

## 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	03/09/2018 09:08
Date Of Accident	31/08/2018 17:35
Exact Location Of Accident	KEPPEL ROAD TWDS MCE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC6342M
<b>Insured/Policyholder</b>	
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	LUM KOK SUN
NRIC No	S1620497H
Date Of Birth	31/10/1963
Occupation	OUTDOOR
Date Of Driving Pass	15/06/2010
Driving Experience	8 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-86738463
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 19 #14-140 TELOK BLANGAH CRESCENT
Postcode	090019
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)	2
Passenger 1	NAME: : PAX IN THE REAR SEAT - FOREIGNER 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 & VEH. C - SOME 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	SJS9664G
Vehicle Make/Model/Colour	TOYOTA WISH
Details Of Properties	VEH. B
Vehicle Category	PRIVATE CAR
Name of Driver	HAMIDI BIN ABDUL GHANI
NRIC/Passport Number	S7413353C
Contact Number	94247121
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	DAMAGED ON THE REAR LEFT PORTION
No. Of Passenger (Including Driver)	

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SJD5015K
Vehicle Make/Model/Colour	HONDA CROSSROAD
Details Of Properties	VEH. C
Vehicle Category	PRIVATE CAR
Name of Driver	FRANCIS ANG SOON GUAN
NRIC/Passport Number	S1322677F
Contact Number	96852537
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	DAMAGED ON THE FRONT PORTION
No. Of Passenger (Including Driver)	

**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.

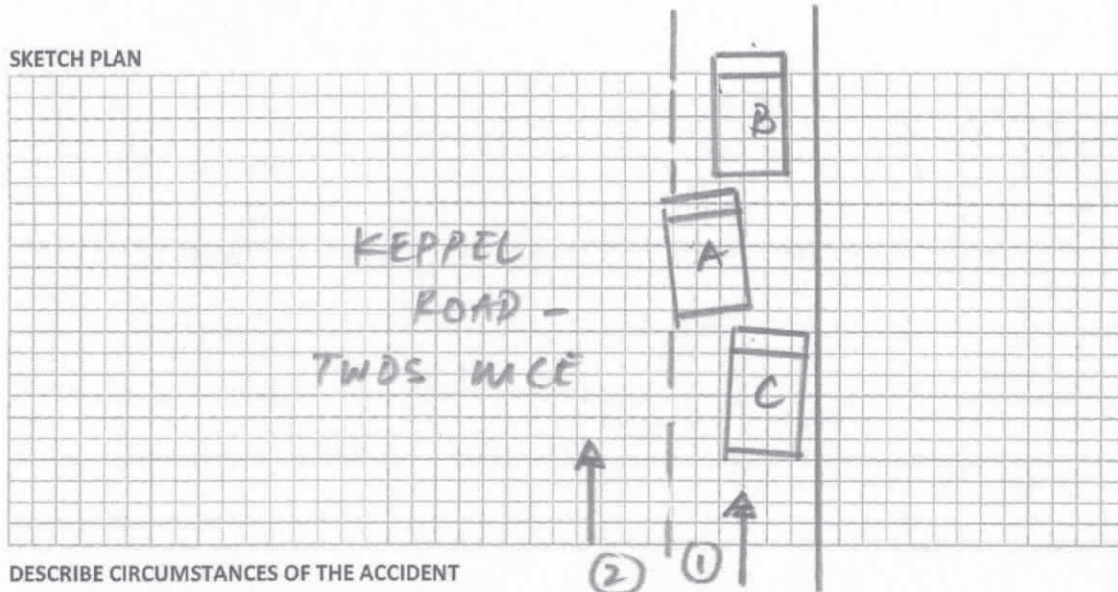
Policyholder's Signature  
Date & Time:

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

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



### SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

A: SHC 6342 M

B: SJS 9664G

C: STD 5015K

## DECLARATION

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

03 SEP 2018

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

51/1620497H.

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## Describe Circumstance of the Accident.

**\* CHAIN COLLISION \***

ON 31/08/2018 @ 1735 HRS, I WAS DRIVING MY TAXI ( SHC 6342 M ) TRAVELLING ALONG KEPPEL ROAD TWDS MCE WITH A PASSENGER ONBOARD, IN LANE 1.

WHILE MOVING AHEAD, VEHICLE B ( SJS 9664 G – TOYOTA ) WHICH WAS IN FRONT OF ME, MADE A SUDDEN BRAKE & STOPPED.

UPON SEEING IT, I IMMEDIATELY STEERED INTO LANE 2, AS TO AVOID COLLISION BUT WAS UNABLE TO STOP IN TIME – THUS THE FRONT RIGHT OF MY TAXI STILL COLLIDED ONTO THE REAR LEFT OF VEHICLE B AND SUBSEQUENTLY I FELT AN IMPACT FROM THE REAR.

WHEN INSPECTED, I DISCOVERED THAT VEHICLE C ( SJD 5015 K – HONDA CROSS ROAD ) WHICH WAS BEHIND ME, HAD COLLIDED ONTO THE REAR RIGHT OF MY TAXI.

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

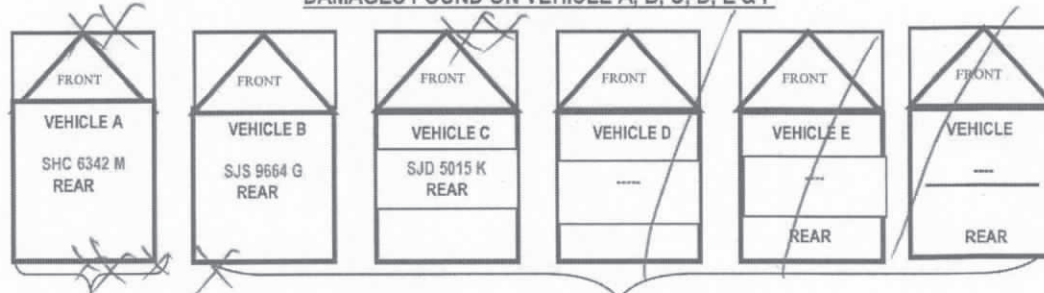
NO INJURY INVOLVED.

VEHICLE B & VEHICLE C HAD PASSENGERS ONBOARD.

\*VIDEO FOOTAGE CAPTURED.

## CHAIN COLLISION / MULTIPLE VEHICLES

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



PREMIER TAXI

THIRD PARTY VEHICLES

Driver's Signature & NRIC Number

Monday, September 03, 2018 @ 9:27:37 AM

Text size + -

**Enquire Transaction History****Transaction History Details**

Log Date/Time:	12 Jan 2015 / 09:17:55	Receipt No.:	AACCK001-AX239-150112-000007
Asset Type:	Vehicle	Transaction Amount:	\$65,919.00
Asset ID:	SHC6342M	Channel:	AA Counterless - CYCLE & CARRIAGE KIA PTE LTD
Transaction Type:	01.02 Register New Vehicle (AA)		
Business Transaction Reference No.:	20150112091755323736		
Vehicle No.:	SHC6342M		
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:	12 Jan 2015		
Original Registration Date:	12 Jan 2015		
Vehicle Make:	KIA		
Vehicle Model:	OPTIMA 1.7(A) DIESEL		
Chassis No.:	KNAGM414MF5575171		
Engine No.:	D4FDEH313266		
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:	\$20,566.00		
Minimum PARF Benefit:	\$7,975.00		
PARF Eligibility:	Y		
No. of Transfer:	0		
Effective Ownership Date/Time:	12 Jan 2015 09:17:55		
COE No.:	2015011201001436E		
COE Expiry Date:	11 Jan 2023		
COE Bid Category:	-		
Actual QP/PQP Paid Amount:	\$52,486.00		
Lifespan Expiry Date:	11 Jan 2023		