

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 | 29/12/2017 11:57 |
| Date Of Accident | 28/12/2017 21:25 |
| Exact Location Of Accident | ANG MO KIO AVE 1 - CTE (CITY) |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|-----------------------|
| Vehicle Registration Number | SHB8609L |
| 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 | ABDUL SALAM BIN SHAIK ALAUDDIN |
| NRIC No | S1555674I |
| Date Of Birth | 28/06/1962 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 05/08/1997 |
| Driving Experience | 20 YEARS AND 4 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-91506321 |
| Fax Number | |
| Contact Number | |
| EEmail Address | NOEMAIL |

| | |
|---|--------------------------------------|
| Address | BLK 308B #05-399 ANG MO KIO AVE 1 |
| Postcode | 562308 |
| Was driver an employee of the Insured's Company | NO |
| If No, Relationship of the Driver with the Insured | OTHER - SUPER RELIEF - ANG MO KIO |
| 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 | CLEAR |
| Road Surface | DRY |

Other Information

| | |
|---|-----|
| Was any foreign vehicle involved in this accident? | NO |
| Number of vehicles involved in the accident | 2 |
| Was any body injured in the Accident? | YES |
| Was any injured conveyed to hospital by ambulance? | 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 | TOA PAYOH NEIGHBOURHOOD POLICE CENTRE |
| Police Station Address | ROAD: 93 TOA PAYOH CENTRAL TOA PAYOH COMMUNITY BUILDING , POSTCODE: 319194 , COUNTRY: SINGAPORE |
| Police Station Contact | TEL NO: 1800-2519999 - FAX NO: 63548749 |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom? | |

Circumstances of Accident

BOTH VEH. NO 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 | SKU6661L |
| Vehicle Make/Model/Colour | SUZUKI |
| Details Of Properties | VEH. B |
| Vehicle Category | PRIVATE CAR |
| Name of Driver | PUAH SIN KOON |
| NRIC/Passport Number | S7940475F |
| Contact Number | 98424782 |
| Address | |
| Postcode | |
| Insurance Company Name | |
| Nature Of Damage | DAMAGED ON THE FRONT LEFT |

No. Of Passenger (Including Driver)

1

DETAILS OF INJURED PERSON 1

| | |
|---|--|
| Name | ABDUL SALAM BIN SHAIK ALAUDDIN - DRIVER OF VEH. A |
| Approximate Age | |
| Injuries Sustain | FELT UNWELL, WENT TO MT ALVERNIA FOR TREATMENT & HAD 5 DAYS MC |
| Injured person in which vehicle? | SHB8609L |
| Were seat belts worn? | YES |
| Was this injured conveyed to hospital by ambulance? | NO |
| Address | |
| Postcode | |

Sketch Plan Pg. 1

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.:

Describe Circumstance of the Accident.

ON 28/12/2017 @ 2125HRS, I WAS DRIVING MY TAXI (SHB 8609 L) ALONG ANG MO KIO AVE 1 TOWARDS CTE/CITY IN LANE 4.

AFTER CHECKING FOR CLEARANCE FROM LANE 3, I FILTERED WITH MY RIGHT INDICATOR AND STOPPED MY TAXI AS VEHICLES AHEAD OF ME STOPPED.

WHILE STATIONARY FOR ALMOST 5 SECONDS, SUDDENLY I FELT AN IMPACT FROM THE REAR.

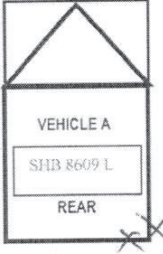
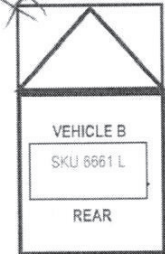
WHEN INSPECTED, I DISCOVERED THAT VEHICLE B (SKU 6661 L – SUZUKI) WHICH WAS BEHIND ME – FAILED TO STOP IN TIME, HAD COLLIDED ONTO THE REAR RIGHT OF MY TAXI.

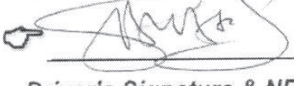
DUE TO THE IMPACT, MY TAXI HAD DAMAGES ON THE REAR RIGHT PORTION AND VEHICLE B HAD DAMAGES ON THE FRONT LEFT PORTION.

AS A RESULT, I FELT UNWELL THIS MORNING, WENT TO MT ALVERNIA FOR MEDICAL TREATMENT & HAD 5 DAYS OF MEDICAL LEAVE.
NO AMBULANCE AT SCENE.


NO PASSENGERS ONBOARD BOTH VEHICLES.

DAMAGES FOUND ON VEHICLE A & VEHICLE B

| | |
|--|--|
|  <p>VEHICLE A SHB 8609 L REAR</p> <p style="text-align: center;">PREMIER TAXI</p> |  <p>VEHICLE B SKU 6661 L REAR</p> <p style="text-align: center;">THIRD PARTY VEHICLE</p> |
|--|--|

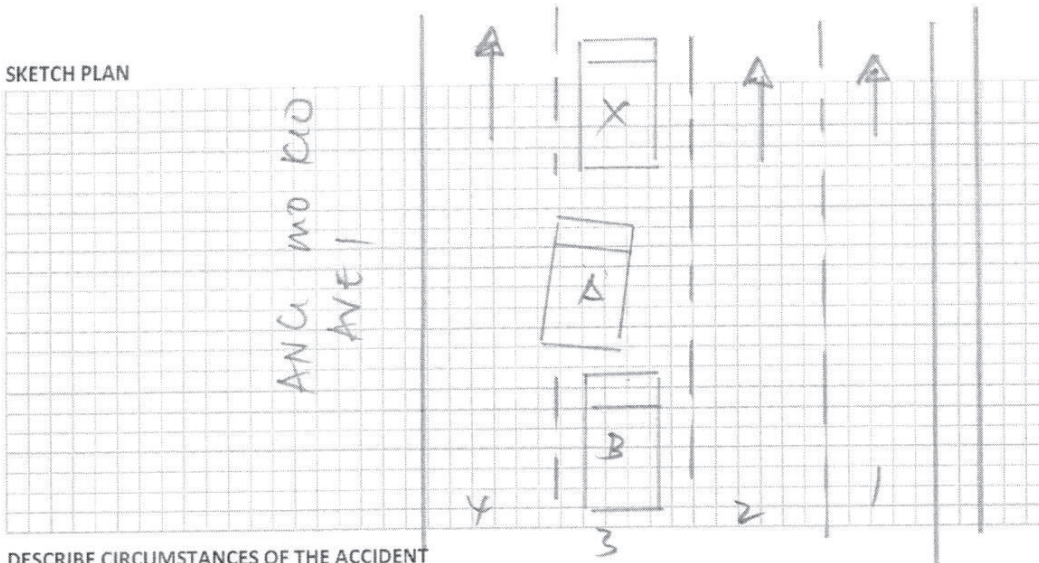
 155674/I

Driver's Signature & NRIC Number
Friday, December 29, 2017 @ 12:09:12 PM

(attended by )

Sketch Plan Pg. 3

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

A-SHB 8609L

B: SKU 6661L.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature _____
Date & Time: _____

Date & Time: 2

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.: