

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 10:51
Date Of Accident	02/12/2017 12:00
Exact Location Of Accident	BUANGKOK DRIVE // UPPER SERANGOON ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD1404X
Insured/Policyholder	
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	LIU TERENCE
NRIC No	S8371061F
Date Of Birth	07/10/1983
Occupation	OUTDOOR
Date Of Driving Pass	06/07/2004
Driving Experience	13 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98225133
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 550 #06-170 HOUGANG ST 51
Postcode	530550
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	COLLISION - CHANGE/CROSS LANE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Was any body injured in the Accident?	YES
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)	2

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	MARINE PARADE NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 300 MARINE PARADE ROAD , POSTCODE: 449296 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4428999 - FAX NO: 62447678
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

VEH. A - 1 PAX (MOTHER) VEH. B - 1 FEMALE 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	ED699D
Vehicle Make/Model/Colour	AUDI
Details Of Properties	VEH. B
Name of Driver	LIM SHAO WEI EDMUND
NRIC/Passport Number	S7805962A
Contact Number	97952700
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	2

Details of Witness

Name

Phone Number

Email Address

DETAILS OF INJURED PERSON 1

Name LIU TERENCE - DRIVER OF VEH. A

Approximate Age

Injuries Sustain UNWELL, WENT TO CLINIC & HAD 5 DAYS MC

Injured person in which vehicle? SHD1404X

Were seat belts worn? YES

Was injured conveyed to hospital by ambulance? NO

Address

Postcode

DETAILS OF INJURED PERSON 2

Name FEMALE CHINESE - PAX IN VEH. A

Approximate Age

Injuries Sustain UNWELL, WENT TO CLINIC & HAD 5 DAYS MC

Injured person in which vehicle? SHD1404X

Were seat belts worn? YES

Was injured conveyed to hospital by ambulance? NO

Address

Postcode

SKETCH PLAN

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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' 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:

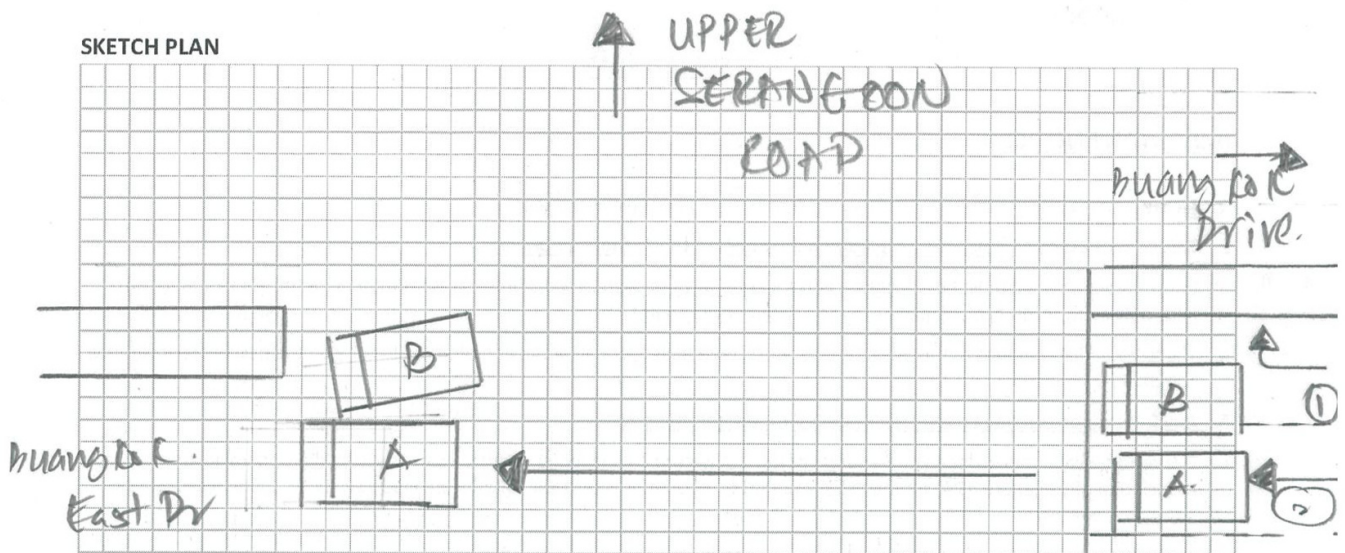
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

04 DEC 2017

S8371061F

Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

A SHD140XX
b: ED 6AAD

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.

ON 02/12/2017 @ 1200 HRS, I WAS DRIVING MY TAXI (SHD 1404 X) TRAVELLING ALONG BUANGKOK DRIVE TOWARDS BUANGKOK EAST DRIVE AT THE TRAFFIC LIGHT JUNCTION OF UPPER SERANGOON ROAD WITH MY MOTHER ONBOARD IN LANE 2 (ARROW ON ROAD SURFACE SHOWS STRAIGHT AHEAD ONLY).

WHEN TRAFFIC LIGHT TURNED GREEN ON MY ROUTE FAVOUR, I THEN PROCEED STRAIGHT AHEAD BUT SUDDENLY VEHICLE B (ED 699 D – AUDI) WHICH WAS INITIALLY IN LANE 1 (ARROW ON ROAD SURFACE SHOWS RIGHT TURN ONLY) – FAILED TO KEEP FOR PROPER LOOK OUT & FAILED TO OBEY ROAD SIGNAGE – HAD ENCROACHED ONTO MY PATH ON MY RIGHT ABRUPTLY (INSTEAD OF MAKING HIS RIGHT TURN INTO SERANGOON ROAD)

AS SUCH, THE FRONT LEFT OF VEHICLE B COLLIDED ONTO THE RIGHT PORTION OF MY TAXI.

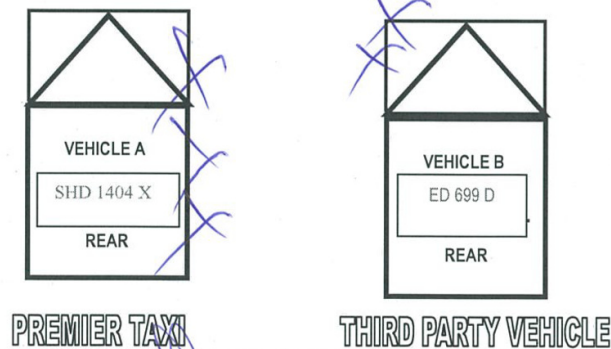
DUE TO THE IMPACT, MY TAXI HAD DAMAGES ON THE ENTIRE RIGHT PORTION AND VEHICLE B HAD DAMAGES ON THE FRONT LEFT PORTION.

AS A RESULT, BOTH MY MOTHER & MYSELF WERE UNWELL, WENT TO CLINIC FOR MEDICAL TREATMENT AND HAD 5 DAYS OF MEDICAL LEAVE.
NO AMBULANCE AT SCENE.

VEHICLE B HAD A FEMALE PASSENGER ONBOARD.

*VIDEO FOOTAGE CAPTURED.

DAMAGES FOUND ON VEHICLE A & VEHICLE B



Driver's Signature & NRIC Number
Monday, December 04, 2017 @ 11:04:19 AM

(attended by)

PREMIER TAXIS	HIRER / RELIEF / SUPER RELIEF
VEHICLE NO.	STD 1404X
CONTACT NO.	98 225133
NEW MAILING ADDRESS (if any)	

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S8371061F**



Name
LIU TERENCE

Race
CHINESE

Date of birth
07-10-1983

Country/Place of birth
MALAYSIA

Sex
M





REPUBLIC OF SINGAPORE **DRIVING LICENCE**

Licence Number: **S8371061F**

Name: **LIU TERENCE**

Birth Date: **07 Oct 1983**

Issue Date: **06 Jul 2004**

5294677



NRIC No. **S8371061F**



Date of issue
28-03-2014

Address
**APT BLK 550 HOUGANG STREET 51
#06-170
SINGAPORE 530550**


YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

	PASS DATE
Class 2B Motorcycles <= 200 CC	30 Sep 2004
Class 2A Motorcycles between 201 CC and 400 CC	03 Jan 2006
Class 3 Motor cars <= 3000 kg with <= 7 passengers, exclusive of the driver, and motor tractors/vehicles <= 2500 kg	06 Jul 2004

S / No. 9000039904

S8371061F

NP 428A



Land Transport Authority


VOCATIONAL LICENCE

Licence No: **S8371061F**

Name: **LIU TERENCE**

Issue Date: **15/2/2016**

Please visit www.lta.gov.sg to check the status of this vocational licence



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

