

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	25/10/2018 12:09
Date Of Accident	22/10/2018 19:50
Exact Location Of Accident	SERANGOON ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD1350S
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	TAHIR BIN ISMAIL
NRIC No	S0050146H
Date Of Birth	13/08/1951
Occupation	OUTDOOR
Date Of Driving Pass	09/02/1971
Driving Experience	47 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92215507
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 933 #02-385 TAMPINES ST 91
Postcode	520933
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	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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?	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 FRONT SEAT - MALAY 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 - UNKNOWN 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 MAMAN SUBOH - PAX IN VEH. A
Phone Number	
Email Address	

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHA2683R
Vehicle Make/Model/Colour	COMFORT TAXI
Details Of Properties	VEH. B
Vehicle Category	TAXI
Name of Driver	UNKNOWN
NRIC/Passport Number	
Contact Number	
Address	

Postcode

Insurance Company Name

Nature Of Damage

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.



25 OCT 2018

[Handwritten signature]

Policyholder's Signature
Date & Time:

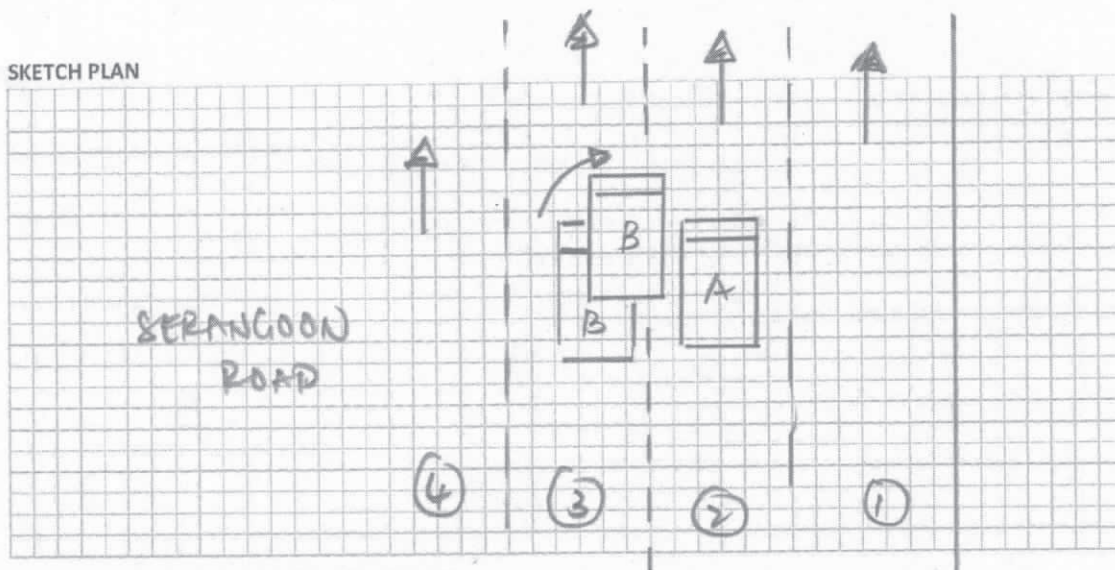
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

[Handwritten signature]
[Handwritten signature]
[Handwritten signature]

Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

A: SHD 1350S

B:SHA 26832.

DECLARATION

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

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.:

45050146H.

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Describe Circumstance of the Accident

HIT & RUN

ON 22/10/2018 @ 1950HRS, I WAS DRIVING MY TAXI (SHD 1350 S) TRAVELLING ALONG SERANGOON ROAD WITH A PASSENGER ONBOARD, IN LANE 2.

TRAFFIC AHEAD WAS SLOW MOVING AT THE POINT OF TIME.

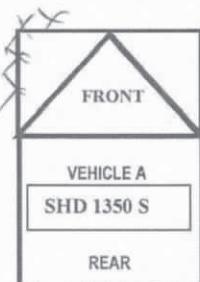
WHILE I WAS MOVING STRAIGHT AHEAD – WITHIN MY LANE, SUDDENLY I FELT AN IMPACT FROM MY LEFT AND NOTICED VEHICLE B (SHA 2683 R – COMFORT TAXI) WAS APPROACHING FROM LANE 3, HAD ENCROACHED ONTO MY PATH ON MY LEFT ABRUPTLY.

AS SUCH, THE RIGHT PORTION OF VEHICLE B COLLIDED ONTO THE LEFT FRONT PORTION OF MY TAXI. I WAS NOT AWARE OF DAMAGES ON VEHICLE B AS DRIVER OF THE SAID TAXI DROVE OFF AWAY WITHOUT STOPPING.

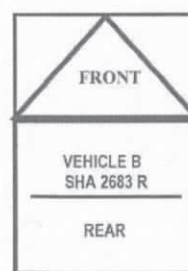
MY PASSENGER – MR MAMAN SUBOH WHO WAS SEATED NEXT TO ME, WILLING TO BE MY EYE WITNESS

NO INJURY INVOLVED.

UNKNOWN PASSENGERS ONBOARD VEHICLE B.

DAMAGES FOUND ON VEHICLE A & B

PREMIER TAXI



THIRD PARTY VEHICLE

Driver's Signature & NRIC Number
Thursday, October 25, 2018 @ 12:24:01 PM

Text size + -

Enquire Transaction History**Transaction History Details**

Log Date/Time:	10 Oct 2014 / 09:13:33	Receipt No.:	AACCK001-AX239-141010-000004
Asset Type:	Vehicle	Transaction Amount:	\$63,308.00
Asset ID:	SHD1350S	Channel:	AA Counterless - CYCLE & CARRIAGE KIA PTE LTD
Transaction Type:	01.02 Register New Vehicle (AA)		
Business Transaction Reference No.:	20141010091333416138		

Vehicle No.:	SHD1350S
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:	10 Oct 2014
Original Registration Date:	10 Oct 2014
Vehicle Make:	KIA
Vehicle Model:	OPTIMA 1.7(A) DIESEL
Chassis No.:	KNAGM414MF5541998
Engine No.:	D4FDEH311487
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:	\$19,730.00
Minimum PARF Benefit:	\$7,338.00
PARF Eligibility:	Y
No. of Transfer:	0
Effective Ownership Date/Time:	10 Oct 2014 09:13:33
COE No.:	2014101001001198R

COE Expiry Date:	09 Oct 2022
COE Bid Category:	-
Actual QP/PQP Paid Amount:	\$50,938.00
Lifespan Expiry Date:	09 Oct 2022
Owner ID Type:	Company