

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 | 18/12/2017 10:20 |
| Date Of Accident | 16/12/2017 13:35 |
| Exact Location Of Accident | WOODLANDS AVE 12 & AVE 5 - TOWARDS SLE |
| Country/State of Loss | SINGAPORE |
| DETAILS OF OWN VEHICLE | |
| Vehicle Registration Number | SHC6670R |
| 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 | KIA |
| Model | OPTIMA-1.7 D (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 | AHMAD DAWOOD BIN ENDI |
| NRIC No | S1699921J |
| Date Of Birth | 25/02/1965 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 25/04/2013 |
| Driving Experience | 4 YEARS AND 7 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-92964009 |
| Fax Number | |
| Contact Number | |
| EEmail Address | NOEMAIL |

| | |
|---|--|
| Address | BLK 634 #05-135 WOODLANDS RING ROAD |
| Postcode | 730634 |
| 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 - HEAD TO REAR |
| Weather Conditions | SLIGHT DRIZZLING |
| 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) | 6 |

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 - 5 PAX (FAMILY MEMBERS - 3 FEMALES WITH 2 CHILDREN)\ VEH. B - 1 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 | GBF8336Z |
| Vehicle Make/Model/Colour | LORRY |
| Details Of Properties | VEH. B |
| Name of Driver | POH YUEN SIANG |
| NRIC/Passport Number | S7627498C |
| Contact Number | 97368072 |
| Address | |
| Postcode | |
| Insurance Company Name | |
| Nature Of Damage | DAMAGED ON THE FRONT PORTION |
| No. Of Passenger (Including Driver) | 2 |

Details of Witness

| | |
|---------------|--|
| Name | |
| Phone Number | |
| Email Address | |

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 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.

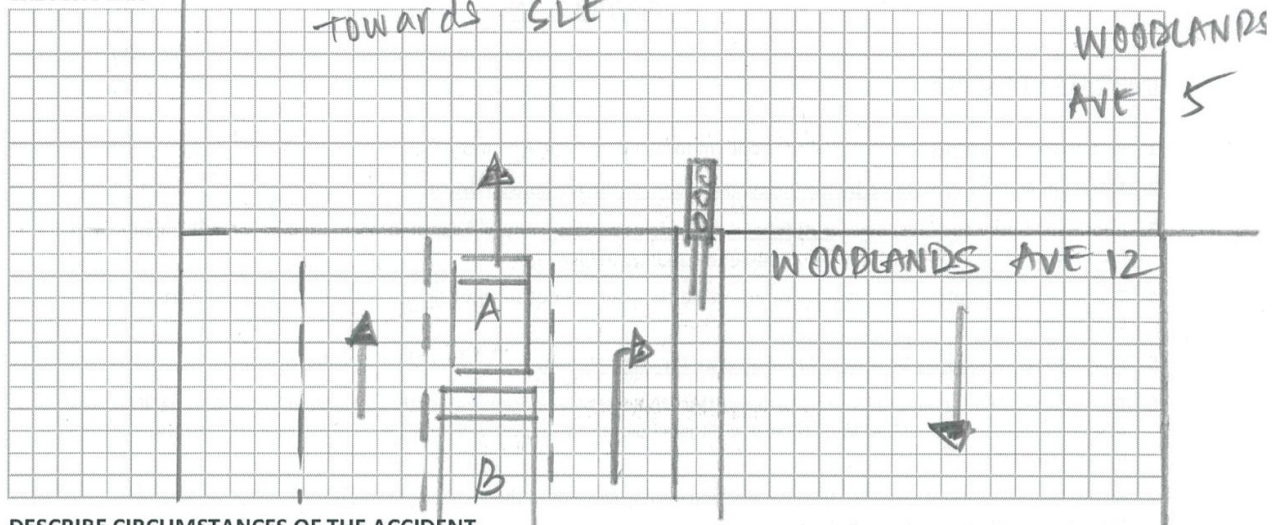


Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

A: SHC 6670R

D. GBF 8336 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.

ON 16/12/2017 @ 1335HRS, I WAS DRIVING MY TAXI (SHC 6670 R)
TRAVELLING ALONG WOODLANDS AVE 12 – SLE, WITH 5 PASSENGERS ONBOARD
(FAMILY MEMBERS – 3 FEMALES & 2 CHILDREN) IN LANE 2.

I STOPPED MY TAXI AS TRAFFIC LIGHT TURNED AMBER TO RED.

WHILE STATIONARY, SUDDENLY I FELT AN IMPACT FROM THE REAR AND
SUBSEQUENTLY DUE TO THE GREAT IMPACT – IT FORCED MY TAXI TO SURGE
FORWARD – STOPPED BEYOND THE JUNCTION.

WHEN INSPECTED, I DISCOVERED THAT VEHICLE B (GBF 8336 Z – LORRY)
WHICH WAS APPROACHING FROM THE BACK, FAILED TO KEEP FOR PROPER LOOK
OUT & FAILED TO STOP IN TIME – HAD COLLIDED ONTO THE REAR OF MY TAXI.

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

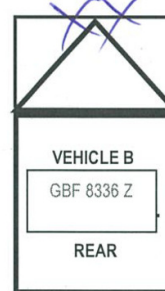
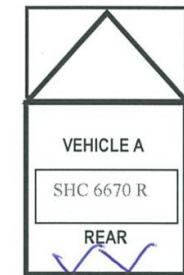
NO INJURY INVOLVED.

VEHICLE B HAD A PASSENGER ONBOARD (MALE INDIAN)

*VIDEO FOOTAGE CAPTURED.

*SCENE PHOTOS TAKEN.

DAMAGES FOUND ON VEHICLE A & VEHICLE B



Driver's Signature & NRIC Number

Monday, December 18, 2017 @ 10:32:20 AM

(attended by)

Sketch Plan Pg. 4

| | |
|------------------------------|--------------------------------------|
| PREMIER TAXIS | HIRER / RELIEF / SUPER RELIEF |
| VEHICLE NO. | SHC 6670 R |
| CONTACT NO. | 9296 4009 |
| NEW MAILING ADDRESS (if any) | |

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1699921J

Name: AHMAD DAWOOD BIN ENDI

Race: BOYANESE
Date of Birth: 25-02-1965 Sex: M
Country of Birth: SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S1699921J
Name: AHMAD DAWOOD BIN ENDI

Birth Date: 25 Feb 1965
Issue Date: 25 Apr 2013

002174365C

27399

Barcode

NRIC No. S1699921J

Blood Group: A+ Date of issue: 22-11-1995

APT BLK 634 WOODLANDS RING ROAD #05-135
SINGAPORE 730634
S1699921J 17/09/2013

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

Class 3A Motor cars without clutch pedals (Auto) =< 3000kg with =< 7 passengers, exclusive of the driver; and other motor vehicles without clutch pedals =< 2500kg

EFFECTIVE DATE

25 Apr 2013

NP 428A

Licence No: S1699921J

Land Transport Authority

VOCATIONAL LICENCE

Licence No: S1699921J
Name: AHMAD DAWOOD BIN ENDI

Issue Date: 29/1/2015

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

