

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	14/05/2018 10:48
Date Of Accident	12/05/2018 01:40
Exact Location Of Accident	HOUGANG AVE 3 // TAMPINES ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC6977G
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	HARDAVE SINGH S/O GURCHARAN SINGH
NRIC No	S7017659I
Date Of Birth	13/04/1970
Occupation	OUTDOOR
Date Of Driving Pass	03/10/1995
Driving Experience	22 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90584016
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 286 #10-181 TAMPINES ST 22
Postcode	520286
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 - CROSS JUNCTION
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
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: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	BOON TECK NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 207 TOA PAYOH NORTH , POSTCODE: 310207 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2549999 - FAX NO: 63554310
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

VEH. A - 1 PAX VEH. B - 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	SHA2720S
Vehicle Make/Model/Colour	COMFORT TAXI/TOYOTA PRIUS
Details Of Properties	VEH. B
Vehicle Category	TAXI
Name of Driver	LOW PENG SUM
NRIC/Passport Number	S1046916C
Contact Number	91885438
Address	

Postcode

Insurance Company Name

Nature Of Damage

DAMAGED ON THE FRONT PORTION

No. Of Passenger (Including Driver)

1

DETAILS OF INJURED PERSON 1

Name

HARDAVE SINGH S/O GURCHARAN SINGH - DRIVER OF VEH. A

Approximate Age

Injuries Sustain

FELT SOME DISCOMFORT, WENT TO CLINIC & HAD 5 DAYS MC

Injured person in which vehicle?

SHC6977G

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

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.:

x *ST0176591*

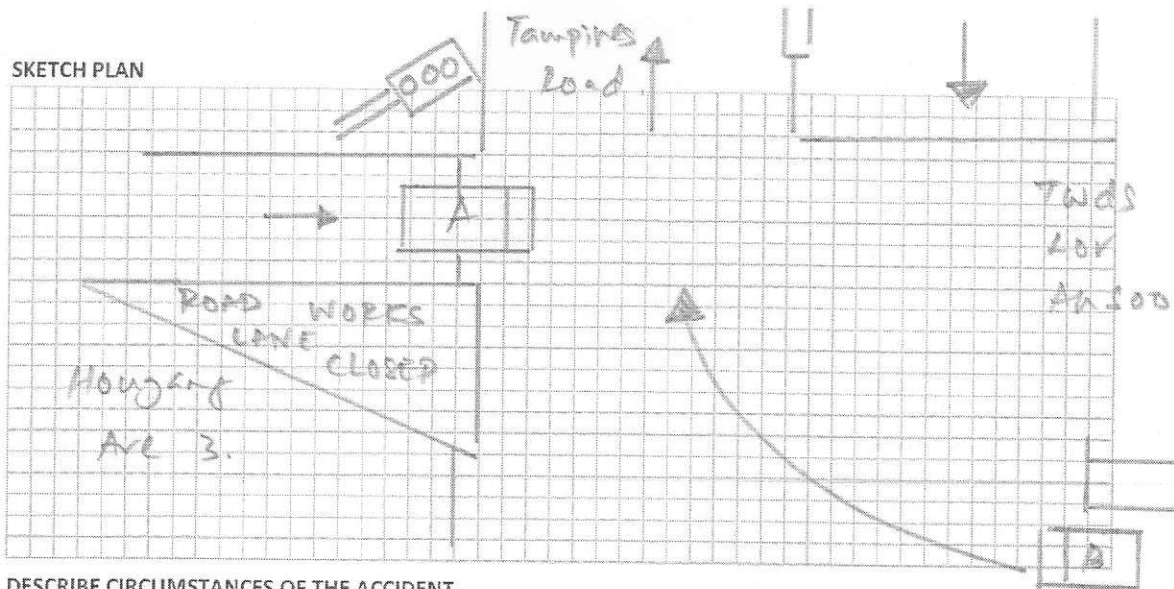
14 MAY 2013

[Signature]

SHC69776

Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

A: SHC 69776

B: SHA 27205

* Refer to attach police report

* video footage captured

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.:

Sketch Plan Pg. 3



**SINGAPORE
POLICE FORCE**



T/20180512/2080

Police Station Of Origin:
Boon Teck NPP
207 Toa Payoh North #01-1231 SINGAPORE
310207
Tel No: 1800-2549999

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Report No. T/20180512/2080

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 12/05/2018 14:18		Vide Report No.:		Station Diary No.: 14
Informant's Particulars				
Name of Informant: HARDAVE SINGH S/O GURCHARAN SINGH		Address: APT BLK 286 TAMPINES STREET 22 #10-181 SINGAPORE 520286		
ID Type / ID No.: NRIC NO / S7017659I		Contact No.: Home/Office: Mobile: 90584016		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 48	Date of Birth: 13/04/1970	Type of Informant: Driver	
Race: Sikh		Language: English	Institution / School Name:	
Occupation: Taxi driver		Driving Licence Information: Class: 2B,2A,3 Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 12/05/2018 01:45	Type of Location: X-Junction
Location: Junction of Road 1 and Road 2 HOUGANG AVENUE 3 TAMPINES ROAD ALONG HOUGANG AVENUE 3 TOWARDS THE DIRECTION OF LORONG AH SOO				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control: Traffic Light - Working	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head On			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHA2720S	Car	TOYOTA	PRIUS		Seriously Damaged	0
SHC6977G	Car	KIA	OPTIMA	Silver	Seriously Damaged	1

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



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Report No. T/20180512/2080

CONTINUATION OF REPORT

Driver			
Name	LOW PENG SUM		ID No. S1046916C
Related Vehicle	SHA2720S (Car)		Contact No. 91885438
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	HARDAVE SINGH S/O GURCHARAN SINGH		ID No. S7017659I
Related Vehicle	SHC6977G (Car)		Contact No. 90584016
Hospital/Clinic	HORIZON MEDICAL CENTRE		Class of Driving Licence & Expiry Date Class: 2B,2A,3 Date of Expiry: NIL
Date Treatment	12/05/2018	Date Discharge	NIL
No. of Days granted Medical Leave	05	Degree of Injury	Slight
Passenger			
Name	MALE CHINESE PASSENGER		ID No. -
Related Vehicle	SHC6977G (Car)		Contact No. -
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 12/05/2018 at about 1.45am, I was driving my taxi (SHC6977G) along Hougang Avenue 3 towards the direction of Lorong Ah Soo. While my taxi crossed the junction of Tampines Road, I saw a ComfortDelgro taxi (SHA2720S) from the opposite traffic making a right turn. I tried to slow down but the other taxi moved forward and both of us were caught in a collision. My taxi's front right bumper was hit by the other taxi's front center bumper. Due to the impact, my right bumper was scratched and dented and has to be towed away. The other taxi's front bumper was dislodged and dropped on the road.

At that point of time, I have a male passenger and he informed that he was not injured. I wish to state that the traffic was in my favour at that point of time. I visited the clinic and was given 5 days of medical leave. My taxi has an in-built car camera and will only be retrievable by my taxi company (Premier Cab).



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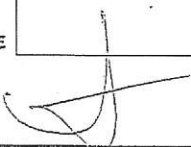
Report No. T/20180512/2080

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: E / Staff Sgt NGOO TSE EE	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 12/05/2018 14:18
Officer In Charge Of Case: TP / AEIT / Sgt 2 YEO KIA HUAT Contact No.: 65476325	Classification Of Case:
Authentication Stamp NP168	 SINGAPORE POLICE FORCE
	 SN 062 SIGNATURE