

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	31/08/2018 16:13
Date Of Accident	31/08/2018 15:00
Exact Location Of Accident	SEMPAWANG ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB8674Y
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	CHUA SIONG KOON
NRIC No	S1556410E
Date Of Birth	26/10/1962
Occupation	OUTDOOR
Date Of Driving Pass	22/12/1982
Driving Experience	35 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91817736
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 327 #08-172 HOUGANG AVE 5
Postcode	530327
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	SIDE SWIPE
Weather Conditions	RAINING
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	2
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

BOTH VEHICLES - NO PAX/PILLION ONBOARD

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	FBK9464D
Vehicle Make/Model/Colour	M/CYCLE
Details Of Properties	VEH. B
Vehicle Category	MOTORCYCLE
Name of Driver	MUHAMMAD SYAHIRAN BIN ROSLI
NRIC/Passport Number	S8607346C
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	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:

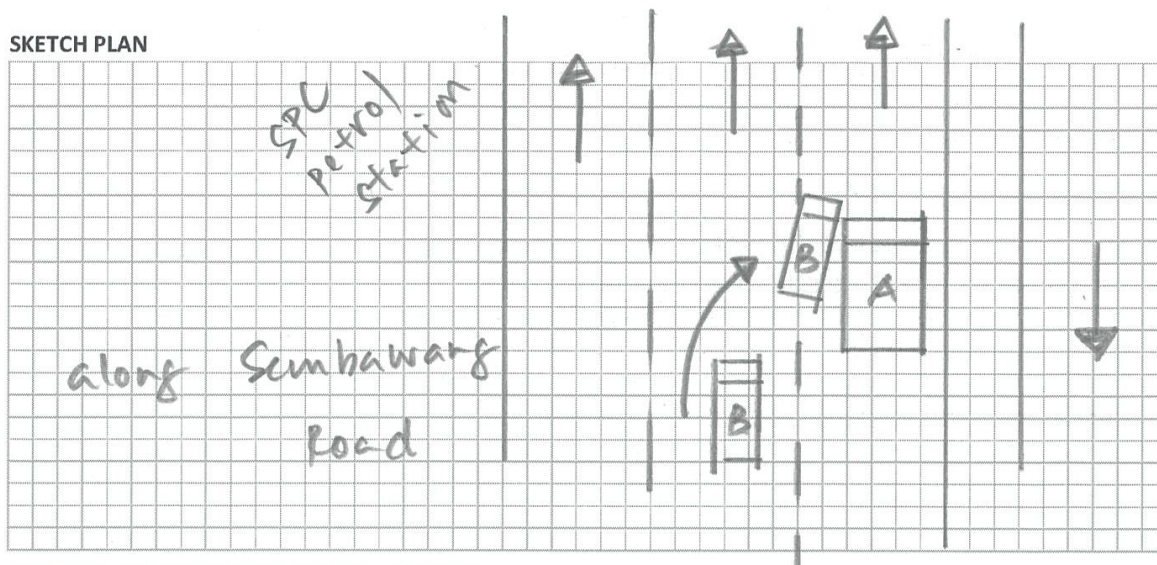
31 AUG 2013


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

X 1556910E
X 54B8674Y

Sketch Plan Pg. 2

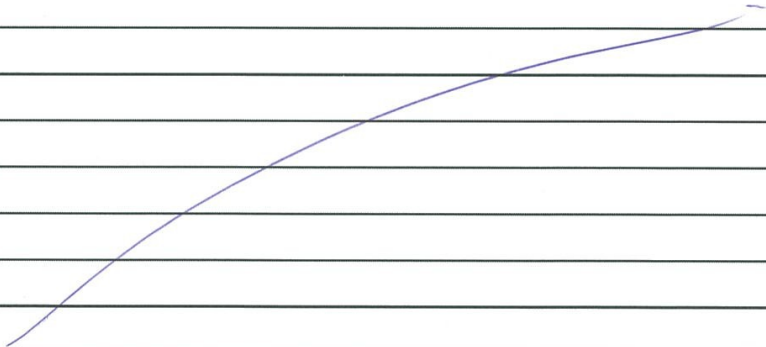
SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

A: SHB 867X Y

B: FBK 9464D



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.:

GIARMC SketchPlanForm V3

α 15564106

Sketch Plan Pg. 3

Describe Circumstance of the Accident.

ON 31/08/2018 @ 1500 HRS, I WAS DRIVING MY TAXI (SHB 8674 Y) ALONG SEMBAWANG RAOD (TWDS YISHUN DIRECTION) IN LANE 1.

WHILE I WAS MOVING STRAIGHT AHEAD – SUDDENLY VEHICLE B (FBK 9464 D – M/CYCLE) WHICH WAS FROM LANE 2, HAD ENCROACHED ONTO MY PATH ON LEFT ABRUPTLY WITHOUT ANY ADVANCE SIGNAL & COLLIDED ONTO THE LEFT FRONT PORTION OF MY TAXI.

DUE TO THE IMPACT, MY TAXI HAD DAMAGES ON THE LEFT FRONT PORTION AND I WAS NOT AWARE OF DAMAGES TO VEHICLE B.

RIDER OF VEHICLE B DID NOT FALL OFF FROM HIS M/CYCLE & SUFFERED NO INJURY. NO AMBULANCE AT SCENE.

NO PASSENGERS/PILLION ONBOARD BOTH VEHICLES.

*VIDEO FOOTAGE CAPTURED.

DAMAGES FOUND ON VEHICLE A & VEHICLE B



PREMIER TAXI




THIRD PARTY VEHICLE



Driver's Signature & NRIC Number
Friday, August 31, 2018 @ 4:22:33 PM

(attended by)

Sketch Plan Pg. 4

 PREMIER TAXIS	(HIRER) / RELIEF / SUPER RELIEF
VEHICLE NO.	SHB8674Y
CONTACT NO.	9181 7736
NEW MAILING ADDRESS (if any)	/

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S1556410E**



Name

CHUA SIONG KOON

Race

CHINESE

Date of birth

26-10-1962

Sex

M

Country/Place of birth
SINGAPORE



REPUBLIC OF SINGAPORE **DRIVING LICENCE**



Licence Number: **S1556410E**

Name:

CHUA SIONG KOON

Birth Date: **26 Oct 1962**

Issue Date: **23 Sep 2003**



5823907



NRIC No. **S1556410E**



Date of issue

03-11-2017

Address

**APT BLK 327 HOUGANG AVENUE 5
#08-172
SINGAPORE 530327**

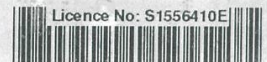
YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

PASS DATE

Class 2B Motorcycles not exceeding 200 cc
Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

01 Nov 1982
22 Dec 1982

NP 428A



Licence No: **S1556410E**

Land Transport Authority

VOCATIONAL LICENCE

Licence No: **S1556410E**

Name: **CHUA SIONG KOON**

Issue Date: **2/8/2014**

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



Accident Photo



Accident Photo



Accident Photo



Accident Photo

