

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 09:37
Date Of Accident	16/02/2018 16:45
Exact Location Of Accident	BLK 403C FERNVALE LANE (DRIVEWAY)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC6335J
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	LIM TAI ANN
NRIC No	S8034518F
Date Of Birth	01/11/1980
Occupation	OUTDOOR
Date Of Driving Pass	15/07/2005
Driving Experience	12 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92292262
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 426C #09-124 YISHUN AVE 11
Postcode	763426
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	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?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

BOTH VEHICLES - 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	SHA3468P
Vehicle Make/Model/Colour	COMFORT TAXI
Details Of Properties	VEH. B
Vehicle Category	TAXI
Name of Driver	MR BUANG BIN JONID
NRIC/Passport Number	S0990645B
Contact Number	90672824
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	DAMAGED ON THE REAR LEFT PORTION
No. Of Passenger (Including Driver)	1

DETAILS OF INJURED PERSON 1

Name	LIM TAI ANN - DRIVER OF VEH. A
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Approximate Age

Injuries Sustain

FELT UNWELL, WENT TO CLINIC & HAD 2 DAYS MC

Injured person in which vehicle?

SHC6335J

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

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.

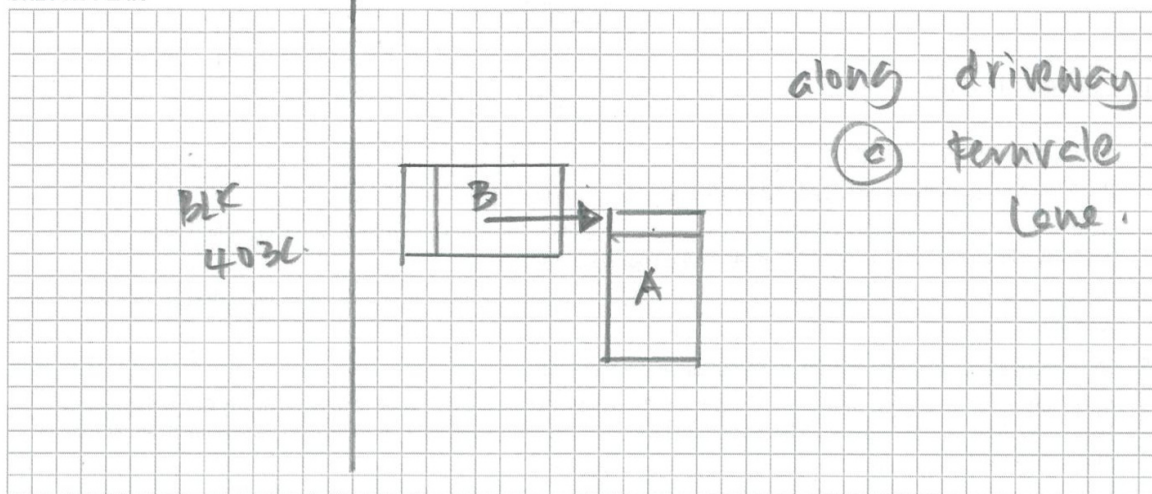


Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

A: SHC 6335J

B: SHA 3468P

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:

19 FEB 2018

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

Describe Circumstance of the Accident.

ON 16/02/2018 @ 1645HRS, I WAS DRIVING MY TAXI (SHC 6335 J)
TRAVELLING ALONG THE CARPARK DRIVEWAY @ FERNVALE LANE.

WHILE I WAS MOVING AHEAD - HEADING TOWARDS THE MULTI STOREY CARPARK,
SUDDENLY VEHICLE B (SHA 3468 P – COMFORT TAXI) WHICH WAS INITIALLY
STATIONARY IN FRONT OF BLK 403C (ON MY LEFT) , HAD FAILED TO KEEP FOR
PROPER LOOK OUT – REVERSED HIS TAXI ABRUPTLY.

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

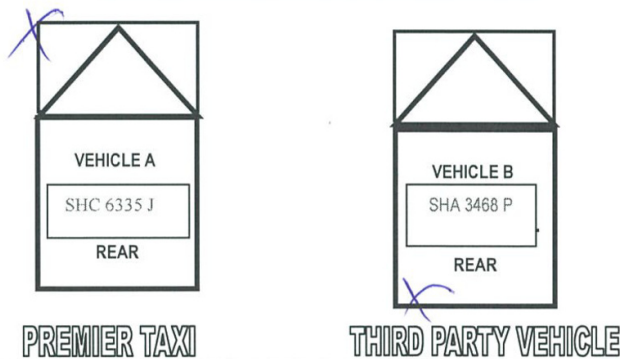
DUE TO THE IMPACT, MY TAXI HAD DAMAGES ON THE LEFT FRONT PORTION AND
VEHICLE B HAD DAMAGES ON THE REAR LEFT PORTION.

AS A RESULT, I FELT UNWELL, WENT TO CLINIC & HAD 2 DAYS MEDICAL LEAVE.
NO AMBULANCE AT SCENE.

NO PASSENGERS ONBOARD BOTH VEHICLES.


*VIDEO FOOTAGE CAPTURED.

DAMAGES FOUND ON VEHICLE A & VEHICLE B




[Signature] 59024518F
Driver's Signature & NRIC Number
@ 9:51:13 AM

(attended by *[Signature]*)

 PREMIER TAXIS	<u>HIRER</u> / RELIEF / SUPER RELIEF
VEHICLE NO.	SHC 6335J
CONTACT NO.	9229 2262
NEW MAILING ADDRESS (if any)	/

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S8034518F**





Name
LIM TAI ANN
(LIN TAI'AN)
林 泰 安

Race
CHINESE


Date of birth
01-11-1980

Country of birth
SINGAPORE

Sex
M

S8034518F

REPUBLIC OF SINGAPORE DRIVING LICENCE




Licence Number: **S8034518F**

Name:
LIM TAI ANN
(LIN TAI'AN)

Birth Date: **01 Nov 1980**

Issue Date: **05 Mar 2014**



4 9 1 5 9 5 5





NRIC No: **S8034518F**

Date of issue
04-12-2012

APT BLK 426C YISHUN AVE 11 #09-124
SINGAPORE 763426


NRIC No: **S8034518F** Date: **17/09/2014**

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


EFFECTIVE DATE

Class 3 Motor Cars=< 3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg **15 Jul 2005**

NP 428A



Land Transport Authority



VOCATIONAL LICENCE

Licence No: **S8034518F**

Name: **LIM TAI ANN**

Issue Date: **5/3/2014**

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

