

## 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 ability.
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 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 Report	04/12/2017 08:50
Date Of Accident	02/12/2017 13:15
Exact Location Of Accident	BEDOK NORTH ROAD AFTER BEDOK RESERVOIR ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD1485L
<b>Insured/Policyholder</b>	
Name Of Registered Owner	PREMIER TAXIS PTE LTD
Co Reg No	200304975H
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-62148880

### Vehicle Particulars

Manufacturer	HYUNDAI
Model	I30 (FD)-1.6 DOHC (A)
Exact Purpose for which vehicle was being used at time of accident	HIRED & REWARDS
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	TAXI

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	YES
Policy Number	5095103893
Cover Note Number	

### Driver

Name of Driver	MUHAMMAD FAISAL BIN JAFFAR
NRIC No	S7610809I
Date Of Birth	11/04/1976
Occupation	OUTDOOR
Date Of Driving Pass	17/08/2002
Driving Experience	15 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87420790
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 864A #09-460 TAMPINES ST 83
Postcode	521864
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Was any body injured in the Accident?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TAMPINES N.P.C
Police Station Address	<b>ROAD:</b> TAMPINES N.P.C , <b>POSTCODE:</b> 529682 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

BOTH VEHICLES - NO PAX . . . 1/ ADDENDUM(08/12/2017) : TO ATTACH POLICE REPORT DATED 04/12/2017

#### 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	WC5805Z
Vehicle Make/Model/Colour	CEMENT TRUCK
Details Of Properties	VEH. B
Name of Driver	UNKNOWN
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

#### Details of Witness

Name	
Phone Number	

Email Address

**SKETCH PLAN**

**IMPORTANT NOTICE**

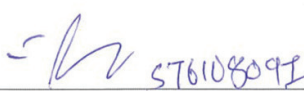
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7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.



Policyholder's Signature  
Date & Time:

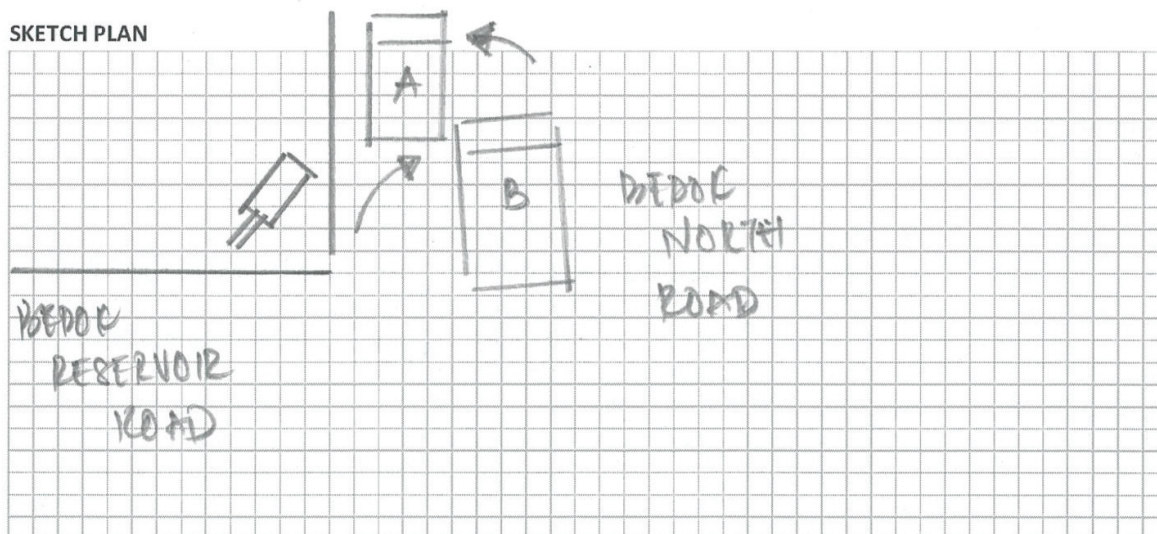
  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

04 DEC 2017

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

## Sketch Plan Pg. 2

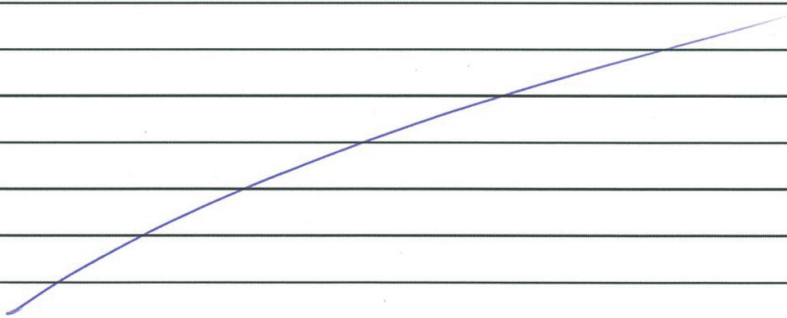
### SKETCH PLAN



**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

A. SHD 1485L

b: WC 5805 z



## DECLARATION

I/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:

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



Describe Circumstance of the Accident

# HIT & RUN

ON 02/12/2017 @ 1315HRS, I WAS DRIVING MY TAXI ( SHD 1485 L ) TRAVELLING ALONG BEDOK NORTH ROAD AT THE TRAFFIC LIGHT JUNCTION OF BEDOK RESERVOIR ROAD, IN THE LEFT LANE.

WHEN TRAFFIC LIGHT TURNED GREEN ON MY ROUTE FAVOUR – I THEN PROCEED STRAIGHT AHEAD – TOWARDS THE MERGING LANE BUT SUDDENLY I FELT AN IMPACT FROM MY REAR.

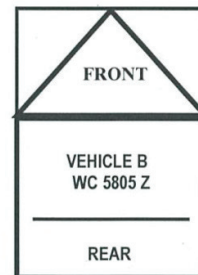
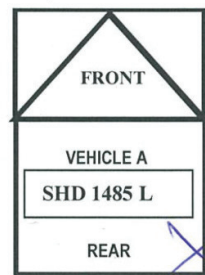
I THEN NOTICED VEHICLE B ( *WC 5805 Z – CEMENT TRUCK* ) WHICH WAS FROM MY RIGHT – FAILED TO KEEP FOR PROPER LOOK OUT, HAD COLLIDED ONTO THE REAR RIGHT OF MY TAXI.

DUE TO THE IMPACT, MY TAXI HAD DAMAGES ON THE REAR RIGHT PORTION AND I WAS NOT AWARE OF DAMAGES TO VEHICLE B.

NO INJURY INVOLVED.  
NO PASSENGERS ONBOARD BOTH VEHICLES.

\*DRIVER OF VEHICLE B FAILED TO STOP AFTER THE ACCIDENT EVEN I HORNED FEW TIMES AS TO ALERT THE SAID DRIVER.


DAMAGES FOUND ON VEHICLE A & B




ST610809I

Driver's Signature & NRIC Number  
Monday, December 04, 2017 @ 8:57:54 AM

Sketch Plan Pg. 4

 <b>PREMIER TAXIS</b>	<b>HIRER / RELIEF / SUPER RELIEF</b>
VEHICLE NO.	<b>SID 1485L</b>
CONTACT NO.	<b>8742 0790</b>
NEW MAILING ADDRESS (if any)	

**REPUBLIC OF SINGAPORE**  
IDENTITY CARD NO. **S76108091**



Name  
**MUHAMMAD FAISAL BIN JAFFAR**

Race  
**INDIAN**

Date of birth  
**11-04-1976**

Country of birth  
**SINGAPORE**

Sex  
**M**

3459538

**REPUBLIC OF SINGAPORE DRIVING LICENCE**

Licence Number: **S76108091**

Name:  
**MUHAMMAD FAISAL BIN JAFFAR**

Birth Date: **11 Apr 1976**

Issue Date: **09 May 2006**

001417469G

3459538



NRIC No. **S76108091**



**MILTAN ENTERPRISE**

ISSUE  
**01-2004**

Address  
**APT BLK 864A TAMPINES STREET 83 #09-460 SINGAPORE 521864**

NRIC No: **S76108091** Date: **17/05/2012** No: **7100301**

**YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(E**

	PASS DATE
C Class 2B Motorcycles =< 200 CC	30 Jul 2002
C Class 2A Motorcycles between 201 CC and 400 CC	09 May 2006
C Class 3 Motor cars =< 3000 kg with =< 7 passengers, exclusive of the driver; and motor tractors/vehicles =< 2500 kg	17 Aug 2002
Class 4 Heavy motor cars and motor tractors > 2500 kg	15 Jan 2008

S76108091

S / No. 9000075905

Licence No: S76108091

NP 428A

**Land Transport Authority**

**VOCATIONAL LICENCE**

Licence No.: **S76108091**

Name: **MUHAMMAD FAISAL BIN JAFFAR**

Issue Date: **16/10/2014**

Please visit [www.lta.gov.sg](http://www.lta.gov.sg) to check the status of this vocational licence

