MPAS18106434 / Premier Automotive Services Pte Ltd - HQ
ENTRY DATE & TIME: 17/08/2018 11:29
SUBMITTED BY: ARINAWATI BINTE AMAT

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 witholding 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	17/08/2018 11:29
Date Of Accident	16/08/2018 14:00
Exact Location Of Accident	AYE - TUAS (BEFORE PORTSDOWN ROAD EXIT)
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SHC6015H
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	5095103863
Cover Note Number	
Driver	
Name of Driver	MUHAMMAD TAIB BIN ABDUL RAHMAN
NRIC No	S8101121D
Date Of Birth	08/01/1981
Occupation	OUTDOOR
Date Of Driving Pass	11/02/2009
Driving Experience	9 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-86065994
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 409 #02-909 JURONG WEST ST 42
Postcode	640409
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	4
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: : PAX IN THE REAR SEAT - FOREIGNER/JAPANESE 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 VEH. C - 4 PAX VEH. D - 1 PAX (CHILD)

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	SLQ5998G
Vehicle Make/Model/Colour	JAGUAR - WHITE
Details Of Properties	VEH. B
Vehicle Category	PRIVATE CAR
Name of Driver	TEE KIAN THION
NRIC/Passport Number	S7679696C
Contact Number	97883566
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	2

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SHD3494Y
Vehicle Make/Model/Colour	COMFORT TAXI
Details Of Properties	VEH. C
Vehicle Category	TAXI
Name of Driver	SEAH HOCK GUAN
NRIC/Passport Number	S1556167Z
Contact Number	82187723
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	5

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	SKA5985P
Vehicle Make/Model/Colour	M/BENZ
Details Of Properties	VEH. D
Vehicle Category	PRIVATE CAR
Name of Driver	MS NG SIEW HUI
NRIC/Passport Number	S7525960C
Contact Number	97284858
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	2

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:

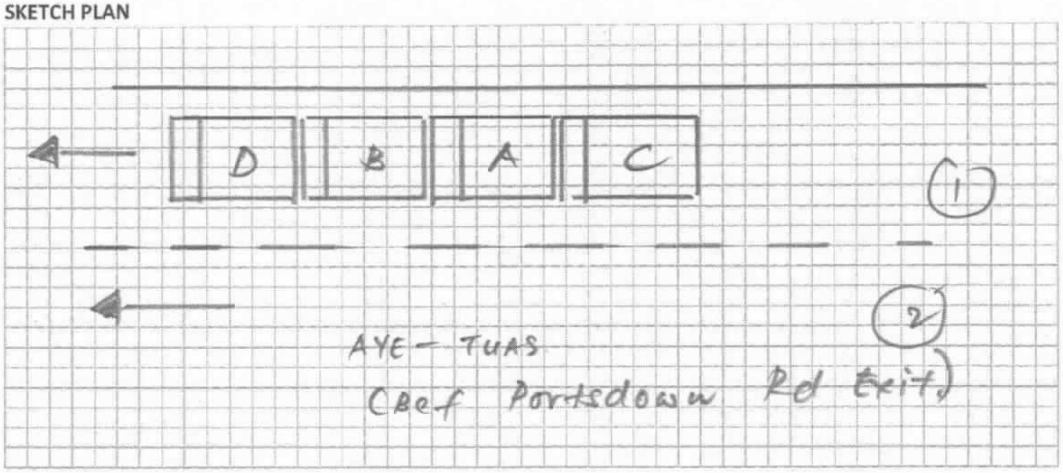
   (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or

   (ii) for complying with requirements under any regulations, laws or court orders.

17 AUG 2018

Policyholder's Signature Date & Time:	Driver's Signature (If driver is not the policyholder) S6810112D Date & Time: 5HC6055H	Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

A: SHC 6015H

B: SLQ 5998G

C: SHD 3H94Y

D: SKA 5985P.

DECLARATION

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

17 AUG 2018

Policyholder's Signature Date & Time:	Driver's Signature (If driver is not the policyholder) Date & Time: S8101112 I	Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

Describe Circumstance of the Accident.

*** CHAIN COLLISION ***

ON *16/08/2018 @ 1400 HRS*, I WAS DRIVING MY TAXI (*SHC 6015 H*) TRAVELLING ALONG AYE – TUAS (BEFORE PORTSDOWN ROAD EXIT) WITH A PASSENGER ONBOARD, IN LANE 1.

WHILE MOVING AHEAD, VEHICLE B (SLQ 5998 G- JAGUAR /WHITE) WHICH WAS IN FRONT OF ME, MADE A SUDDEN BRAKE & STOPPED. UPON SEEING IT, I IMMEDIATELY APPLIED MY BRAKES BUT WAS UNABLE TO STOP IN TIME – THUS COLLIDED ONTO THE REAR OF VEHICLE B. SUBSEQUENTLY I FELT AN IMPACT FROM THE REAR AND DUE TO THE GREAT IMPACT, IT CAUSED MY TAXI TO SURGE FORWARD & COLLIDED ONTO THE REAR OF VEHICLE B AGAIN.

WHEN INSPECTED, I DISCOVERED THAT VEHICLE C (SHD 3494 Y – COMFORT TAXI) WHICH WAS BEHIND ME, HAD COLLIDED ONTO THE REAR OF MY TAXI AND VEHICLE D (SKA 5985 P – M/BENZ) WHICH WAS AHEAD OF VEHICLE B, WAS INVOLVED IN THE COLLISION AS WELL.

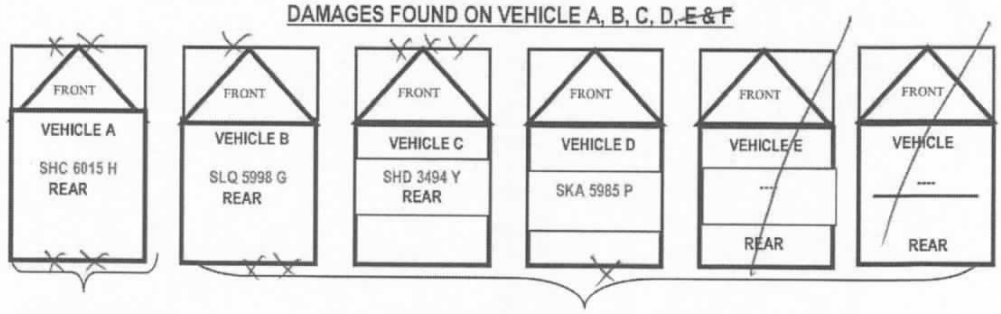
DUE TO THE IMPACT, MY TAXI HAD DAMAGES ON THE FRONT & REAR PORTION.
VEHICLE B HAD DAMAGES ON THE FRONT & THE REAR PORTION AS WELL.
VEHICLE C HAD DAMAGES ON THE FRONT PORTION AND VEHICLE D HAD DAMAGES ON THE REAR PORTION.

NO INJURY INVOLVED.
VEHICLE B HAD A PASSENGER ONBOARD.
VEHICLE C HAD 4 PASSENGERS ONBOARD AND VEHICLE D HAD A CHILD ONBOARD.

*VIDEO FOOTAGE CAPTURED & SCENE PHOTOS TAKEN.

CHAIN COLLISION / MULTIPLE VEHICLES

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



S8101121D

Driver's Signature & NRIC Number
Friday, August 17, 2018 @ 11:46:48 AM