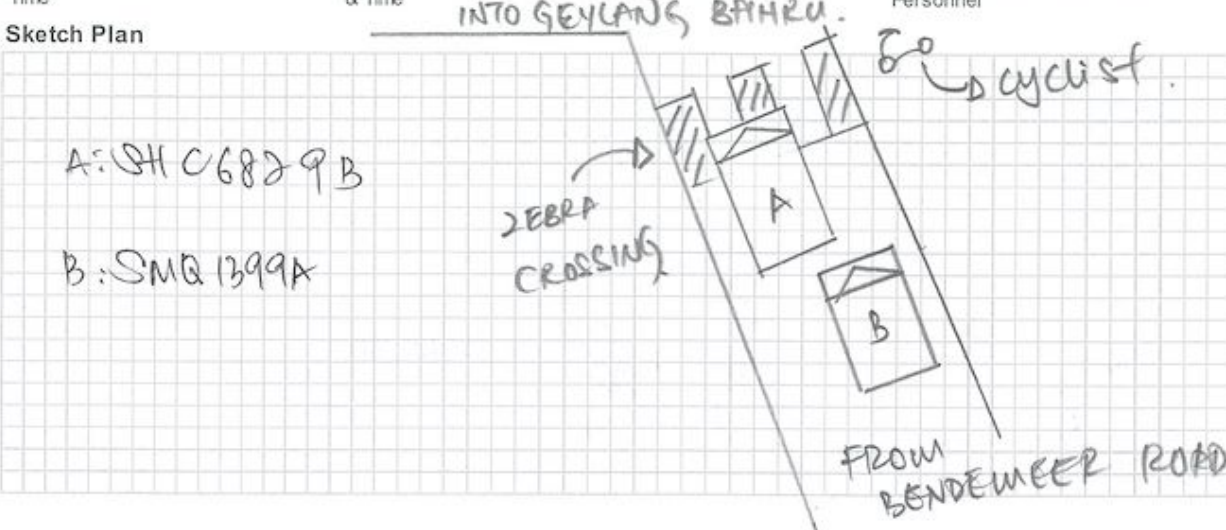
(a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

	<p>5/229646/J</p> <p><i>[Signature]</i></p>	<p>27 AUG 2021</p> <p><i>[Signature]</i></p>
<p>Policyholder's Signature / Date &amp; Time</p>	<p>Driver's Signature (If driver is not the policyholder) / Date &amp; Time</p>	<p>Witnessed by Reporting Centre Personnel</p>
<p><b>Sketch Plan</b></p> <p>INTO GEYLANG BAHRU.</p> <p>Go cyclist.</p> <p>ZEBCA CROSSING</p> <p>A: SH C6829B</p> <p>B: SMQ 1399A</p> <p>FROM BENDOMEER ROAD</p> 		


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

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

27 AUG 2021

  
Witnessed by Reporting Centre Personnel





**SINGAPORE  
POLICE FORCE**



T/20210827/2012

Police Station Of Origin:  
Bukit Merah West N.P.C  
500 Bukit Merah View #01-01 SINGAPORE  
159682  
Tel No: 1800-3779999

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Report No. T/20210827/2012

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 27/08/2021 11:03		Vide Report No.:	Station Diary No.: 18
<b>Informant's Particulars</b>			
Name of Informant: TAY CHWEE KOK		Address: APT BLK 117 BUKIT MERAH CENTRAL #02-3753 SINGAPORE 150117	
ID Type / ID No.: NRIC NO / S1229646J		Contact No.: Home/Office: Mobile: 97313339	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 63	Date of Birth: 03/11/1957	Type of Informant: Driver
Race: Chinese		Language: Chinese	Institution / School Name:
Occupation: Taxi driver		Driving Licence Information: Class: 3,4 Date of Expiry:	

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 26/08/2021 19:40	Type of Location: Straight Road
Location:  GEYLANG BAHRU				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 60 Km/h	
Traffic Flow: One Way		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
SHC6829B	Car	KIA	OPTIMA	Silver	Slightly Damaged	1
SMQ1399A	Car	TOYOTA		Black	Slightly Damaged	0

**Details of Person Involved**

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



**SINGAPORE  
POLICE FORCE**



T/20210827/2012

Police Station Of Origin:  
Bukit Merah West N.P.C  
500 Bukit Merah View #01-01 SINGAPORE  
159682  
Tel No: 1800-3779999

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Report No. T/20210827/2012

**CONTINUATION OF REPORT**

<b>Driver</b>			
Name	TAY CHWEE KOK		ID No. S1229646J
Related Vehicle	SHC6829B (Car)		Contact No. 97313339
Hospital/Clinic	CHUNG & EE MEDICAL CLINIC		Class of Driving Licence & Expiry Date Class: 3,4 Date of Expiry: NIL
Date Treatment	27/08/2021	Date Discharge	27/08/2021
No. of Days granted Medical Leave	07	Degree of Injury	Slight
<b>Driver</b>			
Name	DAVID NG CHEW KIAT		ID No. S0210183A
Related Vehicle	SMQ1399A (Car)		Contact No. 96317802
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 the 26/08/2021 at about 1940hrs, I was driving my taxi with 1 passenger sat at the rear passenger seat and we were travelling along Geylang Bahru Road towards the direction of Bendemeer Road.

I stopped my taxi at a zebra crossing waiting for a pedestrian to finish crossing and suddenly I felt an impact and heard a sound coming from the rear. I make a check and discover a black Toyota car had collided to the rear of my car.

The driver is a came out and at that point of time nobody was injured. I exchanged particulars and contact number with the driver and after which we both drive off after taking some photos of the accident. No Traffic Police or Ambulance attended to the accident. My car is install with in-car camera (front).

On the 27/08/2021 morning I felt aching around my neck area and I went to a clinic and was given 7 days MC.



**SINGAPORE  
POLICE FORCE**



T/20210827/2012

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500 Bukit Merah View #01-01 SINGAPORE  
159682  
Tel No: 1800-3779999

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Report No. T/20210827/2012

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 1 ONG JING WEI

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
27/08/2021 11:03

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

Classification Of Case:

Authentication Stamp  
NP168



SINGAPORE  
POLICE FORCE

SN 45

SIGNATURE





























