

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	16/04/2018 10:04
Date Of Accident	14/04/2018 21:20
Exact Location Of Accident	PUNGGOL ROAD // PUNGGOL FIELD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC6175D
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	MOHAMED ALI BIN MUTHAS ALI
NRIC No	S1494653E
Date Of Birth	03/12/1961
Occupation	OUTDOOR
Date Of Driving Pass	07/02/1985
Driving Experience	33 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91399213
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 670 #02-23 WOODLANDS DRIVE 71
Postcode	730670
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 - CHANGE/CROSS LANE
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)	4
Passenger 1	NAME: : PAX IN THE REAR SEAT - CHINESE GENDER: : MALE
Passenger 2	NAME: : PAX IN THE REAR SEAT - CHINESE GENDER: : FEMALE
Passenger 3	NAME: : PAX IN THE REAR SEAT - CHINESE/CHILD 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 - 3 PAX VEH. B - UNKNOWN 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	SGD3308P
Vehicle Make/Model/Colour	VOLVO/SILVER
Details Of Properties	VEH. B
Vehicle Category	PRIVATE CAR
Name of Driver	LOH TUCK YEW DANIEL
NRIC/Passport Number	S7809864C
Contact Number	93222444

Address

Postcode

Insurance Company Name

Nature Of Damage

DAMAGED ON THE RIGHT REAR

No. Of Passenger (Including Driver)

1

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:

SHC 6175 D
\$ 1494653 E

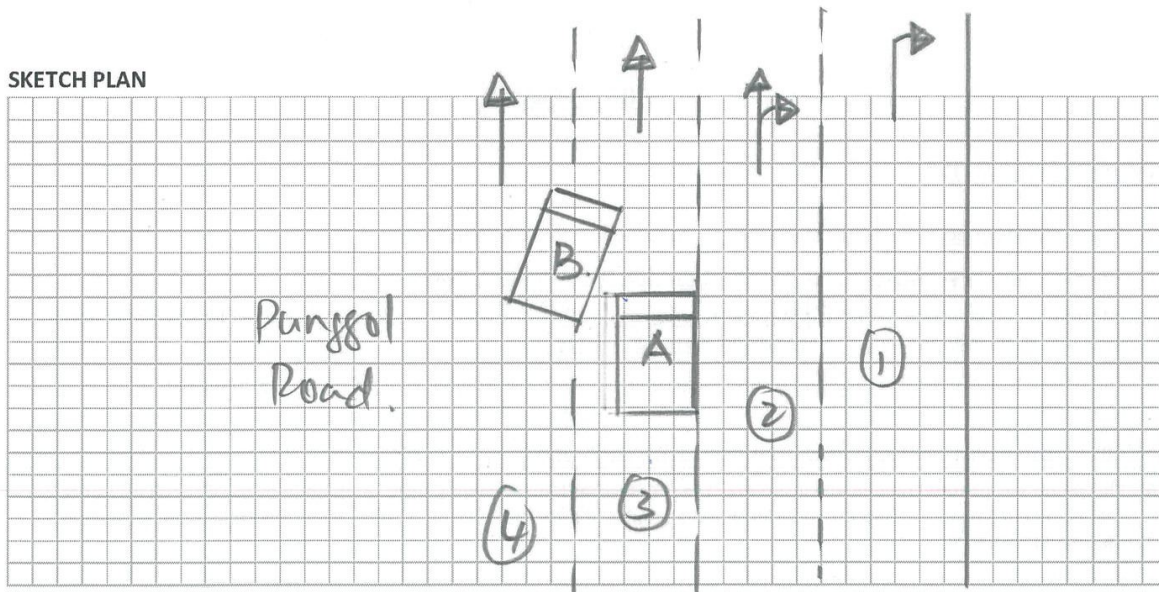
16 APR 2018

Reporting Centre Personnel's Signature

Name:
NRIC/FIN No.:

Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

A: SHC 617SD

B: SGD 3308P

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: 21494653 E

Reporting Centre Personnel's Signature
Name:

NRIC/FIN No.:

Describe Circumstance of the Accident.

ON 14/04/2018 @ 2120 HRS, I WAS DRIVING MY TAXI (SHC 6175 D)
TRAVELLING ALONG PUNGGOL ROAD TOWARDS THE TRAFFIC LIGHT JUNCTIN OF
PUNGGOL FIELD, WITH 3 PASSENGERS ONBOARD, IN LANE 3.

WHILE I WAS MOVING STRAIGHT AHEAD, SUDDENLY VEHICLE B (SGD 3308 P –
VOLVO) WHICH WAS APPROACHING FROM THE LEFT – ENCROADHED ONTO MY
PATH ON MY LEFT ABRUPTLY & COLLIDED ONTO THE LEFT FRONT OF MY TAXI.

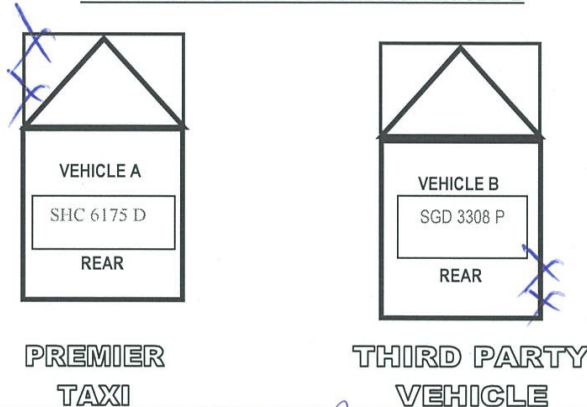
DUE TO THE IMPACT, MY TAXI HAD DAMAGES ON THE LEFT FRONT & AND VEHICLE
B HAD DAMAGES ON THE RIGHT REAR PORTION.

NO INJURY INVOLVED.

UNKNOWN PASSENGERS ONBOARD VEHICLE B.

*VIDEO FOOTAGE CAPTURED.

DAMAGES FOUND ON VEHICLE A & VEHICLE B





[Signature]
Driver's Signature & NRIC Number
Monday, April 16, 2018 @ 10:15:16 AM


51494603 E

(attended by *[Signature]*)

Sketch Plan Pg. 4

 PREMIER TAXIS	HIRER / RELIEF / SUPER RELIEF
VEHICLE NO.	SHIC617SD
CONTACT NO.	9139 9213
NEW MAILING ADDRESS (if any)	

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S1494653E**



Name
MOHAMED ALI BIN MUTHAS ALI


Race
PAKISTANI

Date of Birth
03-12-1961

Country of Birth
SINGAPORE

Sex
M

REPUBLIC OF SINGAPORE **DRIVING LICENCE**




Licence Number: **S1494653E**
Name:
MOHAMED ALI BIN MUTHAS ALI


Birth Date: **03 Dec 1961**
Issue Date: **29 Jan 2003**

000156141C

23119



NRIC No. **S1494653E**



Blood Group **O+** Date of issue **25-08-1994**

APT BLK 670 WOODLANDS DRIVE 71 #02-23 SINGAPORE 730670

S1494653E 04/06/2013

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 07 Feb 1985

NP 428A

Licence No: S1494653E

Land Transport Authority

VOCATIONAL LICENCE



Licence No: **S1494653E**
Name: **MOHAMED ALI BIN MUTHAS ALI**
Issue Date: **9/3/2017**

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

