

## 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	07/03/2022 11:29 (SGT)
Date of Accident	04/03/2022 15:37 (SGT)
Exact Location of Accident	Whitley Rd, Singapore
Additional Location Information	WHITLEY ROAD INTO SLIP OF PIE/TUAS
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC6479C
-----------------------------	----------

#### 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	TAN TECK SAN
NRIC No	SXXXX952Z

Date Of Birth	18/10/1962
Occupation	Outdoor
Date Of Driving Pass	23/12/1982
Driving experience	39 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97891070
Alt. Phone Number	-
Email Address	CLAIMS@PREMIERTAXI.COM
Address	BLK 632B, #04-109
Address complement	SENJA ROAD
Postcode	672632
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)	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No
PASSENGER 1	
Name	PAX IN THE REAR SEAT - FOREIGNER/JAPANESE (GRAB BOOKING)
Gender	Female
PASSENGER 2	
Name	PAX IN THE REAR SEAT - FOREIGNER/JAPANESE (GRAB BOOKING) - CHILD
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	
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	GBD4208Y
Vehicle Manufacturer	Toyota
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Goods vehicle
Name of Driver	DAI JISONG
NRIC No	GXXXX402N
Contact Number	-
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	TAN TECK SAN - DRIVER OF VEH. A
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	FELT DISCOMFORT, WENT TO CLINIC TO SEEK FOR MEDICAL TREATMENT & GRANTED 7 DAYS MC
Injured person in which vehicle?	SHC6479C
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.
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. 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.
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

Sketch Plan

A: SHC 6479C

B: GBD 4288Y

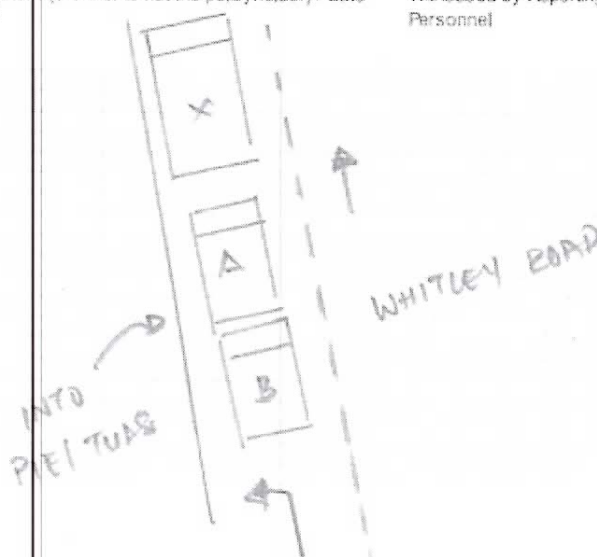
*[Handwritten signature]*

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

07 MAR 2022

*[Handwritten signature]*

Witnessed by Reporting Centre Personnel







**SINGAPORE  
POLICE FORCE**

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



T/20220304/2128

1 of 3

Report No. T/20220304/2128

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 04/03/2022 20:18		Vide Report No.:		Station Diary No.: 24	
<b>Informant's Particulars</b>					
Name of Informant: TAN TECK SAN			Address: APT BLK 632B SENJA ROAD #04-109 SINGAPORE 672632		
ID Type / ID No.: NRIC NO / S1528952Z			Contact No.: Home/Office:		Mobile: 97891070
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 59	Date of Birth: 18/10/1962	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: Taxi driver			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: 04/03/2022 15:35	Type of Location: Straight Road
Location:  WHITLEY ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Dual Carriage 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	Condition	No of Passenger
GBD4208Y	Lorry					0
SHC6479C	Car					2

**Details of Person Involved**

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

Describe Circumstances of the Accident

Refer to attached police report

Declaration

We declare the foregoing particulars are true in every respect.



07 MAR 2022

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel



**SINGAPORE  
POLICE FORCE**

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



T/20220304/2128

2 of 3

Report No. T/20220304/2128

## CONTINUATION OF REPORT

Driver			
Name	DAI JISONG		ID No. G2980402N
Related Vehicle	GBD4208Y (Lorry)		Contact No. NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	TAN TECK SAN		ID No. S1528952Z
Related Vehicle	SHC6479C (Car)		Contact No. 97891070
Hospital/Clinic	SUNSHINE CLINIC FAMILY PRACTICE & SURGERY		Class of Driving Licence & Expiry Date Class: 2B,3 Date of Expiry: NIL
Date Treatment	04/03/2022		Date Discharge 04/03/2022
No. of Days granted Medical Leave	07	Degree of Injury	NIL

**Brief Details.**

On the above mentioned date and time I was driving my taxi SHC6479C on the left-most lane along Whitley road heading towards PIE-Jurong. I had a female passenger with her daughter seated at the back passenger seats. I was in a queue behind a line of vehicles, driving along to turn into the slip road into PIE. While my taxi was in motion suddenly I felt an impact from the rear of my taxi. At the moment of the impact my head hit the driver's side door. After the impact I checked on my passengers and they told me that they have no immediate injuries. I myself felt pain at the back of my right shoulder and at the side of my head. Thereafter I went out of my taxi to make a check and discovered a lorry GBD4208Y had collided into the rear of my taxi. I made a check on the driver of the said lorry and was told by him that he had no immediate injuries. No police and no ambulance was called to the accident scene. Then I exchanged particulars with the said lorry driver and left the scene to send my passengers to their destination. After that I went to seek medical attention at clinic and was discharged the same day with seven days medical leave.





SINGAPORE  
POLICE FORCE

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



T/20220304/2128

3 of 3

Report No. T/20220304/2128

## 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 / SI ZAMALOKMAN BIN  
BUJANG

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
04/03/2022 20:18

Officer In Charge Of Case:  
TP / AEIT /  
SSI TAY CHUN KEEN  
Contact No.: 65476436

Classification Of Case:

NP168

