

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 liability.
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	18/10/2018 13:42
Date Of Accident	18/10/2018 12:45
Exact Location Of Accident	JALAN BESAR BEFORE THE JUNCTION OF KITCHENER ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB8912K
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	LEE SIN SIONG
NRIC No	S2657708Z
Date Of Birth	08/06/1960
Occupation	OUTDOOR
Date Of Driving Pass	24/10/1987
Driving Experience	30 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87863653
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 66 #03-503 KALLANG BAHRU
Postcode	330066
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 - CHINESE 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 - NO PAX VEH. C - 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 Witness 1

Name	MR KOK KEAN KEONG - PAX IN VEH. A
Phone Number	
Email Address	

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBF370B
Vehicle Make/Model/Colour	MITSUBISHI CANTER/WHITE
Details Of Properties	VEH. B
Vehicle Category	GOODS VEHICLE
Name of Driver	HARON
NRIC/Passport Number	
Contact Number	918021771
Address	

Postcode

Insurance Company Name

Nature Of Damage DAMAGED ON THE FRONT PORTION

No. Of Passenger (Including Driver) 1

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SLT4190K

Vehicle Make/Model/Colour MAZDA

Details Of Properties VEH. C

Vehicle Category PRIVATE CAR

Name of Driver MR TAN

NRIC/Passport Number

Contact Number 83999770

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver) 1

SKETCH PLAN

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 liability.
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. 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.
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:

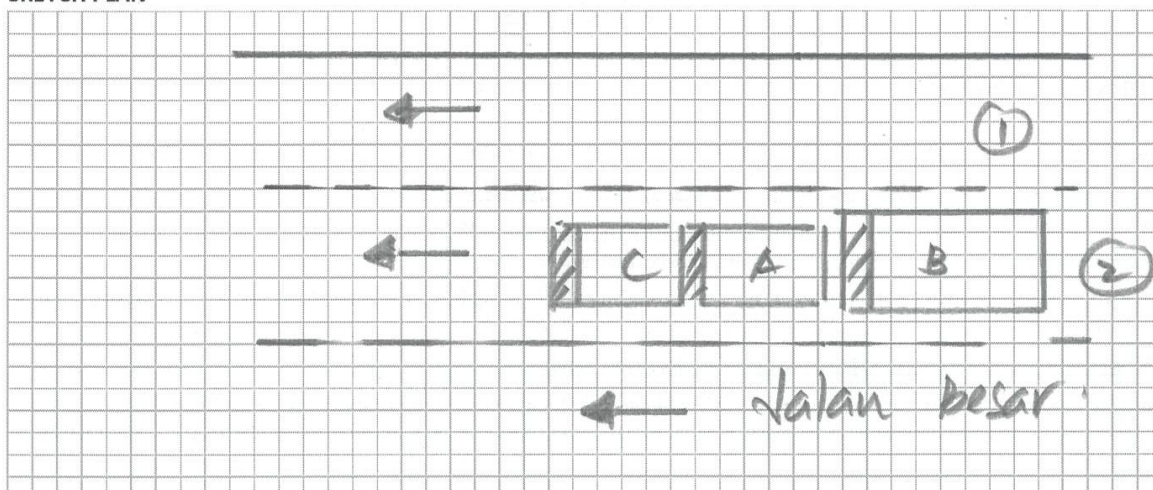
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

X 526577082
X shb 8912K

18 OCT 2018

SKETCH PLAN

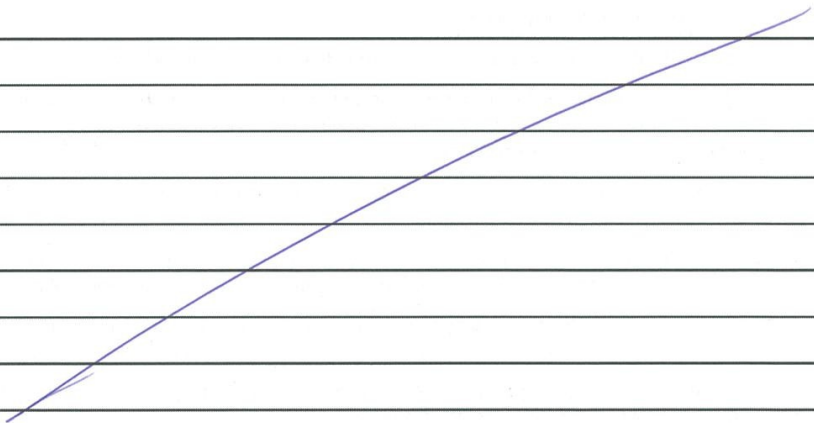


DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

A: SHB 8912K

B: $\text{\textcircled{S}}$ BF 370B

C: SLT 4190K.



DECLARATION

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

Policyholder's Signature
Date & Time:

GIARMC SketchPlanForm_V3

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

526577082

18 OCT 2018

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

NRIC/FIN No.:

Describe Circumstance of the Accident.

*** CHAIN COLLISION ***

ON 18/10/2018 @ 1245 HRS, I WAS DRIVING MY TAXI (SHB 8912 K) TRAVELLING ALONG JALAN BESAR BEFORE KITCHENER ROAD WITH A PASSENGER ONBOARD, IN LANE 2.

I STOPPED MY TAXI AS VEHICLE C (SLT 4190 K – MAZDA) WHICH WAS IN FRONT OF ME, STOPPED.

WHILE STATIONARY, SUDDENLY I FELT AN IMPACT FROM THE REAR AND SUBSEQUENTLY THE GREAT IMPACT CAUSED MY TAXI TO SURGE FORWARD & CAUSING THE FRONT PORTION OF MY TAXI TOUCHES ONTO THE REAR OF VEHICLE C.

WHEN INSPECTED, I DISCOVERED THAT VEHICLE C (GBF 370 B – MITSUBISHI CANTER/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 NO DAMAEGS ON THE FRONT PORTION.
VEHICLE B HAD DAMAGES ON THE FRONT PORTION AND NO DAMAGES TO VEHICLE C.

MY PASSENGER – MR KOK KEAN KEONG WHO WAS IN THE REAR SEAT, WILLING TO BE MY EYE WITNESS.

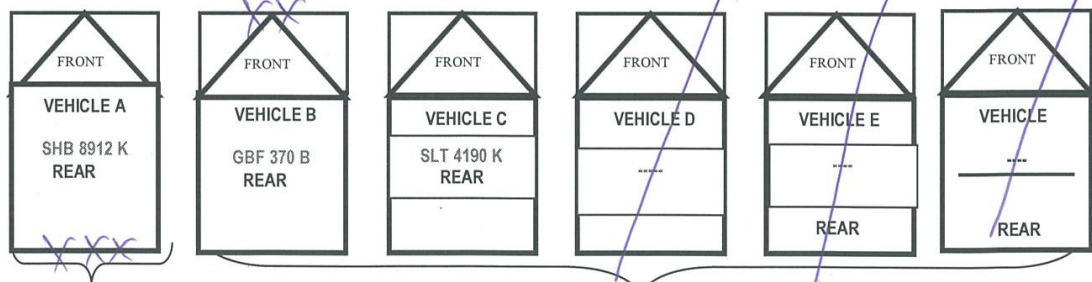
NO INJURY INVOLVED.

NO PASSEGNERS ONBOARD BOTH VEHICLE B & VEHICLE C.

*VIDEO FOOTAGE CAPTURED.

CHAIN COLLISION / MULTIPLE VEHICLES

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




PREMIER TAXI

THIRD PARTY VEHICLES

526577082

Driver's Signature & NRIC Number

Thursday, October 18, 2018 @ 1:57:39 PM

	HIRER / RELIEF / SUPER RELIEF
VEHICLE NO.	SHB 8912K
CONTACT NO.	8786 3653
NEW MAILING ADDRESS (if any)	

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S2657708Z



Name
LEE SIN SIONG
李 升 祥
Race
CHINESE
Date of birth
08-06-1960 Sex
M
Country of birth
MALAYSIA

S2657708Z

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: **S2657708Z**
Name:
LEE SIN SIONG
Birth Date: **08 Jun 1960**
Issue Date: **20 Aug 2003**



3946273

NRIC No **S2657708Z**



Date of issue
16-10-2006

APT BLK 66 KALLANG BAHRU #03-503
SINGAPORE 330066

NRIC No: S2657708Z

Date: 28/12/2000

No: 6377801

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

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

PASS DATE

24 Oct 1987
24 Oct 1987



NP 428A

Land Transport Authority



VOCATIONAL LICENCE

Licence No: **S2657708Z**

Name: **LEE SIN SIONG**

Issue Date: **28/1/2014**

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



Accident Photo



Accident Photo

