

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	11/05/2018 15:30
Date Of Accident	11/05/2018 11:30
Exact Location Of Accident	PENJURU ROAD // JALAN BUROH
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC6212E
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 BEE HOON
NRIC No	S0057576C
Date Of Birth	17/02/1950
Occupation	OUTDOOR
Date Of Driving Pass	19/10/1989
Driving Experience	28 YEARS AND 6 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-98304921
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 143 #10-416 TAMPINES ST 12
Postcode	520143
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 - 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)	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

BOTH VEHICLES - 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	XE341E
Vehicle Make/Model/Colour	TRUCK
Details Of Properties	VEH/ B
Vehicle Category	GOODS VEHICLE
Name of Driver	CHONG MIN SENG
NRIC/Passport Number	S7883052B
Contact Number	97290783
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	RAILINGS
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Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

GOVERNMENT

Name of Driver

RAILINGS - DAMAGED

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

NEO BEE HOON - DRIVER OF VEH. A

Approximate Age

Injuries Sustain

FELT SOME DISCOMFORT & WILL SEEK FOR MEDICAL TREATMENT
SOON

Injured person in which vehicle?

SHC6212E

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.

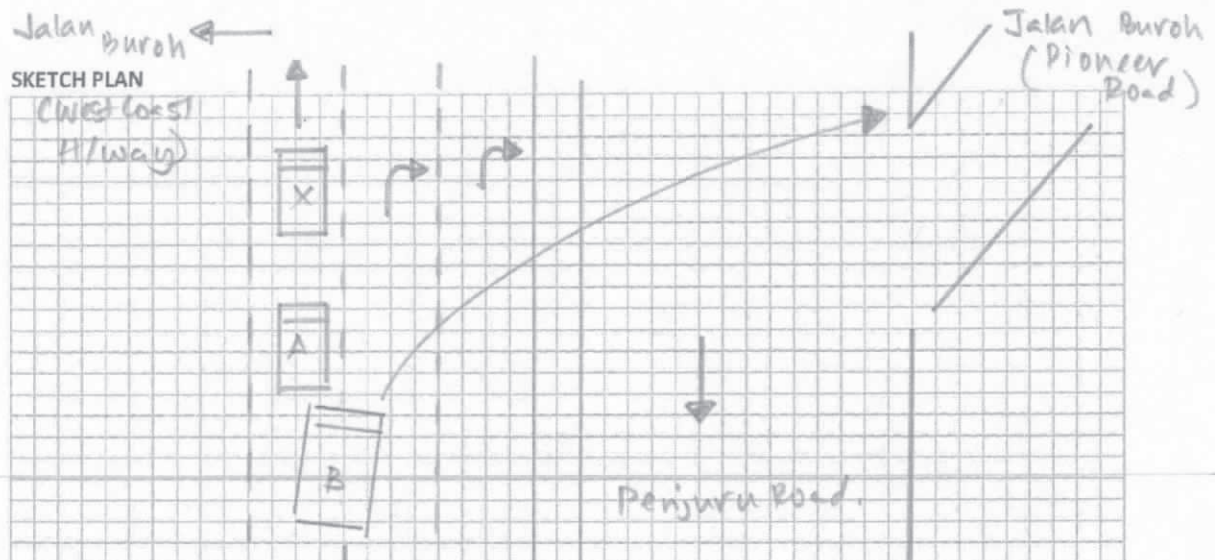


Policyholder's Signature
Date & Time:

11 MAY 2018
Driver's Signature SHC 6212E
(If driver is not the policyholder)
Date & Time:

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

Sketch Plan Pg. 2



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

A: SHC6212-E

B. XE 341E

* AS ATTACHED STATEMENT.

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:

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

11 MAY 2018

2

Describe Circumstance of the Accident.

ON 11/05/2018 @ 1130HRS, I WAS DRIVING MY TAXI (SHC 6212 E)
TRAVELLING ALONG PENJURU ROAD AT THE TRAFFIC LIGHT JUNCTION OF JALAN
BUROH (PIONEER ROAD & WEST COST H/WAY) IN LANE 3.

I STOPPED MY TAXI AS VEHICLES AHEAD OF ME STOPPED – DUE TO RED TRAFFIC
LIGHT.

WHILE STATIONARY FOR ALMOST A MINUTE, SUDDENLY I FELT AN IMPACT FROM
THE REAR.

WHEN INSPECTED, I DISCOVERED THAT VEHICLE B (XE 341 E – TRUCK)
WHICH WAS APPROACHING FROM THE REAR, FAILED TO STOP IN TIME – HAD
COLLIDED ONTO THE REAR RIGHT OF MY TAXI, IMPACT FORCED VEHICLE B – TO
SWERVE TO THE RIGHT & HIT ONTO THE GREEN RAILINGS BEFORE STOPPING INTO
OPPOSITE DIRECTIONS LANE.

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

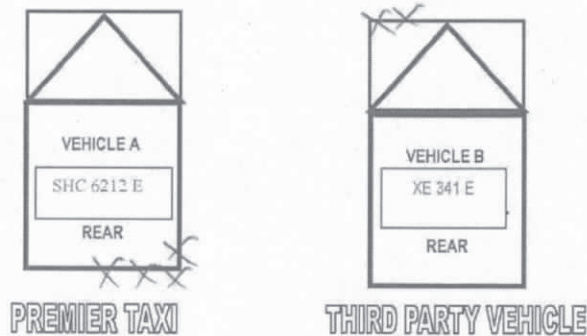
* RAILINGS DAMAGED AS WELL

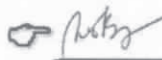
AS A RESULT, I FELT SOME DISCOMFORT AND SHOCKED, WILL SEEK FOR MEDICAL
TREATMENT SOON. NO AMBULANCE AT SCENE.


NO PASSENGERS ONBOARD BOTH VEHICLES.

*VIDEO FOOTAGE CAPTURED.

DAMAGES FOUND ON VEHICLE A & VEHICLE B



 50057576/C
Driver's Signature & NRIC Number
@ 3:43:23 PM

(attended by )

Text size + -

Enquire Transaction History**Transaction History Details**

Log Date/Time:	03 Oct 2014 / 09:07:11	Receipt No.:	AACCK001-AX239-141003-000007
Asset Type:	Vehicle	Transaction Amount:	\$63,304.00
Asset ID:	SHC6212E	Channel:	AA Counterless - CYCLE & CARRIAGE KIA PTE LTD
Transaction Type:	01.02 Register New Vehicle (AA)		
Business Transaction Reference No.:	20141003090711276360		
Vehicle No.:	SHC6212E		
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:	03 Oct 2014		
Original Registration Date:	03 Oct 2014		
Vehicle Make:	KIA		
Vehicle Model:	OPTIMA 1.7(A) DIESEL		
Chassis No.:	KNAGM414ME5468961		
Engine No.:	D4FDDH309756		
Motor No.:	-		
Trailer Chassis No.:	-		
Propellant:	Diesel		
Passenger Capacity:	4		
Engine Capacity:	1685		
Power Rating:	-		
<hr/>			
Unladen Weight:	1584		
Maximum Laden Weight:	2050		
Primary Color:	Silver		
Secondary Color:	-		
Manufacturing Year:	2013		
Open Market Value:	\$19,726.00		
Minimum PARF Benefit:	\$7,335.00		
PARF Eligibility:	Y		
No. of Transfer:	0		
Effective Ownership Date/Time:	03 Oct 2014 09:07:11		
COE No.:	2014100301001153G		
COE Expiry Date:	02 Oct 2022		
COE Bid Category:	-		
Actual QP/PQP Paid Amount:	\$50,938.00		
Lifespan Expiry Date:	02 Oct 2022		
Owner ID Type:	Company		