

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	02/07/2018 11:58
Date Of Accident	30/06/2018 09:20
Exact Location Of Accident	QUEENSWAY - PORTSDOWN / COMMONWEALTH
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC6802C
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	KOH SZE HOW
NRIC No	S7931988J
Date Of Birth	11/10/1979
Occupation	OUTDOOR
Date Of Driving Pass	20/12/2000
Driving Experience	17 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91789596
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 93A #05-159 TELOK BLANGAH ST 31
Postcode	101093
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?	YES
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	AYER RAJAH NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 43 TEBAN GARDENS ROAD , POSTCODE: 600043 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-5659999 - FAX NO: 66655790
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

VEH. A - 1 PAX VEH. B - 6 PAX/FOREIGN WORKERS VEH. C - 1 PAX/FOREIGN WORKERS

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	GBH2216R
Vehicle Make/Model/Colour	TOYOTA LORRY
Details Of Properties	VEH. B
Vehicle Category	GOODS VEHICLE
Name of Driver	AHMED FOYEZ
NRIC/Passport Number	G6838014L
Contact Number	
Address	

Postcode
Insurance Company Name
Nature Of Damage DAMAGED ON THE FRONT & REAR
No. Of Passenger (Including Driver) 7

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number GT7494Z
Vehicle Make/Model/Colour TOYOTA VAN
Details Of Properties VEH. C
Vehicle Category COMMERCIAL VEHICLE
Name of Driver YE HTET AUNG
NRIC/Passport Number G8182339T
Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage DAMAGED ON THE FRONT PORTION
No. Of Passenger (Including Driver) 2

DETAILS OF INJURED PERSON 1

Name MALE PAX IN VEH. B

Approximate Age

Injuries Sustain

Injured person in which vehicle? GBH2216R

Were seat belts worn? NO

Was this injured conveyed to hospital by ambulance? YES

Address

Postcode

DETAILS OF INJURED PERSON 2

Name MALE PAX IN VEH. B

Approximate Age

Injuries Sustain

Injured person in which vehicle? GBH2216R

Were seat belts worn? NO

Was this injured conveyed to hospital by ambulance? YES

Address

Postcode

DETAILS OF INJURED PERSON 3

Name MALE PAX IN VEH. B

Approximate Age

Injuries Sustain

Injured person in which vehicle? GBH2216R

Were seat belts worn? NO

Was this injured conveyed to hospital by ambulance? YES

Address

Postcode

DETAILS OF INJURED PERSON 4

Name MALE PAX IN VEH. B

Approximate Age

Injuries Sustain

Injured person in which vehicle?

GBH2216R

Were seat belts worn?

NO

Was this injured conveyed to hospital by ambulance?

YES

Address

Postcode

DETAILS OF INJURED PERSON 5

Name

YE HTET AUNG - DRIVER OF VEH. C

Approximate Age

Injuries Sustain

Injured person in which vehicle?

GT7494Z

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

YES

Address

Postcode

SKETCH PLAN

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 liability.
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. The 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 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.:

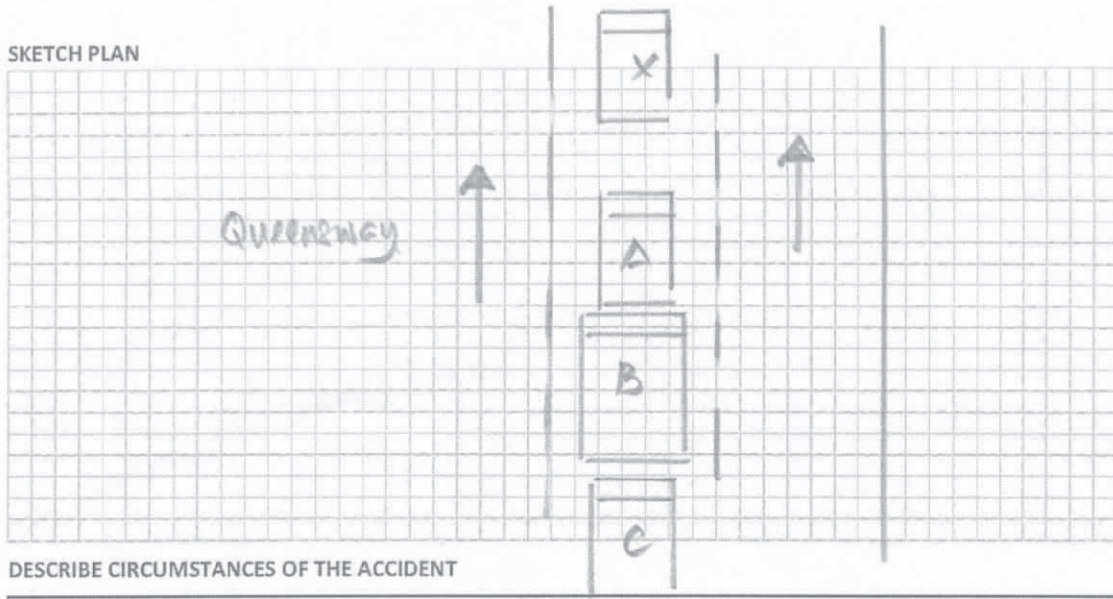
\$7931988J

SHC6802C

- 2 JUL 2018

Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

A: SHC 6802C

B: GBH 2216R

C: GT 7494Z

+ 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:

[Signature] 5793/988J

- 2 JUL 2018

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

[Signature]



**SINGAPORE
POLICE FORCE**



T/20180630/2058

1 of 3

Police Station Of Origin:
Ayer Rajah NPP
43 Teban Gardens Road #01-388
SINGAPORE 600043
Tel No: 1800-5659999

Report No. T/20180630/2058

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 30/06/2018 12:27	Vide Report No.: E/20180630/0088	Station Diary No.: 12
--	-------------------------------------	--------------------------

Informant's Particulars			
Name of Informant: KOH SZE HOW		Address: APT BLK 93A TELOK BLANGAH STREET 31 #05-159 SINGAPORE 101093	
ID Type / ID No.: NRIC NO / S7931988J		Contact No.: Home/Office: Mobile: 91789596	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 38	Date of Birth: 11/10/1979	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: Taxi driver		Driving Licence Information: Class: 3 Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury: Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 30/06/2018 09:20	Type of Location: Straight Road
Location: Along Road 1 Traveling Toward Road 2 QUEENSWAY PORTSDOWN AVENUE				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBH2216R	Lorry				Slightly Damaged	4
GT7494Z	Van				Slightly Damaged	1
SHC6802C	Car				Slightly Damaged	1



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Ayer Rajah NPP
43 Teban Gardens Road #01-388
SINGAPORE 600043
Tel No: 1800-5659999



T/20180630/2058

3 of 3

Report No. T/20180630/2058

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:

D /

Sgt 1 KOH WEI YANG

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:

TP / GIT /

Staff Sgt YAN MINGSHENG DANIEL

Contact No: 65476252

Authentication Stamp
NP168

SINGAPORE
POLICE FORCE

SN 35

SIGNATURE

Signature Of Informant:

Date/Time:

30/06/2018 12:27

Classification Of Case:

Text size + -

Enquire Transaction History**Transaction History Details**

Log Date/Time:	14 Jul 2015 / 08:35:45	Receipt No.:	AACCK001-AX239-150714-000015
Asset Type:	Vehicle	Transaction Amount:	\$75,425.00
Asset ID:	SHC6802C	Channel:	AA Counterless - CYCLE & CARRIAGE KIA PTE LTD
Transaction Type:	01.02 Register New Vehicle (AA)		
Business Transaction Reference No.:	20150714083545071899		
Vehicle No.:	SHC6802C		
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:	14 Jul 2015		
Original Registration Date:	14 Jul 2015		
Vehicle Make:	KIA		
Vehicle Model:	OPTIMA 1.7(A) DIESEL		
Chassis No.:	KNAGM414MF5593926		
Engine No.:	D4FDEH313550		
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:	\$21,629.00		
Minimum PARF Benefit:	\$13,368.00		
PARF Eligibility:	Y		
No. of Transfer:	0		
Effective Ownership Date/Time:	14 Jul 2015 08:35:45		
COE No.:	2015071401002893R		
COE Expiry Date:	13 Jul 2023		
COE Bid Category:	-		
Actual QP/PQP Paid Amount:	\$53,004.00		
Lifespan Expiry Date:	13 Jul 2023		