

# 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 ..... 23/09/2021 14:33 (SGT)  
Date of Accident ..... 21/09/2021 13:15 (SGT)  
Exact Location of Accident ..... Sembawang Rd, Singapore  
Additional Location Information ..... TOWARDS ANG MO KIO  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SHD2315M

### INSURED/POLICYHOLDER

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

### VEHICLE PARTICULARS

Manufacturer ..... Toyota  
Model ..... Axio  
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  
Transmission ..... Auto  
CC ..... 1496

### INSURANCE COMPANY

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

### DRIVER

Name of Driver ..... WONG CHUN KEONG  
NRIC No ..... S7325135D

Date Of Birth .....	29/06/1973
Occupation .....	Outdoor
Date Of Driving Pass .....	10/09/1997
Driving experience .....	24 YEARS
Gender .....	Male
Mobile Number .....	(Phone) +65-83388088
Alt. Phone Number .....	-
Email Address .....	chrissy@primeautoclaims.com
Address .....	APT BLK 507A WELLINGTON CIRCLE #07-148 SINGAPORE
Address complement .....	-
Postcode .....	751507
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? .....	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 .....	PASSENGER
Gender .....	Female

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Sembawang Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18005549999
Police Station Address .....	4 Sembawang Crescent Singapore 757633
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

#### REFER TO ATTACHED STATEMENT

#### 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 .....	SLH5688Z
Vehicle Manufacturer .....	-
Vehicle Model .....	-

Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	-
Contact Number .....	-
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	1

## DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number .....	GBK5398M
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle
Name of Driver .....	-
Contact Number .....	-
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	China Taiping Insurance (Singapore) Pte. Ltd.
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

## INJURED PERSONS DETAILS

### INJURED 1

Name of injured person .....	WONG CHUN KEONG
Gender .....	Male
Phone No .....	(Phone) +65-83388088
Address .....	APT BLK 507A WELLINGTON CIRCLE #07-148 SINGAPORE
Address Complement .....	-
Post Code .....	751507
Approximate Age Years Old .....	48
Injuries Sustained .....	-
Injured person in which vehicle? .....	SHD2315M
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	Yes

### INJURED 2

Name of injured person .....	PASSENGER
Gender .....	-
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	SHD2315M
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	Yes

### INJURED 3

Name of injured person .....	DRIVER OF SLH5688Z
Gender .....	-
Phone No .....	-
Address .....	-

Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	SLH5688Z
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	Yes

**SKETCH PLAN**

**IMPORTANT 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.



1157  
 [Signature] 23/9/2021

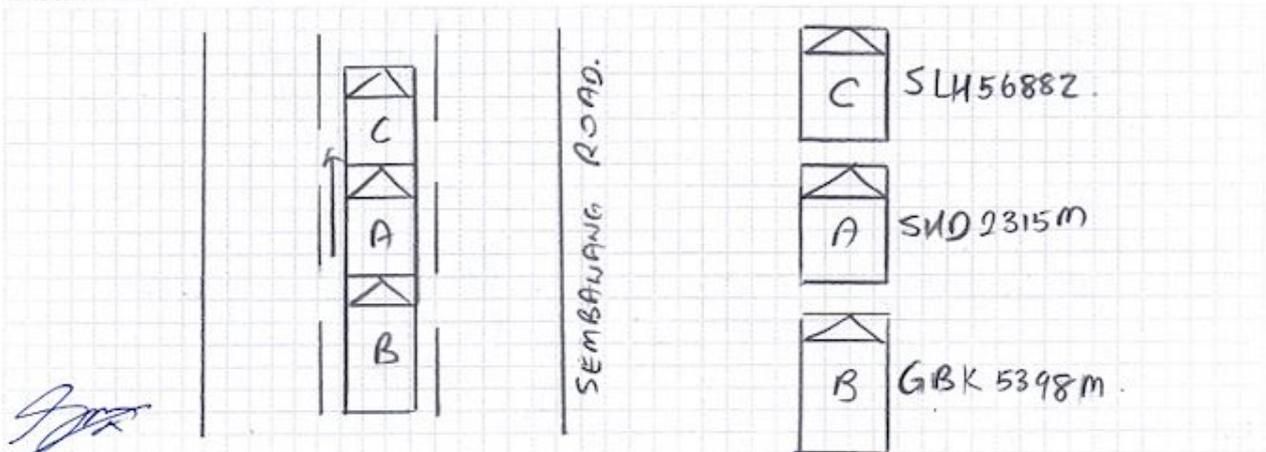
[Signature]

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**

Refer to Police Report No. T/20210922/2089.

Note: Third party vehicle number plates; vehicle B (GBK5398M) and vehicle C (SLU56882) hire did not included into Police Report No. T/20210922/2089.

23/9/2021  
11:51

Note: Please note that your insurer may have 14 days' time frame for you to submit an own damage claim under your own policy, please check your policy for more information.

**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

Witnessed by Reporting Centre Personnel


**SINGAPORE  
POLICE FORCE**


T/20210922/2089

Police Station Of Origin:  
Sembawang N.P.C  
4 Sembawang Crescent SINGAPORE  
757633  
Tel No: 1800-5549999

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Report No. T/20210922/2089

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 22/09/2021 18:16	Vide Report No.:	Station Diary No.: 98
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Informant's Particulars			
Name of Informant: WONG CHUN KEONG		Address: APT BLK 507A WELLINGTON CIRCLE #07-148 SINGAPORE 751507	
ID Type / ID No.: NRIC NO / S7325135D		Contact No.: Home/Office: Mobile: 83388088	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 48	Date of Birth: 29/06/1973	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: Taxi driver		Driving Licence Information: Class: 2B,2A,3,4A Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 21/09/2021 13:15	Type of Location:
Location: SEMBAWANG ROAD				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision:			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHD2315M	Car				Seriously Damaged	1

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



**SINGAPORE  
POLICE FORCE**



T/20210922/2089

Police Station Of Origin:  
Sembawang N.P.C  
4 Sembawang Crescent SINGAPORE  
757633  
Tel No: 1800-5549999

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Report No. T/20210922/2089

**CONTINUATION OF REPORT**

Driver			
Name	WONG CHUN KEONG		ID No. S7325135D
Related Vehicle	SHD2315M (Car)		Contact No. 83388088
Hospital/Clinic	KHOO TECK PUAT HOSPITAL		Class of Driving Licence & Expiry Date Class: 2B,2A,3,4A Date of Expiry: NIL
Date Treatment	21/09/2021	Date Discharge	22/09/2021
No. of Days granted Medical Leave	05	Degree of Injury	Slight

**Brief Details.**

On 21.09.2021 at about 1315hrs, I was driving my taxi, SHD2315M along Sembawang Road towards Ang Mo Kio.

The car in front of me started slowing down his vehicle when there was a few hen running across the road at Ahmad Ibrahim Mosque. As such, I slowed down my vehicle.

Subsequently, I felt two impacts from my vehicle. One was the vehicle behind me and I believed the second impact was my vehicle collided with the vehicle in front of me. The impact was strong that I felt like I was having a concussion.

There was TP and paramedics attended to me. However, I was not able to recall the incident when the TP asked me on what had happened. I was also being conveyed to KTPH and was warded for a day.

I am unsure on the damages of my vehicle but the rear and front was seriously damage. I believed that TP towed my vehicle away.



**SINGAPORE  
POLICE FORCE**



T/20210922/2089

Police Station Of Origin:  
Sembawang N.P.C  
4 Sembawang Crescent SINGAPORE  
757633  
Tel No: 1800-5549999

3 of 3

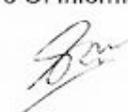
Report No. T/20210922/2089

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 WAN FARAH DINA BINTE SAIFULLIZAN	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 22/09/2021 18:16
Officer In Charge Of Case: TP / GIT / Staff Sgt ROIZMAN BIN MOHAMED POSARI Contact No.: 65476131	Classification Of Case:
Authentication Stamp NP168	























**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

### ADDENDUM

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No: SP0T219N0001 Vehicle Registration No: SHD2315M.  
 Name (as shown in NRIC): Wong Chun Keong NRIC/FIN/Passport No: 57325135D.  
 (\*Vehicle Driver/~~Vehicle Owner~~) (\* Please delete as appropriate)  
 Address: Apt Blk. 507A Wellington Circle # 07-148 Singapore (751507)  
 Contact (Tel): - Mobile No.: 8338 8088  
 Email Address: chrissy@primeautoclaims.com  
 Date of Accident: 21/09/2021 Time of Accident: 13:15 hrs.  
 Place of Accident: Sembawang Road towards Ang Mo Kio  
 Insurance Company: India International Insurance Pte Ltd.

**(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 damaged photos of SHD2315M.

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F.  
 Policyholder / Driver's Signature  
 Date:

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