

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	14/06/2018 09:26
Date Of Accident	14/06/2018 08:05
Exact Location Of Accident	TPE (CHANGI)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD1212H
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	HYUNDAI
Model	I30 (FD)-1.6 DOHC (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	SHEN XUMING
NRIC No	S8233041J
Date Of Birth	05/10/1982
Occupation	OUTDOOR
Date Of Driving Pass	17/12/2007
Driving Experience	10 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94566368
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLOCK 122 BEDOK NORTH STREET 2 #11-106
Postcode	460122
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	
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)	2
Passenger 1	NAME: : MR GOH GENDER: : MALE

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 - 1 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	SLT3927J
Vehicle Make/Model/Colour	HONDA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	ABDUL KARIM BIN SADALI
NRIC/Passport Number	S7936690J
Contact Number	8146 8144
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan

SKETCH PLAN

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8. **Consent under the Personal Data Protection Act (PDPA)**

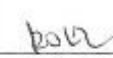
I understand, acknowledge, agree and consent that:

- (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.



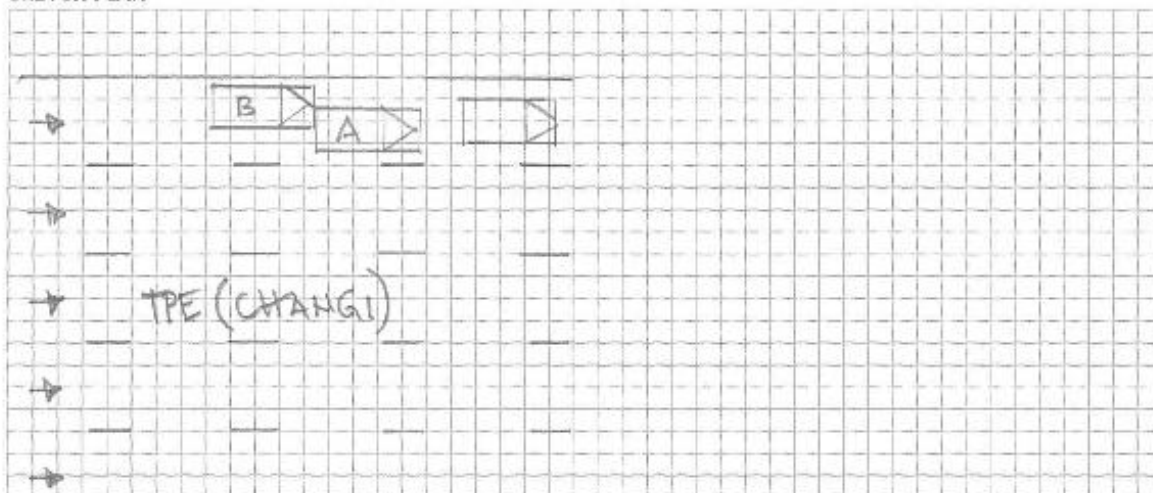
Policyholder's Signature
Date & Time:


582330415
Driver's Signature
(If driver is not the policyholder)
Date & Time:


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

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

A: SM1212 H

B: SLT 3927 J

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.:

Individual Statement

Describe Circumstance of the Accident.

ON 14/06/2018 @ 00805 HRS, I WAS DRIVING MY TAXI (SHD 1212 H) – TRAVELLING ALONG TPE (CHANGI) AT IN EXTREME LEFT LANE WITH A PASSENGER ONBOARD.

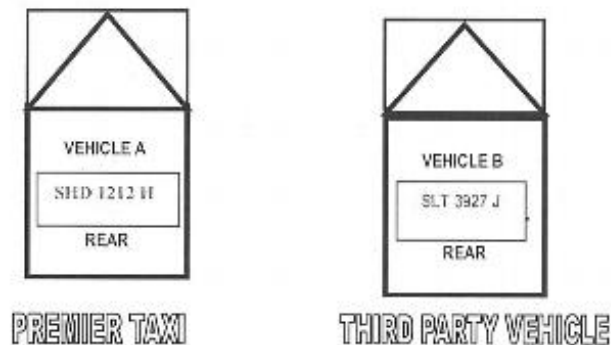
WHILE TRAVELING, VEHICLE IN FRONT OF ME SUDDENLY JAMMED BRAKE THEN I IMMEDIATELY FOLLOWED SUIT THEN SUDDENLY I FELT AN IMPACT FROM THE REAR. VEHICLE B (SLT 3927 J – HONDA) COLLIDED ONTO MY TAXI.


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

NO INJURY.

MY TAXI HAVE ONE PASSENGERS ONBOARD AND VEHICLE B ONE PAX.

DAMAGES FOUND ON VEHICLE A & VEHICLE B



 582330415
Driver's Signature & NRIC Number
Thursday, June 14, 2018 @ 9:33:15 AM

(attended by)

IDENTIFICATION CARD


License Number: S8233041J

Name: SHEN XUMING

Birth Date: 05 Oct 1982

Issue Date: 17 Dec 2007

001562501H

Land Transport  Authority

VOCATIONAL LICENCE

Licence No. **S8233041J**

Name **SHEN XUMING**

Issue Date **24/4/2014**

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

The image shows a sample of a British Columbia Driver's License Class 3 card. The card has a light blue background with a subtle pattern. At the top, it reads "YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES". Below this, there are two fields: "CLASS" and "PASS DATE". The "CLASS" field contains the text "Class 3 Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver, and other motor vehicles <= 2500kg". The "PASS DATE" field contains the date "17 Dec 2007". In the bottom right corner, there is a barcode and the text "Licence No: S8233041J". In the bottom left corner, there is a small number "SP-426A".

4 43 559



WFO No. S8233041J



Date of issue
13-02-2013

Address
APT BLK 122 BEDOK NORTH STREET 2
#11-108
SINGAPORE 460122

Type	Description	Issue Date
02	TAXI VL	24/04/2014

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

