

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	23/04/2018 10:50
Date Of Accident	21/04/2018 04:40
Exact Location Of Accident	MOUNT PLEASANT ROAD // STEVENS ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD1644U
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	HYUNDAI
Model	I30-1.6 (M)
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	ABDUL AZIZ BIN IBRAHIM
NRIC No	S1645349H
Date Of Birth	16/08/1964
Occupation	OUTDOOR
Date Of Driving Pass	08/01/1991
Driving Experience	27 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91373558
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	53 ALIWAL STREET
Postcode	199929
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	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	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?	YES
If Yes, Please state which Police Station	
Police Station Name	CHANGKAT NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 109 TAMPINES STREET 11 #01-261 , POSTCODE: 521109 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7819999 - FAX NO: 67832722
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

ALL VEHICLES - NO PAX *REFER TO ATTACH POLICE REPORT

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	SHC3942B
Vehicle Make/Model/Colour	COMFORT TAXI
Details Of Properties	VEH. B
Vehicle Category	TAXI
Name of Driver	CHIN CHOON LIANG
NRIC/Passport Number	S1751324I
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	DAMAGED ON THE FRONT PORTION

No. Of Passenger (Including Driver) 1

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number GW5080G
Vehicle Make/Model/Colour VAN
Details Of Properties VEH. C
Vehicle Category COMMERCIAL VEHICLE
Name of Driver NG TECK HENG
NRIC/Passport Number S7535279D
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage DAMAGED ON THE REAR PORTION
No. Of Passenger (Including Driver) 1

DETAILS OF INJURED PERSON 1

Name ABDUL AZIZ BIN IBRAHIM - DRIVER OF VEH. A
Approximate Age
Injuries Sustain FELT UNWELL, WENT TO CLINIC & HAD 5 DAYS MC
Injured person in which vehicle? SHD1644D
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

SKETCH PLAN

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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.



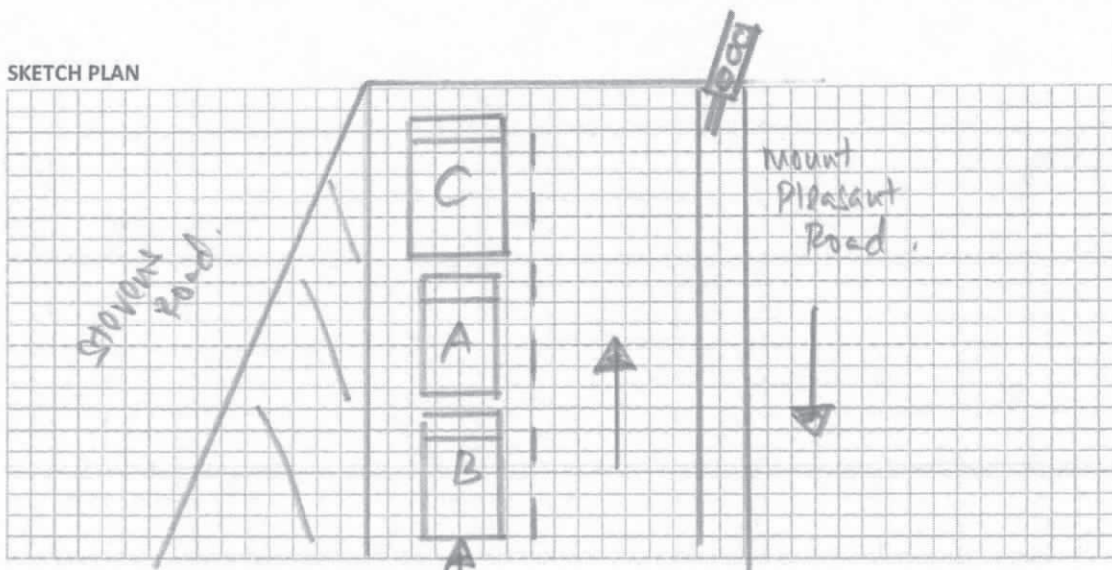
Policyholder's Signature
Date & Time:

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

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

Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

A: SHD 16444

B: SHC 3942B

C: GW 5080G

* Refer to attach police report.

* Video footage captured.

* Scene photos taken.

DECLARATION

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

23 APR 2018

Policyholder's Signature
Date & Time:



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

SIG 41-349 1H
SHD 16444

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

(Signature)



**SINGAPORE
POLICE FORCE**



T/20180421/2055

1 of 3

Police Station Of Origin:
Changkat NPP
109 Tampines Street 11 #01-261
SINGAPORE 521109
Tel No: 1800-7819999

Report No. T/20180421/2055

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 21/04/2018 12:16	Vide Report No.:	Station Diary No.: 11
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Informant's Particulars

Name of Informant: ABDUL AZIZ BIN IBRAHIM	Address: 53 ALIWAL STREET SINGAPORE 199929		
ID Type / ID No.: NRIC NO / S1645349H	Contact No.: Home/Office: Mobile: 91373558		
Nationality: SINGAPORE CITIZEN	Email:		
Sex: Male	Age: 53	Date of Birth: 16/08/1964	Type of Informant: Driver
Race: Malay	Language:		Institution / School Name:
Occupation: Taxi driver	Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 21/04/2018 04:40	Type of Location: Straight Road
Location: Junction of Road 1 and Road 2 STEVENS ROAD MOUNT PLEASANT ROAD Near Caltex Station towards Stevens Road, Traffic Light junction				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control: Traffic Light - Working	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No	Type	Make	Model	Color	Condition	No of Passenger
GW5080G	Van					0
SHC3942B	Car				Slightly Damaged	0
SHD1644U	Car				Slightly Damaged	0



**SINGAPORE
POLICE FORCE**



T/20180421/2055

Police Station Of Origin:
Changkat NPP
109 Tampines Street 11 #01-261
SINGAPORE 521109
Tel No: 1800-7819999

2 of 3

Report No. T/20180421/2055

CONTINUATION OF REPORT

Brief Details.

On 21 April 2018 at about 4.40am, I was travelling alone in my taxi (SHD1644U). I came to a stop at Stevens Road and Mount Pleasant Road (junction).

Suddenly, the taxi behind me (SHC3942B) hit the rear of my taxi. As a result, I hit the van in front of me (GW5080G).

My taxi sustained a popped out bonnet and dent at the rear bumper area.

I had a dashboard camera in my taxi which was recording at the time of the accident.

I went to visit a doctor at Sunshine Clinic Family Practice & Surgery and obtained a 5-day MC from 21 April 2018 to 25 April 2018.

I sustained neck and lower back sprain and pain in my left knee as well.

Particulars of SHC3942B:

Chin Choon Liang
S1751324I

Particulars of GW5080G:

Ng Teck Heng
S7535279D

0	0	0	0
0	0	0	0
0	0	0	0
0	0	0	0



**SINGAPORE
POLICE FORCE**



T/20180421/2055

3 of 3

Report No. T/20180421/2055

Police Station Of Origin:
Changkat NPP
109 Tampines Street 11 #01-261
SINGAPORE 521109
Tel No: 1800-7819999

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:
G /
Sgt 2 WONG TARYN ESMERELDA XIN YI

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
21/04/2018 12:16

Officer In Charge Of Case:
TP / AEIT /
SI ANG YI TING, STEPHANIE
Contact No.: 65476414

Classification Of Case:

Authentication Stamp
NP168



**SINGAPORE
POLICE FORCE**

SIGNATURE

Register New Vehicle (Acknowledgement)

Vehicle Particulars

Vehicle No.:	SHD1644U ✓	Vehicle Scheme:	Taxi (Company)
Vehicle Type:	H11 - Public Transport Taxi (Station Wagon)		
Vehicle Attachment 1:	Air-Con (Taxi)		
Vehicle Attachment 2:	-	Vehicle Attachment 3:	-
Vehicle Make:	HYUNDAI	Vehicle Model:	FD I30CW 1.6 MT 5DR TURBO 2WD
Chassis No.:	KMHDC81SLCU134870 ✓	Engine No.:	D4FBBU010042 ✓
Motor No.:	-	Trailer Chassis No.:	-
Propellant:	Diesel	Passenger Capacity:	4
Engine Capacity:	1582 cc	Power Rating:	-
Unladen Weight:	1334 kg	Maximum Laden Weight:	1860 kg
Primary Colour:	Silver	Secondary Colour:	-
First Registration Date:	18 Oct 2011 ✓	Original Registration Date:	18 Oct 2011
Manufacturing Year:	2011	Open Market Value:	\$11,111.00 ✓
PARF Eligibility:	Yes	Minimum PARF Benefit:	\$6,666.00
No. of Transfers:	0		

Owner Particulars

Owner Name:	PREMIER TAXIS PTE. LTD.
Owner ID Type:	Company
Owner ID:	200304975H ✓
Registered Address Type:	Private Residential (Condo Apt or House) / Shopping / Office Complexes
Registered Block/House No.:	11
Registered Street Name:	KUNG CHONG ROAD

Registered Unit No.:	-
Registered Building Name:	ALEXANDRA INDUSTRIAL ESTATE
Registered Postal Code:	159147
COE No. / Expiry Date:	2011090101000324R / 17 Oct 2019
COE Bid Category:	A - Car (1600cc & below) & Taxi
QP Paid:	\$39,041.00 ✓

Transaction Details

Business Transaction Ref. No.:	20111018090347028171
Business Transaction Date:	18 Oct 2011
Business Transaction Time:	09:03:47

Message

The above vehicle has been successfully registered.

Please note that \$43,352.00 will be deducted from your GIRO account.



Land Transport Authority

Please read through the Privacy Statement, Conditions of Use and Disclaimer.
Please do not use the Back or Forward buttons on your browser as this may alter the results of the transactions.
Best viewed with IE 6.0 SP3 and above, 800 X 600 resolution
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