

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	20/08/2018 14:31
Date Of Accident	17/08/2018 14:20
Exact Location Of Accident	BAYFRONT AVE - TEMASEK AVE / REPUBLIC BLVD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB8937P
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	SALIHIN BIN IBRAHIM
NRIC No	S1754705D
Date Of Birth	29/07/1966
Occupation	OUTDOOR
Date Of Driving Pass	14/08/1989
Driving Experience	29 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97884178
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 498L #04-480 TAMPINES ST 45
Postcode	528498
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?	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: : JANE - IN THE REAR SEAT GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	CENTRAL POLICE DIVISIONAL HQ (A DIVISION)
Police Station Address	ROAD: 391 NEW BRIDGE ROAD #03-112 POLICE CANTONMENT COMPLEX BLOCK A , POSTCODE: 088762 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2240000 - FAX NO: 62200877
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

VEH. A - 1 PAX VEH. B - SOME PAX VEH. C - 1 PAX VEH. D - 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 Witness 1

Name	JANE - PAX IN VEH. A
Phone Number	
Email Address	

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHA2390K
Vehicle Make/Model/Colour	COMFORT TAXI
Details Of Properties	VEH. B
Vehicle Category	TAXI

Name of Driver	NEO KWANG YONG
NRIC/Passport Number	S1175759F
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	DAMAGED ON THE FRONT PORTION
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SHC2248D
Vehicle Make/Model/Colour	COMFORT TAXI
Details Of Properties	VEH. C
Vehicle Category	TAXI
Name of Driver	CHAN KIM MIN
NRIC/Passport Number	S1156050D
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	2

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	GX127J
Vehicle Make/Model/Colour	LORRY
Details Of Properties	VEH. D
Vehicle Category	GOODS VEHICLE
Name of Driver	JESURAJ
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	DAMAGED ON THE REAR PORTION
No. Of Passenger (Including Driver)	1

DETAILS OF INJURED PERSON 1

Name	SALIHIN BIN IBRAHIM - DRIVER OF VEH. A
Approximate Age	
Injuries Sustain	WENT TO MT ALVERNIA HSPTL & HAD 3 DAYS MC
Injured person in which vehicle?	SHB8937P
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 2

Name	JANE - PAX IN VEH. A
Approximate Age	
Injuries Sustain	BLEEDS - CUTS ON FOREHEAD
Injured person in which vehicle?	SHB8937P
Were seat belts worn?	YES

Was this injured conveyed to hospital by
ambulance?

YES

Address

Postcode

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.



20 AUG 2013

[Handwritten signature]

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.:

0040402_SketchPlanForm_V3

[Handwritten signature] 1954765 P
[Handwritten signature] 5413 5431 P

Sketch Plan

Bayfront Ave.

A: SH188937P

B: SH1A 2390K

C: SH1C 2248P

D: 6X 127 J .

* Refer to attach police report

* Video footage captured.

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

Signature

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





A/2018/9817/7022

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Report No. A/20180817/7022

Date/Time Report Made 17/08/2018 17:14	Vide Report No.	Station Diary No.		
Name Of Informant SALIHIN BIN IBRAHIM	Address APT BLK 498L TAMPINES STREET 45 #04-480 SINGAPORE 528498			
ID Type / ID No. NRIC NO / S1754705D	Contact No. Home/Office:	Mobile: 97884178		
Nationality SINGAPORE CITIZEN	Email Address fc_uk_style@hotmail.com			
Occupation Taxi driver	Sex Male	Age 52	Date of Birth 25/07/1966	Race Malay
Institution/School Name	Language English			
Date/Time Of Incident 17/08/2018 14:25 - 17/08/2018 15:25	Location Of Incident Bayfront ave towards raffles ave			

On the stated time and date, i (SHB8937P) was driving along Bayfront Ave towards Raffles Ave intended to turn left to Raffles Ave with a passenger on board namely, Jane(Hp:81800447) Traffic was quite heavy as I was in the queue waiting to move off behind another taxi (SHC2248D), suddenly i felt a huge impact from my rear and on was so shocked until someone knocked on my window and I alighted. After a lighting I realised it was a chain collision caused by (SHA2390K) and caused me to push forward and collided onto (SHC2248D) and pushed the vehicle to collide onto another lorry (GX127J). So i quickly checked my passenger and realised she was injured and I phoned the ambulance. I felt pain on my body

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 17/08/2018 17:14
Officer In-Charge Of Case:	Classification Of Case:

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**SINGAPORE
POLICE FORCE**



A/20180817/7022

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. A/20180817/7022

and went to Mount Alvernia Hospital and was given 3 days of MC.

Subjects Involved			
Victim			
Person Name	SALIHIN BIN IBRAHIM		
ID Type	NRIC NO	ID No	S1754705D
Gender	Male	Age	52
Race	Malay	Language	English
Occupation	Taxi driver	Address Type	
Address	APT BLK 498L TAMPINES STREET 45 #04-480 SINGAPORE 528498	Mobile No	97884178
Is Informant A Victim?	Yes		
Person Name	SALIHIN BIN IBRAHIM (Informant)		

Signature Of Officer Recording The Report:

Not applicable

Signature Of Interpreter:

Not applicable

Officer In-Charge Of Case:

Authentication Stamp

Signature Of Informant:

The identity of the person making this
report has been authenticated by
SingPass. No signature is required.

Date/Time:

17/08/2018 17:14

Classification Of Case: