

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	09/05/2018 13:35
Date Of Accident	09/05/2018 12:10
Exact Location Of Accident	TAN TOCK SENG LINK BEFORE IRRAWADDY ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC6393R
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	NG CHEE ENG, BARNABAS
NRIC No	S7908195G
Date Of Birth	28/02/1979
Occupation	OUTDOOR
Date Of Driving Pass	31/10/2006
Driving Experience	11 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97250689
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 441C #11-333 FERNVALE ROAD
Postcode	793441
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	3
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

VEH. A & VEH. B - NO PAX VEH. C - SOME PAX ONBOARD

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 Witness 1

Name	MR JAMES - PASSERBY
Phone Number	
Email Address	

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	YP6494M
Vehicle Make/Model/Colour	LORRY
Details Of Properties	VEH. B
Vehicle Category	GOODS VEHICLE
Name of Driver	K GORDON
NRIC/Passport Number	S9128488Z
Contact Number	82303062
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	PC2321E
Vehicle Make/Model/Colour	MINI BUS
Details Of Properties	VEH. C
Vehicle Category	BUS
Name of Driver	YASEN BIN ISMAIL
NRIC/Passport Number	S1694302I

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage	DAMAGED ON THE REAR PORTION
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No. Of Passenger (Including Driver)	
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DETAILS OF INJURED PERSON 1

Name	NG CHEE ENG, BARNABAS - DRIVER OF VEH. A
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Approximate Age

Injuries Sustain	FELT SOME DISCOMFORT & WILL SEEK FOR MEDICAL TREATMENT IF NECESSARY
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Injured person in which vehicle?	SHC6393R
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Were seat belts worn?	YES
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Was this injured conveyed to hospital by ambulance?	NO
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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:

SHC6893R
09 MAY 2010
BT9081956
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

↑

WITNESS.

TAN TOCK SENG LINK

A

B

C

A: SHC 6393R

B: UP 6494M

C: PC 2321E

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

Signature

x ~~Frank~~ 379081956

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

Describe Circumstance of the Accident.

*** CHAIN COLLISION ***

ON 09/05/2018 @ 1210 HRS, I WAS DRIVING MY TAXI (SHC 6393 R) TRAVELLING ALONG TAN TOCK SENG LINK TOWARDS THE JUNCTION OF IRRAWADDY ROAD – ON A SINGLE LANE OF DUAL CARRIAGE WAY.

I STOPPED MY TAXI AS VEHICLE C (PC 2321 E – BUS) WHICH WAS IN FRONT OF ME STOPPED.

WHILE STATIONARY FOR A FEW SECONDS, 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 (YP 6494 M – LORRY) 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.

AS A RESULT I FELT SOME DISCOMFORT & WILL SEEK FOR MEDICAL TREATMENT IF NECESSARY. NO AMBULANCE AT SCENE.

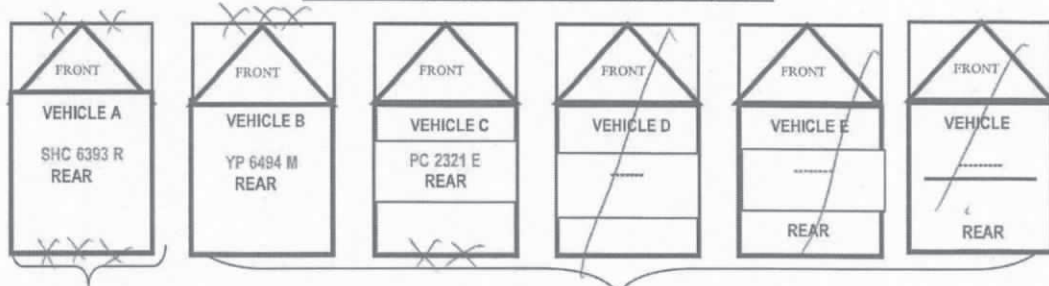
MR JAMES – A PASSERBY, WHOM WAS STANDING ALONG THE PAVEMENT (ON MY LEFT), WILLING TO BE MY EYE WITNESS.

NO PASSENGERS ONBOARD MY TAXI & VEHICLE B. VEHICLE C HAD SOME PASSENGERS ONBOARD.

*VIDEO FOOTAGE CAPTURED AND SCENE PHOTOS TAKEN.

CHAIN COLLISION / MULTIPLE VEHICLES

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



PREMIER TAXI

THIRD PARTY VEHICLES

[Signature]
Driver's Signature & NRIC Number

Text size + -

Enquire Transaction History**Transaction History Details**

Log Date/Time:	27 Feb 2015 / 09:51:31	Receipt No.:	AACCK001-AX239-150227-000018
Asset Type:	Vehicle	Transaction Amount:	\$66,712.00
Asset ID:	SHC6393R	Channel:	AA Counterless - CYCLE & CARRIAGE KIA PTE LTD
Transaction Type:	01.02 Register New Vehicle (AA)		
Business Transaction Reference No.:	20150227095131377104		

Vehicle No.:	SHC6393R
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:	27 Feb 2015
Original Registration Date:	27 Feb 2015
Vehicle Make:	KIA
Vehicle Model:.....	OPTIMA.1.7(A) DIESEL.....
Chassis No.:	KNAGM414MF5578217
Engine No.:	D4FDEH313308.
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:	2014
Open Market Value:	\$20,834.00
Minimum PARF Benefit:	\$8,200.00
PARF Eligibility:	Y
No. of Transfer:	0
Effective Ownership Date/Time:	27 Feb 2015 09:51:31
COE No.:	2015022701001626W
COE Expiry Date:	26 Feb 2023
COE Bid Category:	-
Actual QP/PQP Paid Amount:	\$52,904.00
Lifespan Expiry Date:	26 Feb 2023