

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	06/08/2018 09:16
Date Of Accident	05/08/2018 13:00
Exact Location Of Accident	FARRER ROAD TWDS LORNIE ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB8957G
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	KASSIM BIN JUSI
NRIC No	S0647495J
Date Of Birth	13/01/1950
Occupation	OUTDOOR
Date Of Driving Pass	12/05/1976
Driving Experience	42 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96375263
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 121 #02-2803 PAYA LEBAR WAY
Postcode	381121
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?	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)	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 - 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	SJP7134Z
Vehicle Make/Model/Colour	TOYOTA VIOS
Details Of Properties	VEH. B
Vehicle Category	PRIVATE CAR
Name of Driver	ANG JUN HAO
NRIC/Passport Number	S8326968E
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	DAMAGED ON THE FRONT & REAR
No. Of Passenger (Including Driver)	5

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SJG9211T
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Vehicle Make/Model/Colour	MITSUBISHI LANCER/BLACK
Details Of Properties	VEH. C
Vehicle Category	PRIVATE CAR
Name of Driver	CHEE YING LIN
NRIC/Passport Number	S1515412H
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	DAMAGED ON THE FRONT PORTION
No. Of Passenger (Including Driver)	2

Sketch Plan Pg. 1

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:

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

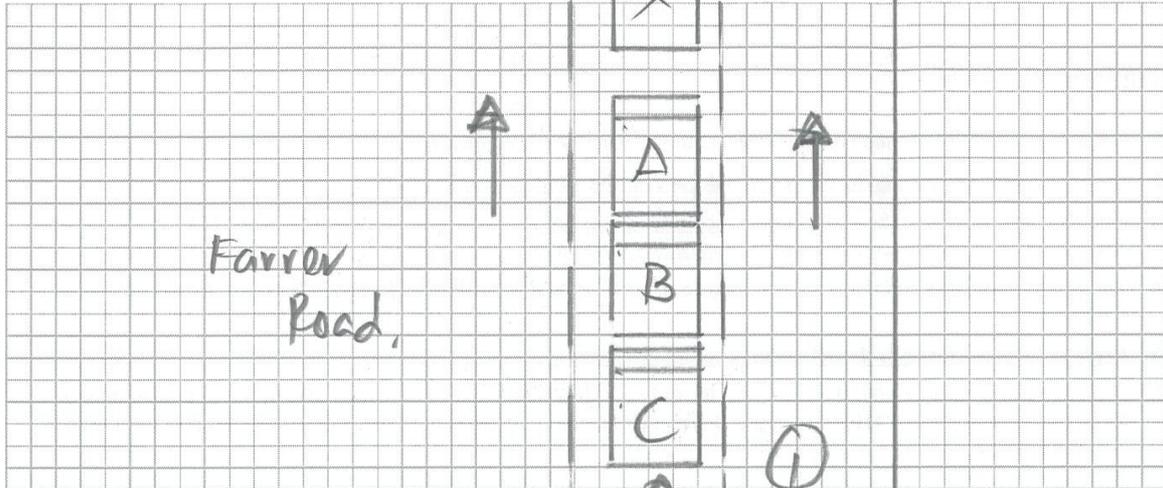
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

X 0647495/J
L 8957 G

06 AUG 2018

Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

A: SHB8957G
 B: SJP 7134Z
 C: SJG 9211T.

DECLARATION

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

06 AUG 2018

Policyholder's Signature
 Date & Time:



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

[Handwritten signature]

0647495 / J

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

[Handwritten signature]

Describe Circumstance of the Accident.

*** CHAIN COLLISION ***

ON 05/08/2018 @ 1300 HRS, I WAS DRIVING MY TAXI (SHB 8957 G) TRAVELLING ALONG FARRER ROAD TOWARDS LORNIE ROAD, IN LANE 2.

I STOPPED MY TAXI AS VEHICLES AHEAD STOPPED.

WHILE STATIONARY, SUDDENLY I FELT AN IMPACT FROM THE REAR.

WHEN INSPECTED, I DISCOVERED THAT VEHICLE B (SJP 7134 Z – TOYOTA VIOS) WHICH WAS BEHIND ME, HAD COLLIDED ONTO THE REAR OF MY TAXI AND VEHICLE C (SJG 9211 T – MITSUBISHI LANCER) WHICH WAS BEHIND VEHICLE B, WAS INVOLVED IN THE COLLISION AS WELL.

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

NO INJURY INVOLVED.

NO PASSENGERS ONBOARD MY TAXI.

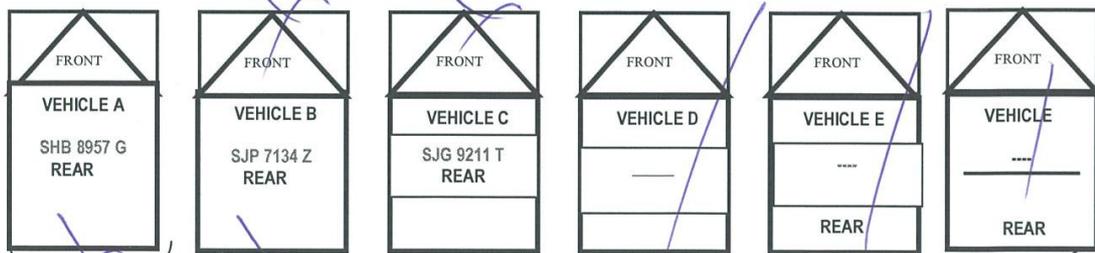
VEHICLE B HAD 4 PASSENGERS ONBOARD (INCLUDING 2 CHILDREN ONBOARD)

VEHICLE C HAD A PASSENGER ONBOARD.

*VIDEO FOOTAGE CAPTURED.

CHAIN COLLISION / MULTIPLE VEHICLES

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



PREMIER TAXI

THIRD PARTY VEHICLES

[Handwritten Signature] 064749515

Driver's Signature & NRIC Number
Monday, August 06, 2018 @ 9:29:05 AM

Sketch Plan Pg. 4

PREMIER TAXIS	HIRER / RELIEF / SUPER RELIEF
VEHICLE NO.	SHB 89576
CONTACT NO.	9637 5263
NEW MAILING ADDRESS (if any)	/

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S0647495J



Name
KASSIM BIN JUSI
قاسم بن جوسي

Race
BOYANESE

Date of birth
13-01-1950

Country/Place of birth
SINGAPORE

Sex
M

5341121

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S0647495J
Name:
KASSIM BIN JUSI

Birth Date: 13 Jan 1950
Issue Date: 18 Dec 2002

000047730J

5341121



NRIC No. S0647495J



Date of issue
09-09-2015

Address
APT BLK 121 PAYA LEBAR WAY
#02-2803
SINGAPORE 381121

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(E)

Class	Description	PASS DATE
Class 2B	MOTORCYCLES NOT EXCEEDING 200 CC	16 Dec 1975
Class 2A	MOTORCYCLES BETWEEN 201 CC AND 400 CC	16 Dec 1975
Class 2	MOTORCYCLES EXCEEDING 400 CC	16 Dec 1975
Class 3	MOTOR CARS AND MOTOR TRACTORS THE WEIGHT OF WHICH UNLADEN DOES NOT EXCEED 2500 KILOGRAMS	12 May 1976

S/ No. 9000230100

NP 428A

Licence No: S0647495J

Land Transport Authority

VOCATIONAL LICENCE

Licence No : S0647495J
Name : KASSIM BIN JUSI
Issue Date : 25/6/2011

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

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

