

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	31/10/2018 15:31
Date Of Accident	31/10/2018 13:40
Exact Location Of Accident	CTE - CITY (BEF MOULMEIN / BALESTIER EXIT)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC6842L
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	ELANKOVAN S/O MARIMUTHU
NRIC No	S1230979A
Date Of Birth	04/01/1957
Occupation	OUTDOOR
Date Of Driving Pass	19/04/1982
Driving Experience	36 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96530961
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 287C #04-330 JURONG EAST ST 21
Postcode	603287
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)	3
Passenger 1	NAME: : PAX IN THE REAR SEAT - MALAYS GENDER: : FEMALE
Passenger 2	NAME: : PAX IN THE REAR SEAT - MALAYS GENDER: : FEMALE

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 - 2 PAX VEH. B - UNKNOWN PAX ONBOARD 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 OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHB4282X
Vehicle Make/Model/Colour	COMFORT TAXI
Details Of Properties	VEH. B
Vehicle Category	TAXI
Name of Driver	ROGER TAN KIM HENG
NRIC/Passport Number	S7407755B
Contact Number	91785275
Address	
Postcode	

Insurance Company Name

Nature Of Damage

DAMAGED ON THE FRONT & REAR

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

SGM994E

Vehicle Make/Model/Colour

MITSUBISHI / RED

Details Of Properties

VEH. C

Vehicle Category

PRIVATE CAR

Name of Driver

SUMARTI BTE BEDJAHAN

NRIC/Passport Number

Contact Number

81686489

Address

Postcode

Insurance Company Name

Nature Of Damage

DAMAGED ON THE FRONT PORTION

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:

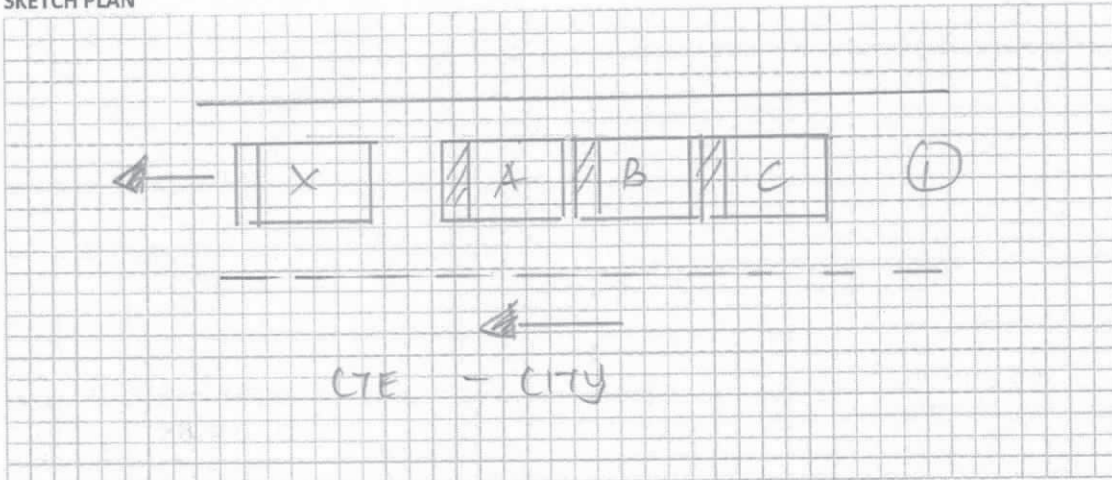
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

X SHC 642L

X 51230979A

31 OCT 2018

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

A: SHC 6842L

B: SHB 4282X

C: SGM 994E

DECLARATION

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

31 OCT 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.:

Describe Circumstance of the Accident.

*** CHAIN COLLISION ***

ON 31/10/2018 @ 1340 HRS, I WAS DRIVING MY TAXI (SHC 6842 L)
TRAVELLING ALONG CTE – CITY (BEFORE MOULMEIN/BALESTIER EXIT) WITH 2
PASSENGERS ONBOARD, IN LANE 1.

I STOPPED MY TAXI AS VEHICLES AHEAD OF ME STOPPED.

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

WHEN INSPECTED, I DISCOVERED THAT VEHICLE B (SHB 4282 X – COMFORT TAXI)
WHICH WAS BEHIND ME, HAD COLLIDED ONTO THE REAR OF MY TAXI & VEHICLE C
(SGM 994 E – MITSUBISHI/RED) WAS INVOLVED AS WELL.

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

NO INJURY INVOLVED.

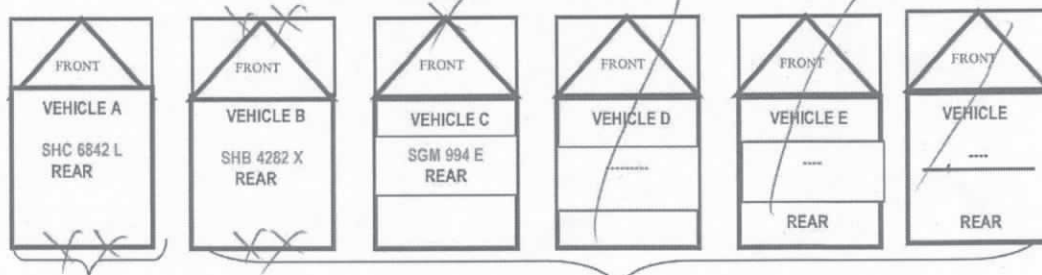
UNKNOWN PASSENGERS ONBOARD VEHICLE B.

NO PASSENGERS ONBOARD VEHICLE C.

*VIDEO FOOTAGE CAPTURED & SCENE PHOTOS TAKEN.

CHAIN COLLISION / MULTIPLE VEHICLES

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



PREMIER TAXI

THIRD PARTY VEHICLES

S1230979B

Driver's Signature & NRIC Number

Wednesday, October 31, 2018 @ 3:42:52 PM

Text size + -

Enquire Transaction History**Transaction History Details**

Log Date/Time:	20 Aug 2015 / 07:24:48	Receipt No.:	AACCK001-AX239-150820-000007
Asset Type:	Vehicle	Transaction Amount:	\$72,145.00
Asset ID:	SHC6842L	Channel:	AA Counterless - CYCLE & CARRIAGE KIA PTE LTD
Transaction Type:	01.02 Register New Vehicle (AA)		
Business Transaction Reference No.:	20150820072448845571		

Vehicle No.:	SHC6842L
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:	20 Aug 2015
Original Registration Date:	20 Aug 2015
Vehicle Make:	KIA
Vehicle Model:	OPTIMA 1.7(A) DIESEL
Chassis No.:	KNAGM414MF5603257
Engine No.:	D4FDEH313389
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:	2015
Open Market Value:	\$21,263.00
Minimum PARF Benefit:	\$13,061.00
PARF Eligibility:	Y
No. of Transfer:	0
Effective Ownership Date/Time:	20 Aug 2015 07:24:48
COE No.:	2015082001003023H
COE Expiry Date:	19 Aug 2023
COE Bid Category:	-
Actual QP/PQP Paid Amount:	\$50,236.00
Lifespan Expiry Date:	19 Aug 2023