

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	14/09/2018 13:36
Date Of Accident	14/09/2018 07:45
Exact Location Of Accident	SLIP RD OF GOMBAK DR INTO UPPER BT TIMAH RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC6427C
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	CONCEICAO STANLEY BERTAM @ MOHD SHARIFF BIN ABDULL
NRIC No	S0082797E
Date Of Birth	21/08/1953
Occupation	OUTDOOR
Date Of Driving Pass	20/08/1999
Driving Experience	19 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90661819
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 342 #02-286 TAMPINES ST 33
Postcode	520342
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	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

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?	YES
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?	YES
If Yes, Please state which Police Station	
Police Station Name	TAMPINES N.P.C
Police Station Address	ROAD: TAMPINES N.P.C , POSTCODE: 529682 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

BOTH VEHICLES - 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 OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJY257B
Vehicle Make/Model/Colour	TOYOTA PRIUS / WHITE
Details Of Properties	VEH. B
Vehicle Category	PRIVATE CAR
Name of Driver	WONG LIANG TAN
NRIC/Passport Number	
Contact Number	91868618
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	DAMAGED ON THE FRONT PORTION

No. Of Passenger (Including Driver)

1

DETAILS OF INJURED PERSON 1

Name

CONCEICAO STANLEY BERTAM @ MOHD SHARIFF BIN ABDULLAH -
DRIVER OF VEH. A

Approximate Age

Injuries Sustain

WENT TO CLINIC FOR MEDICAL TREATMENT & HAD 3 DAYS MC

Injured person in which vehicle?

SHC6427C

Were seat belts worn?

YES

Was this injured conveyed to hospital by
ambulance?

NO

Address

Postcode

Sketch Plan Pg. 1

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.



Policyholder's Signature
Date & Time:

[Signature]

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

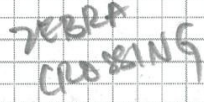
1500827976
SH16427C

14 SEP 2018

[Signature]

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

Upp B + Timen



GOMBAK
Drive.

A: SHC 6427C

B: SJY 257 B₃

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

Signature



14 SEP 2018



GIARMC SketchPlanForm_V3

Describe Circumstance of the Accident.

ON 14/09/2018 @ 0745HRS, I WAS DRIVING MY TAXI (SHC 6427 C), TRAVELLING ALONG THE SLIP ROAD OF GOMBAK DRIVE INTO THE MAIN ROAD OF UPPER BT TIMAH ROAD.

I STOPPED MY TAXI (BEFORE THE ZEBRA CROSSING) AS ANOTHER VEHICLE AHEAD OF ME STOPPED.

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

WHEN INSPECTED, I DISCOVERED THAT VEHICLE B (SJY 257 B – TOYOTA PRIUS/WHITE) WHICH WAS BEHIND ME, HAD COLLIDED ONTO THE REAR OF MY TAXI.

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

AS A RESULT, I FELT SOME DISCOMFORT ON MY BODY, WENT TO CLINIC FOR MEDICAL TREATMENT & HAD 3 DAYS OF MEDICAL LEAVE.

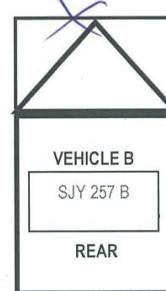
NO PASSENGERS ONBOARD BOTH VEHICLES.

*VIDEO FOOTAGE CAPTURED

DAMAGES FOUND ON VEHICLE A & VEHICLE B



PREMIER
TAXI



THIRD PARTY
VEHICLE



S0082797E

Driver's Signature & NRIC Number
Friday, September 14, 2018 @ 1:46:20 PM

(attended by



**SINGAPORE
POLICE FORCE**



T/20180914/2061

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

1 of 3

Report No. T/20180914/2061

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 14/09/2018 12:37	Vide Report No.:	Station Diary No.: 24
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Informant's Particulars			
Name of Informant: CONCEICAO STANLEY BERTRAM		Address: APT BLK 342 TAMPINES STREET 33 #02-286 SINGAPORE 520342	
ID Type / ID No.: NRIC NO / S0082797E		Contact No.: Home/Office: Mobile: 90661819	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 65	Date of Birth: 21/08/1953	Type of Informant: Driver
Race: Eurasian		Language:	Institution / School Name:
Occupation: Taxi driver		Driving Licence Information: Class: 3 Date of Expiry:	

General Information of the Accident				
Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 14/09/2018 07:45	Type of Location: T-Junction
Location: Junction of Road 1 and Road 2 GOMBAK DRIVE UPPER BUKIT TIMAH ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHC6427C	TAXI			Silver		0
SJY257B	Car					0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20180914/2061

2 of 3

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

Report No. T/20180914/2061

CONTINUATION OF REPORT

Driver			
Name	CONCEICAO STANLEY BERTRAM	ID No.	S0082797E
Related Vehicle	SHC6427C (TAXI)	Contact No.	90661819
Hospital/Clinic	ANSAR CLINIC	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	14/09/2018	Date Discharge	14/09/2018
No. of Days granted Medical Leave	03	Degree of Injury	NIL

Brief Details.

On the date, time and location mentioned above, I V1 (SHC6427C) was at the filter lane stationary waiting to move off. While waiting, V2 (SJY257B) came from behind and collided onto the rear of my vehicle.

Both parties exchange particulars and will be going for insurance claims.

No ambulance attended.



**SINGAPORE
POLICE FORCE**



T/20180914/2061

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

3 of 3

Report No. T/20180914/2061

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:

G /
Sgt 2 GOH JUN KIAT JASON

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

14/09/2018 12:37

Officer In Charge Of Case:

TP / GIA /
Staff Sgt WONG SIEU LUI
Contact No.: 65476151




Classification Of Case:

Authentication Stamp

NP168

SIGNATURE

Sketch Plan Pg. 7

 PREMIER TAXIS	HIRER / RELIEF / SUPER RELIEF
VEHICLE NO.	SHC 6427C
CONTACT NO.	9066 1819
NEW MAILING ADDRESS (if any)	

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S0082797E



Name

CONCEICAO STANLEY BERTRAM
@MOHD SHARIFF BIN ABDULLAH

Race

EURASIAN

Date of birth

21-08-1953

Sex

M

Country/Place of birth

SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S0082797E

Name:

CONCEICAO STANLEY
BERTRAM
@ MOHD SHARIFF BIN
ABDULLAH

Birth Date: 21 Aug 1953

Issue Date: 05 Mar 2014



NRIC No. S0082797E



Date of issue

05-03-2014

Address

APT BLK 342 TAMPINES STREET 33
#02-286
SINGAPORE 520342

5283980

LTA

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

EFFECTIVE DATE

Class 3 Motor Cars=< 3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg 20 Aug 1999



NP 428A

Land Transport Authority

VOCATIONAL LICENCE

Licence No. S0082797E

Name: CONCEICAO STANLEY
BERTRAM

Issue Date: 26/3/2014

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



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

