

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	05/01/2018 13:38
Date Of Accident	05/01/2018 05:30
Exact Location Of Accident	CHANGI AIRPORT T2 TAXI BAY TWDS AIRPORT BLVD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD1552B
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	MOHD SHARIFF BIN HUSSIN
NRIC No	S1577906C
Date Of Birth	11/03/1963
Occupation	OUTDOOR
Date Of Driving Pass	20/10/1995
Driving Experience	22 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97844161
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 517 #06-143 BEDOK NORTH AVE 2
Postcode	460517
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 ON COLLISION
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?	NO
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)	5
Passenger 1	NAME: : INDIAN GENDER: : MALE
Passenger 2	NAME: : INDIAN GENDER: : FEMALE
Passenger 3	NAME: : INDIAN GENDER: : FEMALE
Passenger 4	NAME: : INDIAN GENDER: : FEMALE

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 - 4 PAX VEH. B - 4 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 Witness 1

Name	MR MANOJ - PAX IN VEH. A
Phone Number	
Email Address	

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SH9575G
Vehicle Make/Model/Colour	COMFORT TAXI
Details Of Properties	VEH. B
Vehicle Category	TAXI
Name of Driver	MR NG
NRIC/Passport Number	
Contact Number	93795774
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	DAMAGED ON THE FRONT RIGHT PORTION
No. Of Passenger (Including Driver)	5

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.



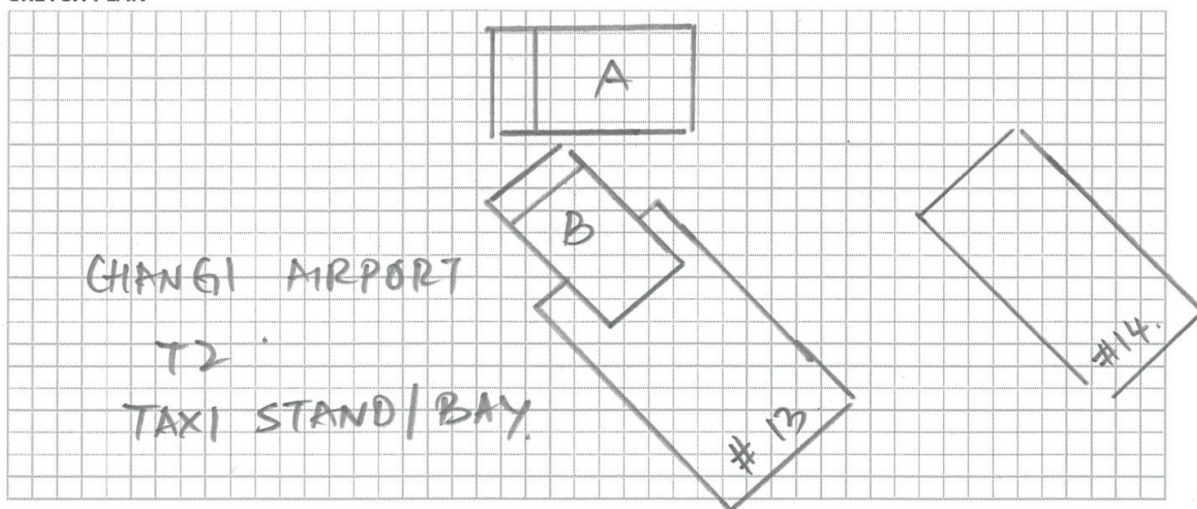
Policyholder's Signature
Date & Time:

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

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

Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

A: SHD1552B

B: SH9575G

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.:

GIARMC SketchPlanForm_V3

Describe Circumstance of the Accident.

ON 05/01/2018 @ 0530 HRS, I WAS DRIVING MY TAXI (SHD 1552 B) ALONG THE CHANGI AIRPORT T2 TAXI BAY TOWARDS AIRPORT BLVD WITH 4 PASSENGERS ONBOARD (INDIANS – 1 MALE & 3 FEMALES).

WHILE I WAS MOVING AHEAD, SUDDENLY I FELT AN IMPACT FROM MY LEFT.

WHEN INSPECTED, I DISCOVERED THAT VEHICLE B (SH 9575 G – COMFORT TAXI) WHICH WAS INITIALLY STATIONARY IN BAY #13, FAILED TO KEEP FOR PROPER LOOK OUT – HAD FAILED TO KEEP FOR PROPER LOOK OUT BEFORE MOVING OFF, HAD COLLIDED ONTO THE LEFT PORTION OF MY TAXI.

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

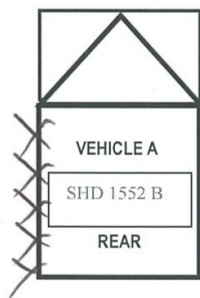
MY PASSENGER – MR MANOJ WHO WAS SEATED NEXT TO ME, WILLING TO BE MY EYE WITNESS.

NO INJURY INVOLVED.

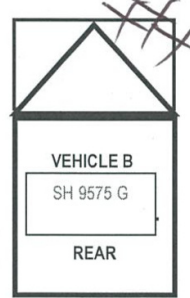
VEHICLE B HAD 4 PASSENGERS ONBOARD.

*VIDEO FOOTAGE CAPTURED & SCENE PHOTOS TAKEN.

DAMAGES FOUND ON VEHICLE A & VEHICLE B



PREMIER
TAXI



THIRD PARTY
VEHICLE



Driver's Signature & NRIC Number
Friday, January 05, 2018 @ 1:49:41 PM

(attended by)

Sketch Plan Pg. 4

 PREMIER TAXIS	HIRER / RELIEF / SUPER RELIEF
VEHICLE NO.	SHD 1552 B
CONTACT NO.	97 844161
NEW MAILING ADDRESS (if any)	/

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S1577906C**



Name
MOHD SHARIFF BIN HUSSIN

Race
MALAY

Date of birth
11-03-1963

Sex
M

S1577906C

Country of birth
SINGAPORE

REPUBLIC OF SINGAPORE **DRIVING LICENCE**



Licence Number **S1577906C**

Name

MOHD SHARIFF BIN HUSSIN

Birth Date: **11 Mar 1963**

Issue Date: **07 Oct 2003**



4717999

NRIC No. **S1577906C**



Date of issue
19-04-2011

Address
**APT BLK 517 BEDOK NORTH AVENUE 2
#06-143
SINGAPORE 460517**

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

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

PASS DATE
20 Oct 1995

NP 428A



Land Transport Authority



VOCATIONAL LICENCE

Licence No. **S1577906C**

Name : **MOHD SHARIFF BIN HUSSIN**

Issue Date : **27/5/2011**

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

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



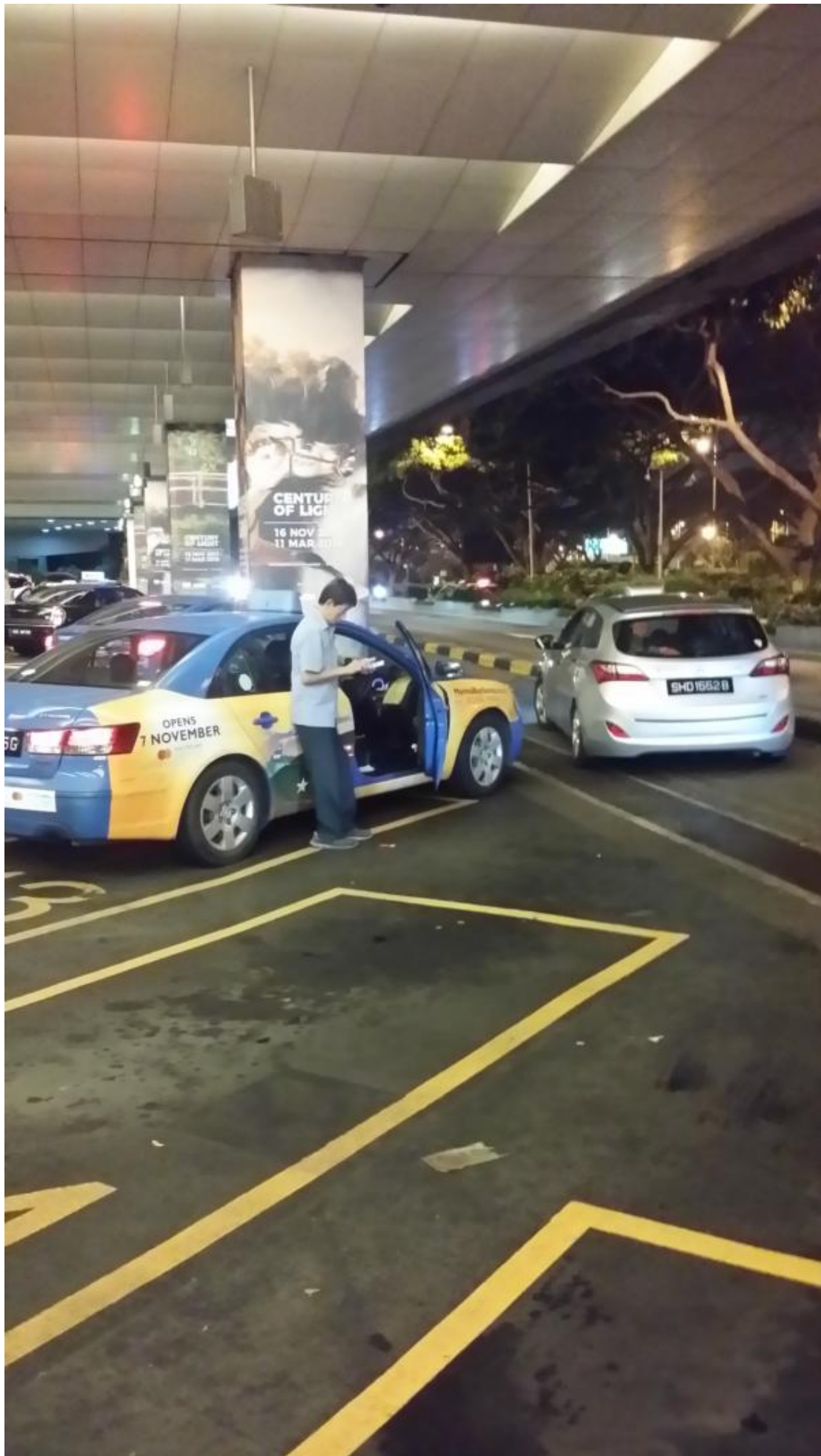
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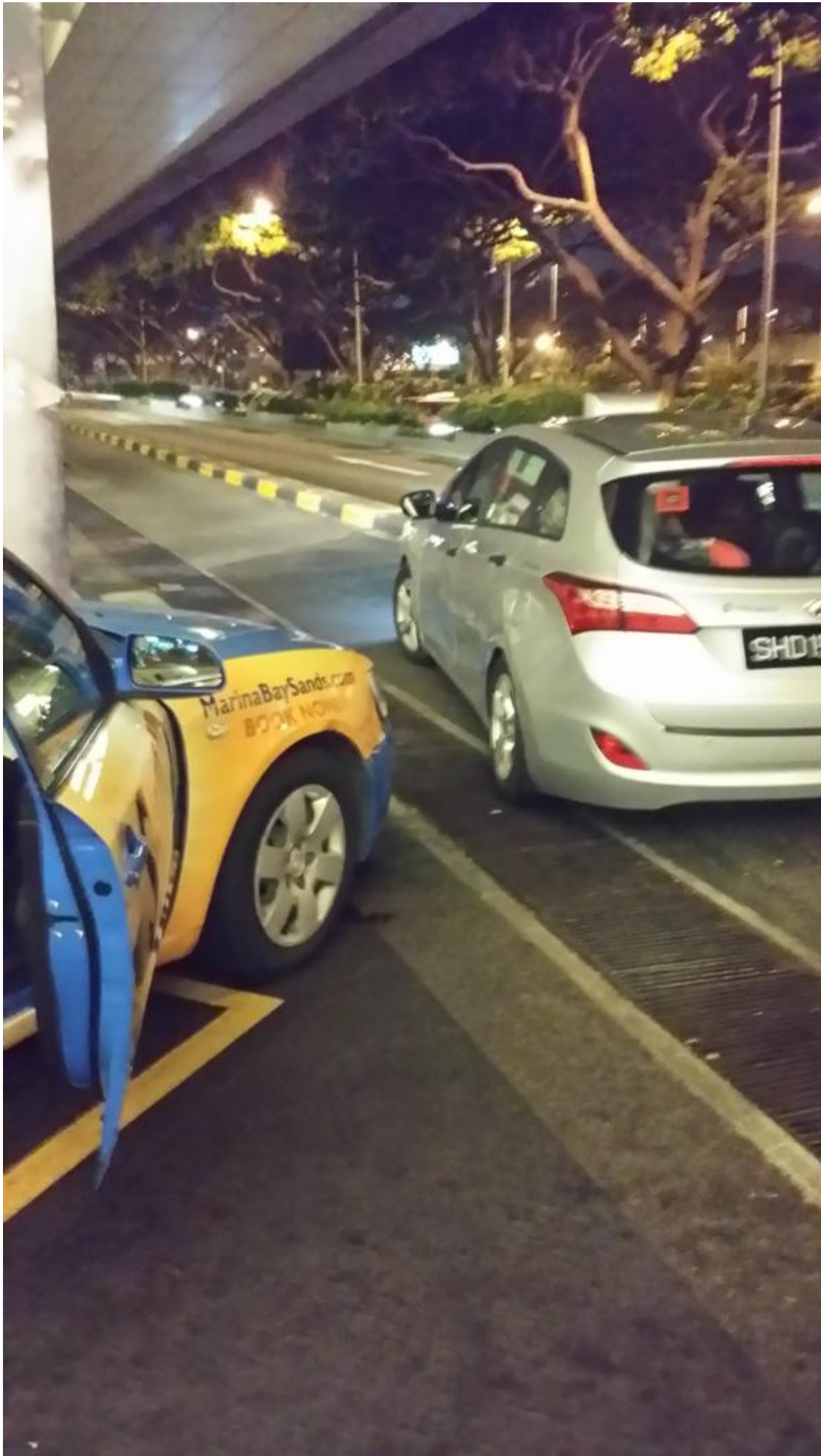
Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

