### 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 <u>truthful and accurate</u> 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

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	01/10/2018 14:09
Date Of Accident	01/10/2018 09:00
Exact Location Of Accident	BRADDELL ROAD
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SHD1704E
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	HYUNDAI
Model	I30 (FD)-1.6 DOHC (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	HABIBULLAH S/O HAMEED

NRIC No S1224491F
Date Of Birth 21/01/1957
Occupation OUTDOOR
Date Of Driving Pass 27/01/1996

Driving Experience 22 YEARS AND 8 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-93845254

Fax Number
Contact Number

EMail Address NOEMAIL

Address BLOCK 239 TAMPINES STREET 21

#04-443

Postcode 1852

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OTHER - RELIEF

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 CLEAR
Road Surface DRY

**Other Information** 

Was any foreign vehicle involved in this accident? NO

Number of vehicles involved in the accident

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

NO

NO

2

Was any other material or property damaged? YES

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)
Passenger 1

NAME: : DESIREE

GENDER: : FEMALE

**Details of Police Action** 

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

NO

**Circumstances of Accident** 

VEH A: 1 PAX VEH B: NO 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 SGL27C

Vehicle Make/Model/Colour MERCEDEZ BENZ

**Details Of Properties** 

Vehicle Category PRIVATE CAR
Name of Driver TAN CHIN WAH
NRIC/Passport Number S0006950G

**Contact Number** 

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### Sketch Plan

### SKETCH PLAN

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- The 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.
- 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 .
  - 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:

12-OK

NRIC/FIN No.:

# Sketch Plan #2

# SKETCH PLAN DESCRIBE CIRCUMSTANCES OF THE ACCIDENT 1704 E VEH A: SHO 56L 27 C WWH B: DECLARATION I/We declare the foregoing particulars are true in every respect. S1224491F 12010 Policyholder's Signature Reporting Centre Personnel's Signature Driver's Signature

(If driver is not the policyholder)

Date & Time:

Name: NRIC/FIN No.:

QIARMC SketchPlanForm\_V3

Date & Time:

### **Individual Statement**

Describe Circumstance of the Accident.

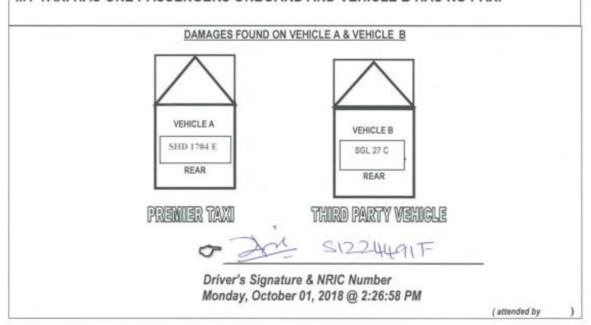
ON 01/10/2018 @ 0900 HRS, I WAS DRIVING MY TAXI (SHD 1704 E) – TRAVELLING ALONG BRADELL ROAD TOWARDS UBI AT THE RIGHT LANE.

WHILE MOVING AHEAD, VEHICLE B (SGL 27 C - MERCEDEZ BENZ) WHICH WAS FROM THE LEFT LANE - SUDDENLY SWERVED ONTO MY LANE ABRUPTLY THEN COLLIDED ONTO MY TAXI.

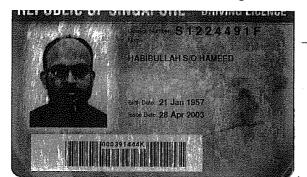
WHEN INSPECTED, MY TAXI HAS DAMAGED ON THE LEFT FRONT PORTION AND VEHICLE B HAS DAMAGED ON THE RIGHT REAR PORTION.

NO INJURY INVOLVED.

MY TAXI HAS ONE PASSENGERS ONBOARD AND VEHICLE B HAS NO PAX.



NRIC Pg. 1



# REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$1224491F



Name



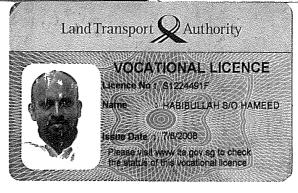
# HABIBULLAH S/O HAMEED

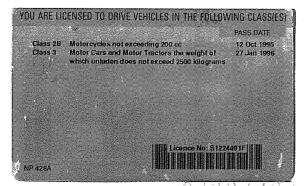
Race
INDIAN
Date of Bir
21-01Country of

Race INDIAN
Deta of Birth Say

Date of Birth Sex 21-01-1957 M Country of Birth SINGAPORE







Address
APT BLK 239 TAMPINES STREET 21
904-01-1994
SINGAPORE 1852

This card is not transferable and is the property of the Land Transport Authority (LTA). It must be surrendered to LTA on request. If found, please return to LTA, 10 Sin Ming Drive, Singapore 575701.

Type Descri

Issue Date 07/08/2008



# **Accident Photo**





# **Accident Photo**



