

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	13/12/2017 09:15
Date Of Accident	12/12/2017 18:50
Exact Location Of Accident	BENDEMEER ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD1191J
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	130-1.6 (FD) 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	NG NGIAP KUI @ NG YIAK KUI
NRIC No	S2005241D
Date Of Birth	30/03/1951
Occupation	OUTDOOR
Date Of Driving Pass	07/12/1973
Driving Experience	44 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91133108
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 56 #02-140 CHAI CHEE DRIVE
Postcode	1646
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	RAINING
Road Surface	WET

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)	2

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

VEH. A - 2 PAX (A MAID + A CHINESE BOY) VEH. B - SOME 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	SJP4575D
Vehicle Make/Model/Colour	HONDA FREED
Details Of Properties	VEH. B
Name of Driver	MDM ZULAIKAH BEEVI D/O ABDUL KARIN
NRIC/Passport Number	S8123484A
Contact Number	90097025
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	DAMAGED ON THE RIGHT PORTION
No. Of Passenger (Including Driver)	

Details of Witness

Name	
Phone Number	
Email Address	

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:

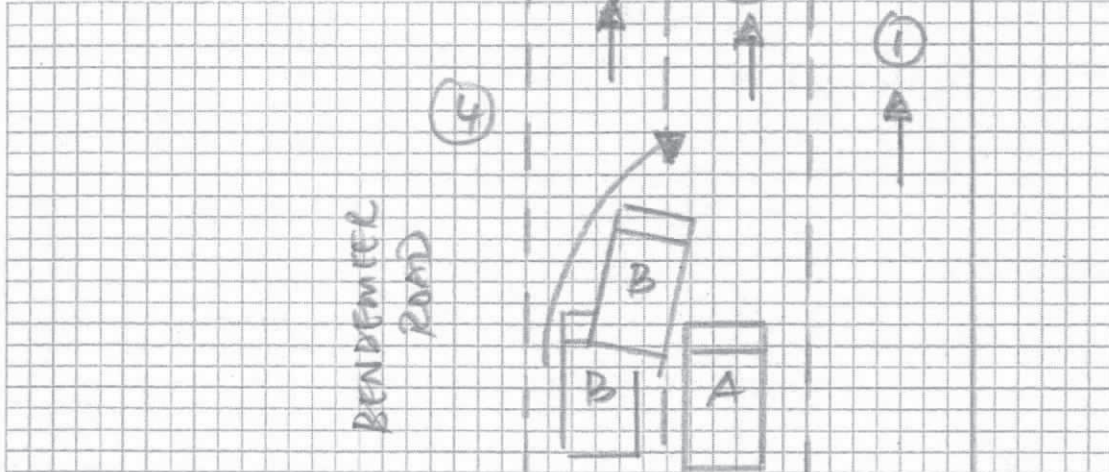
13 DEC 2017



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

Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

A: SHD 1191J

B: QJP 4575D.

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 12/12/2017 @ 1850HRS, I WAS DRIVING MY TAXI (SHD 1191 J)
TRAVELLING ALONG BENDEMEER ROAD IN LANE 2 WITH 2 PASSENGERS ONBOARD
(A MAID + A CHINESE BOY).

WHILE I WAS MOVING STRAIGHT AHEAD – WITHIN MY LANE, SUDDENLY VEHICLE B
(SJP 4575 D – HONDA FREED) WHICH WAS APPROACHING FROM LANE 3 -
CUTS ONTO MY PATH ON MY FRONT LEFT ABRUPLYT WITHOUT ANY ADVANCE
SIGNAL.

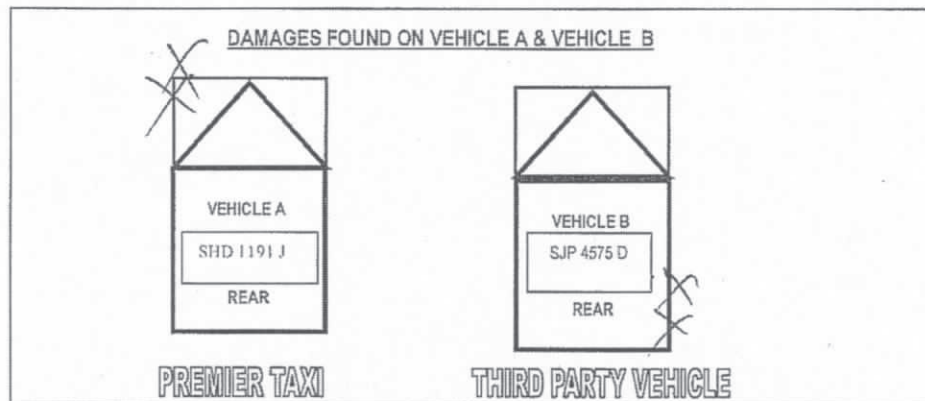
AS SUCH, THE RIGHT PORTION OF VEHICLE B COLLIDED ONTO THE FRONT LEFT
PORTION OF MY TAXI.


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

NO INJURY INVOLVED.

VEHICLE B HAD SOME PASSENGERS ONBOARD.

*VIDEO FOOTAGE CAPTURED.



 200524D :

Driver's Signature & NRIC Number

Wednesday, December 13, 2017 @ 9:24:48 AM

(attended by



Enquire Vehicle Registration Details

Owner Particulars

NRIC/Passport/Company Cert No.: 200304975H
Owner ID Type: Company
Owner Name: PREMIER TAXIS PTE. LTD.
Registered Address: 23 CHANGI SOUTH AVENUE 2 #04-03 SINGAPORE 486443
Mailing Address: -
Birth Date: -

Vehicle Particulars

Vehicle No.: SHD1191J
Previous Vehicle No.: -
Effective Date of Ownership: 14 Dec 2016
Original Regn Date: 14 Dec 2016
Registration Date: 14 Dec 2016
Year of Manufacture: 2016
Vehicle Type: Public Transport Taxi (Motor Car)
Vehicle Scheme: Taxi (Company)
Vehicle Attachment 1: Air-Con (Taxi)
Vehicle Attachment 2: -
Vehicle Attachment 3: -
Vehicle Make: HYUNDAI
Vehicle Model: I30 GDH 1.6 TCI 5DR DCT
Primary Colour: Silver
Secondary Colour: -
Passenger Capacity: 4
Chassis No.: TMAD281UVHJ117505
Engine No.: D4FBGZ088802
Engine Capacity/Power Rating: 1582 cc / -
Maximum Power Output: 100.0 kW (134 bhp)
Propellant: Diesel
Max Unladen Weight: 1496 kg
Maximum Laden Weight: 1940 kg
Open Market Value: S20,105.00
PARF Eligibility: Yes
PARF Eligibility Expiry Date: 13 Dec 2024
Minimum PARF Benefit: S7,588.00
No. of Transfers: 0
IU Label No.: 1050694182
COE No.: 2016121401003878K
COE Expiry Date: 13 Dec 2024
COE Category: A - Car (up to 1600cc & 97kW (130bhp))
COE Registration Category: A - Car (up to 1600cc & 97kW (130bhp))
Quota Premium (QP) / Prevailing Quota Premium: - / \$51,271.00
PQP Paid: S41,017.00
QP (Regn Cat): -
OPC Cash Rebate Eligibility: No