

## 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	19/02/2018 14:06
Date Of Accident	16/02/2018 11:30
Exact Location Of Accident	MANDAI CREMATORIUM & COLUMBARIUM
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD1552B
<b>Insured/Policyholder</b>	
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	HIRE & REWARD
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 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97844161
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 517 BEDOK NORTH AVE 2 #06-143
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 - MAJOR/MINOR RD
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?	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: : MR ONG GENDER: : MALE
Passenger 2	NAME: : UNKNOWN GENDER: : FEMALE
Passenger 3	NAME: : UNKNOWN GENDER: : MALE
Passenger 4	NAME: : UNKNOWN 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

REFER ATTACH

#### 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 ONG
Phone Number	86990967
Email Address	

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHB7705Z
-----------------------------	----------

Vehicle Make/Model/Colour	TRANSCAB
Details Of Properties	FRONT PORTION
Vehicle Category	TAXI
Name of Driver	SEAH CHAI TIONG
NRIC/Passport Number	S1370412J
Contact Number	91133376
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

## Sketch Plan

### 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.

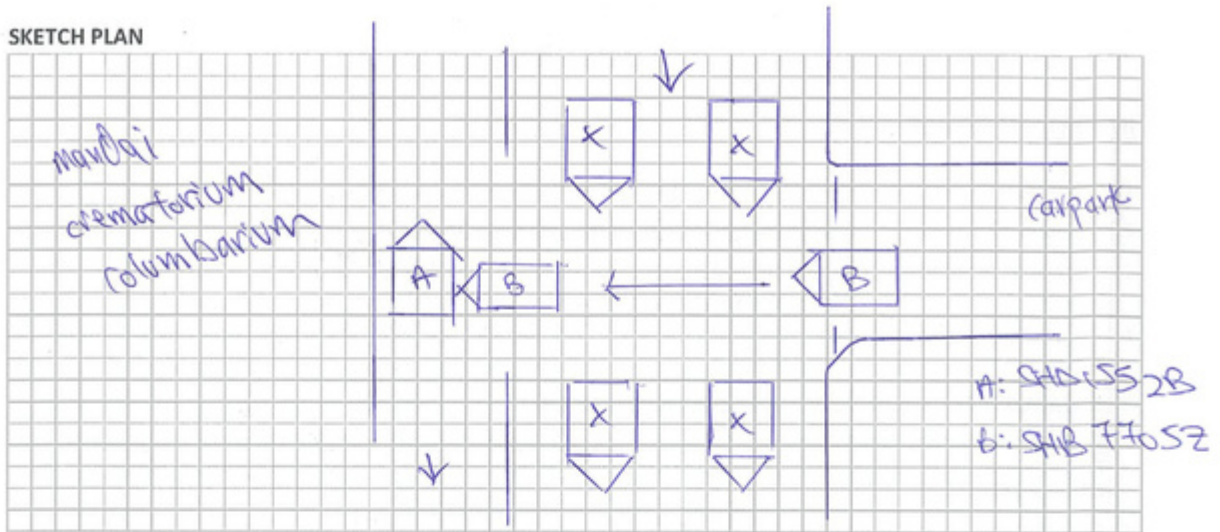


Policyholder's Signature  
Date & Time:

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

refer attach

## 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.

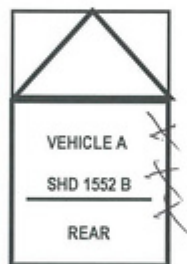
ON THE DAY 16.02.18 @1130HRS, I WAS DRIVING MY TAXI SHD1552X, WITH 4 PASSENGER TRAVELING ALONG MANDAI CREMATORIUM COLUMDARIUM DRIVEWAY.

AS TRAVELING WITHIN MY LANE, SUDDNELY I FELT AN IMPACT FROM THE RH SIDE AND NOTICED VEHICLE B(SHB7705Z) HAD EXIT OUT FROM THE CARPARK DRIVEWAY WITHOUT GIVE WAY TO ME THUS COLLIDED ONTO THE RH PORTION OF MY TAXI.

DUE TO THE IMPACT, MY TAXI DAMAGED ON THE RH PORTION  
VEHICLE B DAMAGED ON THE FRONT PORTION

NO INJURY INVOLVED.  
VEHICLE B NO PASSENGER ONBOARD.

DAMAGES FOUND ON VEHICLE A & VEHICLE B



  
Driver's Signature  
Monday, February 19, 2018

A handwritten signature in blue ink is written over a horizontal line. Below the line, the text "Driver's Signature" and "Monday, February 19, 2018" is printed.



REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S1577906C



Name  
**MOHD SHARIFF BIN HUSSIN**

Race  
**MALAY**


Date of birth  
**11-03-1963**

Country of birth  
**SINGAPORE**

Sex  
**M**

S1577906C

Land Transport Authority



**VOCATIONAL LICENCE**

Licence No : S1577906C

Name : MOHD SHARIFF BIN HUSSIN

Issue Date : 27/6/2011

Please visit [www.lta.gov.sg](http://www.lta.gov.sg) to check the status of this vocational licence

REPUBLIC OF SINGAPORE **DRIVING LICENCE**



Licence Number: S1577906C

Name: MOHD SHARIFF BIN HUSSIN

Birth Date: 11 Mar 1963

Issue Date: 07 Oct 2003

000895205B

4717999



NRIC No. S1577906C




Date of issue  
19-04-2011

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

This card is not transferable and is the property of the Land Transport Authority (LTA). It must be surrendered to LTA on request. If found, please return to LTA, 10 Sin Ming Drive, Singapore 575701.

Type	Description	Issue Date
03	BUS VL	20/06/2002
02	TAXI VL	24/04/2002
04	BUS ATTENDANT	20/06/2002



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

PASS DATE  
20 Oct 1995

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

NP 428A

Licence No: S1577906C



Holder of  
S1577906C

978A H161

Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo

