

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 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	23/01/2018 10:15
Date Of Accident	22/01/2018 18:55
Exact Location Of Accident	ECP - CITY (BEFORE BEDOK EXIT)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC6191G
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	GAN KOK LIANG
NRIC No	S1681108D
Date Of Birth	25/06/1965
Occupation	OUTDOOR
Date Of Driving Pass	02/11/1985
Driving Experience	32 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97976054
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 921 #05-199 TAMPINES ST 91
Postcode	520921
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - RELIEF
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

General Information of the Accident

Type Of Accident	CHAIN 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	
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)	2

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TAMPINES N.P.C
Police Station Address	ROAD: TAMPINES N.P.C , POSTCODE: 529682 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

VEH. A & VEH. C - 1 PAX VEH. B - NO PAX . . . 1/ ADDENDUM (24/01/2018) : TO TATACH POLICE REPROT DATED 23/01/2018

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	SLB9334A
Vehicle Make/Model/Colour	NISSAN NOTE/RED
Details Of Properties	VEH. B
Vehicle Category	
Name of Driver	MOHD SHAFIQ S/O MOHAMED ISMAIL
NRIC/Passport Number	S8008843D
Contact Number	92385946
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	DAMAGED ON THE REAR PORTION

No. Of Passenger (Including Driver) 1

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SHC3882R
Vehicle Make/Model/Colour COMFORT TAXI
Details Of Properties VEH. C
Vehicle Category
Name of Driver WONG NGIAP SIM
NRIC/Passport Number S0069536Z
Contact Number 96197163
Address
Postcode
Insurance Company Name
Nature Of Damage DAMAGED ON THE FRONT PORTION
No. Of Passenger (Including Driver) 2

DETAILS OF INJURED PERSON 1

Name MR GARY FOK CHI HIN - PAX IN VEH. A
Approximate Age
Injuries Sustain WILL SEEK FOR MEDICAL TREATMENT
Injured person in which vehicle? SHC6191G
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

SKETCH PLAN

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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:

x *[Signature]*

Driver's Signature
(If driver is not the policyholder)
Date & Time: 23/1/18

23 JAN 2018

[Signature]

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

S1681108-D
SHC 0191 G

Describe Circumstance of the Accident.

*** CHAIN COLLISION ***

ON 22/01/2018 @ 1855 HRS, I WAS DRIVING MY TAXI (SHC 6191 G) TRAVELLING ALONG ECP – CITY (BEFORE BEDOK EXIT) IN LANE 1 WITH A PASSENGER ONBOARD.

WHILE MOVING AHEAD, VEHICLE B (SLB 9334 A – NISSAN NOTE/RED) WHICH WAS IN FRONT OF ME, MADE A SUDDEN BRAKE & STOPPED.

UPON SEEING IT, I IMMEDIATELY APPLIED MY BRAKES BUT WAS UNABLE TO STOP IN TIME, THUS COLLIDED ONTO THE REAR OF VEHICLE B AND SUBSEQUENTLY I FELT AN IMPACT FROM THE REAR.

WHEN INSPECTED, I DISCOVERED THAT VEHICLE C (SHC 3882R – COMFORT TAXI) WHICH WAS APPROACHING FROM THE REAR, HAD COLLIDED ONTO THE REAR OF MY TAXI.

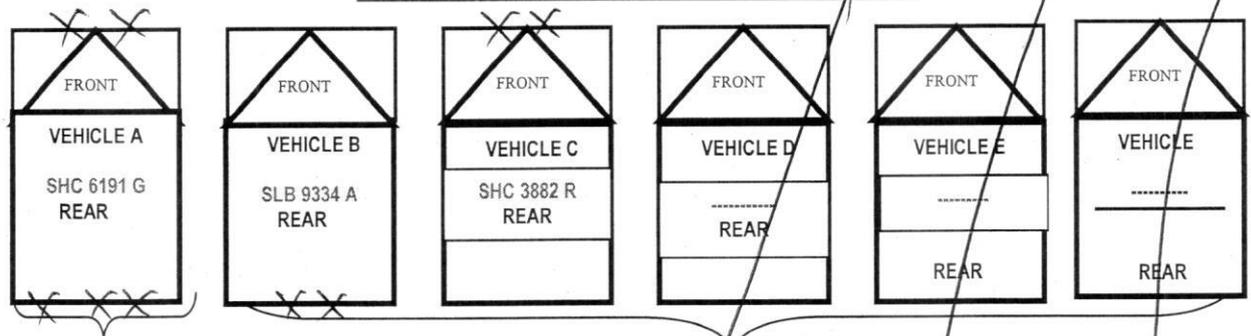
DUE TO THE IMPACT, MY TAXI HAD DAMAGES ON THE REAR & FRONT PORTION. VEHICLE B HAD DAMAGES ON THE REAR PORTION. VEHICLE C HAD DAMAGES ON THE FRONT PORTION.

MY PASSENGER – MR GARY FOK CHI HIN WHOM WAS IN THE REAR SEAT, CLAIMED THAT HE REQUIRED TO SEEK FOR MEDICAL TREATMENT, TREATED BY PARAMEDICS AT SCENE BUT WAS NOT CONVEYED TO HOSPITAL.

NO PASSENGERS ONBOARD VEHICLE B.
VEHICLE C HAD A PASSENGER ONBOARD.
*VIDEO FOOTAGE CAPTURED.

CHAIN COLLISION / MULTIPLE VEHICLES

DAMAGES FOUND ON VEHICLE A, B, C, D, E & F



PREMIER TAXI

THIRD PARTY VEHICLES

S16811087
Driver's Signature & NRIC Number
Tuesday, January 23, 2018 @ 10:35:46 AM

Addendum Sheet Pg. 1



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
 6 Raffles Quay #18-00 Singapore 048580
 Tel (65) 6224 0010 Fax (65) 6224 0030
 Operating Hours : Monday to Friday, 09:00 – 17:00
 UEN: S66550020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report. **LOI 191 V 830**

ADDENDUM

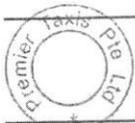
(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : VAPAS 1801180 Vehicle Registration No: 21C 6191G
 Name (as shown in NRIC) : PREMIER TAXIS PTE LTD NRIC/FIN/Passport No : _____
 (*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
 Address : 23 CHANGI SOUTH AVE 2, #01-02. S (486443) Singapore (_____)
 Contact (Tel) : 6214 8880 Mobile No. : _____
 Email Address : _____
 Date of Accident : 22.01.2018 Time of Accident : 1855 HRS.
 Place of Accident : RCP twds Gey.
 Insurance Company : NTUC INCOME INSURANCE CO-OPERATIVE LTD

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

To attach police report dated
22/01/2018.



Policyholder / Driver's Signature
 Date:

Reporting Centre Personnel's Signature
 Name: _____
 NRIC/FIN No.: _____
 Date: 24 JAN 2018

Text size + -

Enquire Transaction History

Transaction History Details

Log Date/Time:	10 Oct 2014 / 09:17:06	Receipt No.:	AACCK001-AX239-141010-000005
Asset Type:	Vehicle	Transaction Amount:	\$63,443.00
Asset ID:	SHC6191G	Channel:	AA Counterless - CYCLE & CARRIAGE KIA PTE LTD
Transaction Type:	01.02 Register New Vehicle (AA)		
Business Transaction Reference No.:	20141010091706446119		

Vehicle No.: SHC6191G
 Vehicle Type: H10 - Public Transport Taxi (Motor Car)

Vehicle Attachment 1: Air-Con (Taxi)
 Vehicle Attachment 2: -
 Vehicle Attachment 3: -
 Vehicle Scheme: Taxi (Company)
 First Registration Date: 10 Oct 2014
 Original Registration Date: 10 Oct 2014
 Vehicle Make: KIA
 Vehicle Model: OPTIMA 1.7(A) DIESEL
 Chassis No.: KNAGM414MF5541814
 Engine No.: D4FDDH307204
 Motor No.: -
 Trailer Chassis No.: -
 Propellant: Diesel
 Passenger Capacity: 4

Engine Capacity: 1685
 Power Rating: -
 Unladen Weight: 1584
 Maximum Laden Weight: 2050
 Primary Color: Silver

Secondary Color: -
 Manufacturing Year: 2014
 Open Market Value: \$19,865.00
 Minimum PARF Benefit: \$7,419.00
 PARF Eligibility: Y
 No. of Transfer: 0
 Effective Ownership Date/Time: 10 Oct 2014 09:17:06
 COE No.: 2014101001001199Z

COE Expiry Date: 09 Oct 2022
 COE Bid Category: -
 Actual QP/PQP Paid Amount: \$50,938.00
 Lifespan Expiry Date: 09 Oct 2022
 Owner ID Type: Company

Sketch Plan Pg. 4

PREMIER TAXIS	HIRER / <u>RELIEF</u> / SUPER RELIEF
VEHICLE NO.	SHC6191G.
CONTACT NO.	9797 605x
NEW MAILING ADDRESS (if any)	/

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1681108D



Name
GAN KOK LIANG
颜铭良

Race
CHINESE

Date of Birth
25-06-1965

Sex
M

Country of Birth
SINGAPORE




REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S1681108D
Name: GAN KOK LIANG

Birth Date: 25 Jun 1965
Issue Date: 08 Oct 2003




1658 15



NRIC No. S1681108D



Blood Group
B+

Date of issue
05-02-1994

Address
APT BLK 921 TAMPINES STREET 91 #05-199
SINGAPORE 520921

NRIC No: S1681108D Date: 05-01-2003 No: 4409077

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

	PASS DATE
Class 2B Motorcycles not exceeding 200 cc	18 Dec 1984
Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	02 Nov 1985

NP 428A



Land Transport Authority

VOCATIONAL LICENCE

Licence No: S1681108D
Name: GAN KOK LIANG
Issue Date: 4/1/2016

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

