

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	26/04/2018 10:13
Date Of Accident	26/04/2018 08:15
Exact Location Of Accident	SIMEI AVE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC6329C
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	NEO CHEE KIONG
NRIC No	S7011657Z
Date Of Birth	05/04/1970
Occupation	OUTDOOR
Date Of Driving Pass	23/02/1996
Driving Experience	22 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97961358
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 208 #02-1433 TAMPINES ST 21
Postcode	520208
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	3
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)	3
Passenger 1	NAME: : PAX IN THE REAR SEAT - FOREIGNERS GENDER: : MALE
Passenger 2	NAME: : PAX IN THE REAR SEAT - FOREIGNERS GENDER: : FEMALE

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 - 2 PAX OTHER VEH - 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	SLH8190Y
Vehicle Make/Model/Colour	HY ELANTRA
Details Of Properties	VEH. B
Vehicle Category	PRIVATE CAR
Name of Driver	ANDIE NEO
NRIC/Passport Number	
Contact Number	91479372
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	SLH8842A
Vehicle Make/Model/Colour	SUBARU FORESTER
Details Of Properties	VEH. C
Vehicle Category	PRIVATE CAR
Name of Driver	KAREN
NRIC/Passport Number	
Contact Number	90620662
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	DAMAGED ON THE REAR PORTION
No. Of Passenger (Including Driver)	1

Sketch Plan Pg. 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:

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

x  2011657Z 26 APR 2018 

S/C 6329C

Describe Circumstance of the Accident.

*** CHAIN COLLISION ***

ON 26/04/2018 @ 0815HRS, I WAS DRIVING MY TAXI (SHC 6329 C) TRAVELLING ALONG SIMEI AVE IN THE MIDDLE LANE WITH 2 PASSENGERS ONBOARD.

I STOPPED MY TAXI AS VEHICLE C (SLH 8842 A – SUBARU FORESTER) WHICH WAS AHEAD OF ME STOPPED.

WHILE STATIONARY, SUDDENLY I FELT AN IMPACT FROM THE REAR AND DUE TO THE GREAT IMPACT, IT FORCED MY TAXI TO SURGE FORWARD – CAUSING THE FRONT PORTION OF MY TAXI TO COLLIDE ONTO THE REAR OF VEHICLE C.

WHEN INSPECTED, I DISCOVERED THAT VEHICLE B (SLH 8190 Y – HY ELANTRA) WHICH WAS BEHIND ME, HAD COLLIDED ONTO THE REAR OF MY TAXI.

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

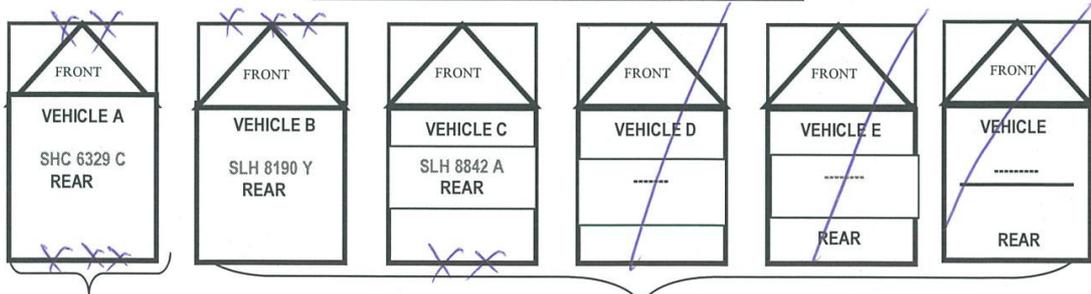
AMBULANCE & TRAFFIC POLICE CAME TO THE SCENE. PARAMEDICS CHECKED ON ALL DRIVERS (INCLUDING MYSELF) BUT NO ONE WAS CONVEYED TO THE HOSPITAL.

NO PASSENGERS ONBOARD OTHER VEHICLES.

*VIDEO FOOTAGE CAPTURED.

CHAIN COLLISION / MULTIPLE VEHICLES

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



PREMIER TAXI

THIRD PARTY VEHICLES

7016578

Driver's Signature & NRIC Number

Thursday, April 26, 2018 @ 10:24:42 AM

PREMIER TAXIS	HIRER / <u>RELIEF</u> / SUPER RELIEF
VEHICLE NO.	SHC 6329C
CONTACT NO.	9796 1358
NEW MAILING ADDRESS (if any)	

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7011657Z



Name
NEO CHEE KIONG
梁志强

Race
CHINESE

Date of birth
05-04-1970

Sex
M

Country of birth
SINGAPORE

S7011657Z

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S7011657Z

Name:
NEO CHEE KIONG

Birth Date: 05 Apr 1970

Issue Date: 16 Dec 2002




000617646E

4623446



NRIC No. S7011657Z



Date of issue
31-08-2010

APT BLK 208 TAMPINES STREET 21 #02-1433
SINGAPORE 520208

NRIC No: S7011657Z Date: 03/08/2015

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

CLASS	DESCRIPTION	PASS DATE
Class 2B	Motorcycles not exceeding 200 cc	22 Dec 1994
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	23 Feb 1996
Class 4	Heavy Motor Cars and Motor Tractors the weight of which exceeds 2500 kilograms	19 Dec 1996
Class 5	Motor Vehicles the weight of which unladen exceeds 2500 kilograms and which are not designed to carry any load and the weight of which unladen exceeds 7250 kilograms	22 Sep 1997

Licence No: S7011657Z



Land Transport Authority

VOCATIONAL LICENCE

Licence No : S7011657Z

Name : NEO CHEE KIONG

Issue Date : 24/3/2011

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



Accident Photo

