

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	25/04/2018 16:58
Date Of Accident	25/04/2018 16:00
Exact Location Of Accident	LOWER DELTA ROAD // JALAN BT MERAH
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD1093J
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	SIM PENG LIONG
NRIC No	S2511075G
Date Of Birth	14/05/1959
Occupation	OUTDOOR
Date Of Driving Pass	21/06/1982
Driving Experience	35 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91786143
Fax Number	
Contact Number	
E-Mail Address	NOEMAIL

Address	332 #02-04 UPPER EAST COAST ROAD
Postcode	466456
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - RELIEF DRIVER
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)	2
Passenger 1	NAME: : PAX IN THE REAR SEAT - CHINESE 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 - 1 PAX VEH. B - 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	SLN8314B
Vehicle Make/Model/Colour	HYUNDAI/WHITE
Details Of Properties	VEH. B
Vehicle Category	PRIVATE CAR
Name of Driver	KUMAR
NRIC/Passport Number	S7226317J
Contact Number	90280164
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

DETAILS OF INJURED PERSON 1

Name	SIM PENG LIONG - DRIVER OF VEH. A
Approximate Age	
Injuries Sustain	FELT UNWELL & WILL SEEK FOR MEDICAL TREATMENT
Injured person in which vehicle?	SHD1093J
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 2

Name	MS GOH - PAX IN VEH. A
Approximate Age	
Injuries Sustain	FELT UNWELL & WILL SEEK FOR MEDICAL TREATMENT
Injured person in which vehicle?	SHD1093J
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:

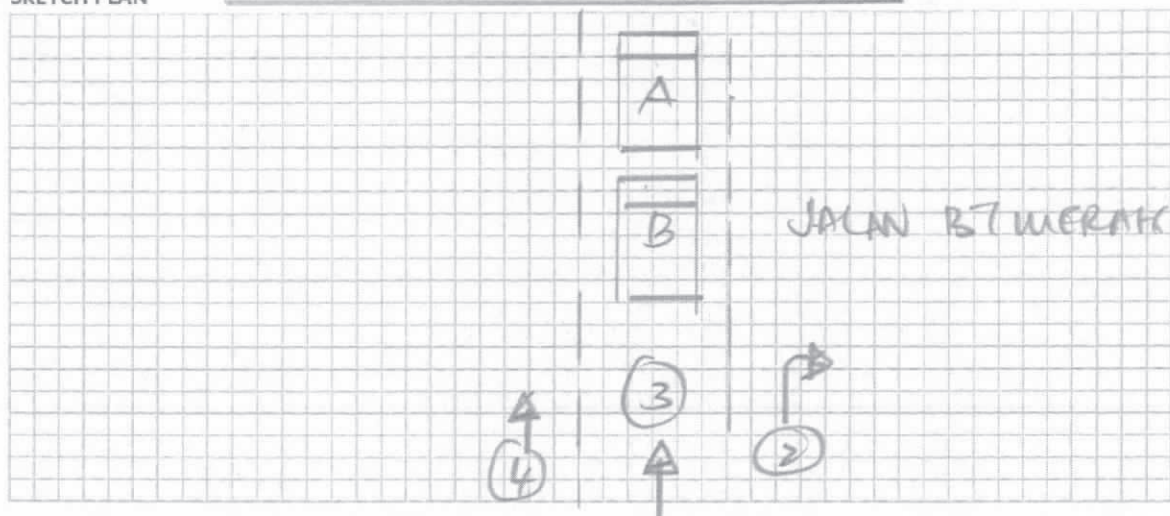
Driver's Signature
(If driver is not the policyholder)
Date & Time:

S25/10756

25 APR 2018

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

A: SHD 1093J

B: SLN 8314B

DECLARATION

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

25 APR 2018

Policyholder's Signature
Date & Time:



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

Date & Time:

SVS 1107567

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

NRIC/FIN No.:

Describe Circumstance of the Accident.

ON 25/04/2018 @ 1600 HRS, I WAS DRIVING MY TAXI (SHD 1093 J) TRAVELLING ALONG JALAN BT MERAH AT THE TRAFFIC LIGHT JUNCTION OF LOWER DELTA ROAD, IN LANE 3 WITH A PASSENGER ONBOARD.

I STOPPED MY TAXI AS TRAFFIC LIGHT TURNED AMBER.

WHILE STATIONARY, SUDDENLY I FELT AN IMPACT FROM THE REAR.

WHEN INSPECTED, I DISCOVERED THAT VEHICLE B (SLN 8314 B – HYUNDAI/WHITE) WHICH WAS BEHIND ME, HAD COLLIDED ONTO THE REAR OF MY TAXI.

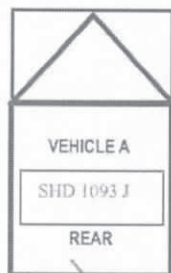
DUE TO THE IMPACT, MY TAXI HAD DAMAGES ON THE REAR PORTION AND VEHICLE B HAD DAMAGES ON THE FRONT PORTION.

AS A RESULT, BOTH MY PASSENGER & MYSELF FELT UNWELL & WILL SEEK FOR MEDICAL TREATMENT SOON.

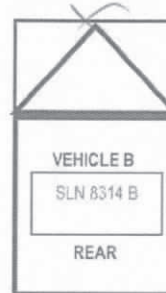
NO PASSENGERS ONBOARD VEHICLE B.

*VIDEO FOOTAGE CAPTURED.

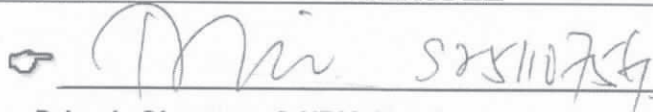
DAMAGES FOUND ON VEHICLE A & VEHICLE B



PREMIER
TAXI




THIRD PARTY
VEHICLE

 525110754

Driver's Signature & NRIC Number
Wednesday, April 25, 2018 @ 5:06:54 PM

(attended by )

 PREMIER TAXIS	HIRER / RELIEF / SUPER RELIEF
VEHICLE NO.	SHD 1093J
CONTACT NO.	9178 6143
NEW MAILING ADDRESS (if any)	/

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S2511075G



Name

SIM PENG LIONG

沈平龙

Race

CHINESE

Date of birth

14-05-1959

Sex

M

Country/Place of birth

MALAYSIA

S2511075G

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: S2511075G

Name

SIM PENG LIONG

Birth Date: 14 May 1959

Issue Date: 21 May 2003



5868740



NRIC No. S2511075G



Date of issue

08-02-2018

Address

332 UPPER EAST COAST ROAD
#02-04
SINGAPORE 466456

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

PASS DATE

Class 2B	Motorcycles not exceeding 200 cc	14 Jun 1984
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	21 Jun 1982

NP 428A



Licence No: S2511075G

Land Transport Authority

VOCATIONAL LICENCE

Licence No: S2511075G

Name: SIM PENG LIONG

Issue Date: 22/3/2014

Please visit www.lta.gov.sg to check the status of this vocational licence



Enquire Transaction History**Transaction History Details**

Log Date/Time:	04 Dec 2015 / 09:17:27	Receipt No.:	AACCK001-AX239-151204-000011
Asset Type:	Vehicle	Transaction Amount:	\$68,285.00
Asset ID:	SHD1093J	Channel:	AA Counterless - CYCLE & CARRIAGE KIA PTE LTD
Transaction Type:	01.02 Register New Vehicle (AA)		
Business Transaction Reference No.:	20151204091727582726		
Vehicle No.:	SHD1093J		
Vehicle Type:	H10 - Public Transport Taxi (Motor Car)		
Vehicle Attachment 1:	Air-Con (Taxi)		
Vehicle Attachment 2:	-		
Vehicle Attachment 3:	-		
Vehicle Scheme:	Taxi (Company)		
First Registration Date:	04 Dec 2015		
Original Registration Date:	04 Dec 2015		
Vehicle Make:	KIA		
Vehicle Model:	OPTIMA 1.7(A) DIESEL		
Chassis No.:	KNAGM414MF5642994		
Engine No.:	D4FDFH314204		
Motor No.:	-		
Trailer Chassis No.:	-		
Propellant:	Diesel		
Passenger Capacity:	4		
Engine Capacity:	1685		
Power Rating:	-		
Unladen Weight:	1584		
Maximum Laden Weight:	2050		
Primary Color:	Silver		
Secondary Color:	-		
Manufacturing Year:	2015		
Open Market Value:	\$21,913.00		
Minimum PARF Benefit:	\$13,607.00		
PARF Eligibility:	Y		
No. of Transfer:	0		
Effective Ownership Date/Time:	04 Dec 2015 09:17:27		
COE No.:	2015120401003357D		
COE Expiry Date:	03 Dec 2023		
COE Bid Category:	-		
Actual QP/PQP Paid Amount:	\$45,466.00		
Lifespan Expiry Date:	03 Dec 2023		