

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	11/01/2018 10:01
Date Of Accident	10/01/2018 19:40
Exact Location Of Accident	ADAM ROAD TOWARDS LORNIE ROAD (BEF ADAM PARK)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC6096Z
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	YAN WAI HOW
NRIC No	S7770990H
Date Of Birth	17/02/1977
Occupation	OUTDOOR
Date Of Driving Pass	27/05/1998
Driving Experience	19 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92292772
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 242 #12-163 BT PANJANG RING ROAD
Postcode	670242
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	RAINING
Road Surface	WET

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)	2
Passenger 1	NAME: : MALAY GENDER: : MALE

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 - 1 PAX VEH. B - UNKNOWN PAX ONBOARD

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	EW1122U
Vehicle Make/Model/Colour	BMW/WHITE
Details Of Properties	VEH. B
Vehicle Category	PRIVATE CAR
Name of Driver	DARIES NG CHINN YUAN
NRIC/Passport Number	
Contact Number	96900907
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

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.



[Signature]

5777099011
SHC6096Z91 JAN 2018

[Signature]

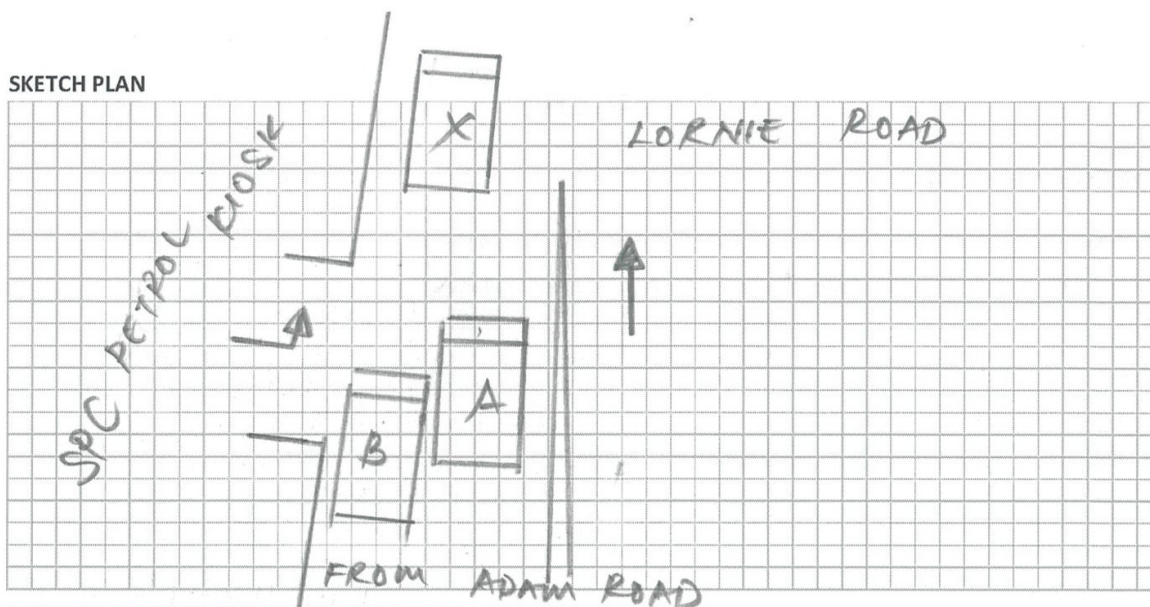
Policyholder's Signature
Date & Time:

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: SHC 6096 Z

B: EW 11224.

DECLARATION

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

Policyholder's Signature _____
Date & Time: _____

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

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Describe Circumstance of the Accident.

ON 10/01/2018 @ 1940HRS, I WAS DRIVING MY TAXI (SHC 6096 Z) TRAVELLING ALONG ADAM ROAD TOWARDS LORNIE ROAD (BEFORE ADAM PARK & IN FRONT OF SPC PETROL KIOSK), IN THE RIGHT LANE, WITH A PASSENGER ONBOARD – ON A MERGING LANE.

TRAFFIC AHEAD WAS SLOW MOVING AT THE POINT OF TIME.

WHILE I WAS MOVING SLOWLY– ACCORDING TO THE FLOW OF TRAFFIC AHEAD, SUDDENLY I FELT AN IMPACT FROM MY LEFT.

WHEN INSPECTED, I DISCOVERED THAT VEHICLE B (EW 1122 U – BMW/WHITE) WHICH WAS FROM THE LEFT LANE – FAILED TO KEEP FOR PROPER LOOK OUT – HAD CUTS ONTO MY PATH ON MY LEFT ABRUPTLY.

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

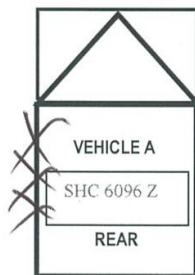
DUE TO THE IMPACT, MY TAXI HAD DAMAGES ON THE LEFT PORTION AND VEHICLE B HAD DAMAGES ON THE FRONT RIGHT PORTION.

NO INJURY INVOLVED.

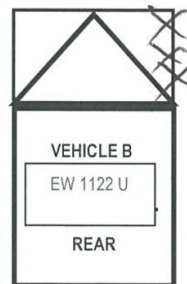
UNKNOWN PASSENGERS ONBOARD VEHICLE B.

*VIDEO FOOTAGE CAPTURED & SCENE PHOTOS TAKEN.

DAMAGES FOUND ON VEHICLE A & VEHICLE B



PREMIER TAXI



THIRD PARTY VEHICLE



Driver's Signature & NRIC Number
Thursday, January 11, 2018 @ 10:11:46 AM

(attended by



PREMIER TAXIS	HIRER / RELIEF / SUPER RELIEF
VEHICLE NO.	SHIC 60962
CONTACT NO.	9229 2772
NEW MAILING ADDRESS (if any)	

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7770990H



Name
YAN WAI HOW

袁 伟 豪
Race
CHINESE
Date of Birth
17-02-1977
Country of Birth
MALAYSIA
Sex
M

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number **S7770990H**
Name
YAN WAI HOW

Birth Date: **17 Feb 1977**
Issue Date: **17 Sep 2003**

000843115D

3173507

Barcode

NRIC No **S7770990H**

Blood Group **B+** Date of issue **13-07-2000**

Address
**APT BLK 242 BUKIT PANJANG RING ROAD
#12-163
SINGAPORE 670242**

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

		PASS DATE
Class 2B	Motorcycles exceeding 200 cc	20 Nov 1995
Class 2A	Motorcycles between 201 cc and 400 cc	12 Jan 1995
Class 2	Motorcycles exceeding 400 cc	25 Jan 2000
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	27 May 1998
Class 4	Heavy Motor Cars and Motor Tractors the weight of which unladen exceeds 2500 kilograms	05 Jul 2000
Class 5	Motor Vehicles which are not constructed themselves to carry any load and the weight of which unladen exceeds 7250 kilograms	23 Dec 2000



NP 428A

Land Transport Authority

VOCATIONAL LICENCE

Licence No: **S7770990H**
Name: **YAN WAI HOW**
Issue Date: **1/9/2009**

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

