#### 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 witholding 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	03/12/2018 10:57
Date Of Accident	30/11/2018 17:45
Exact Location Of Accident	TEMBELING ROAD
Country/State of Loss	SINGAPORE
Description of the second of t	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SHD1144X
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	LAM HIN SEN
NRIC No	S1600601G
Date Of Birth	29/04/1963
Occupation	OUTDOOR
Date Of Driving Pass	25/11/1980
Driving Experience	38 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96307687
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address

BLK 723 #10-180 **CLEMENTI WEST ST 2** 

Postcode

120723

Was driver an employee of the Insured's Company

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? Was any injured conveyed to hospital by NO

ambulance?

NO

Was any other material or property damaged?

YES

I have been approached by unknown person(s)

NO

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

3

NAME:

: PAX IN THE REAR SEAT - CHINESE

GENDER:

: MALE

Passenger 2

Passenger 1

NAME:

: PAX IN THE REAR SEAT - CHINESE

GENDER:

: FEMALE

**Details of Police Action** 

Was the accident reported to the police?

YES

If Yes. Please state which Police Station Police Station Name

CLEMENTI N.P.C

Police Station Address

ROAD: 20 CLEMENTI AVE 5, POSTCODE: 129858, COUNTRY:

SINGAPORE

Police Station Contact

TEL NO: - FAX NO:

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

VEH. A - 2 PAX VEH. B - UNKNOWN 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 Vehicle Make/Model/Colour

**GBD2152L** LORRY

**Details Of Properties** 

VEH. B

Vehicle Category

**GOODS VEHICLE** 

Name of Driver

UNKNOWN

NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage

No. Of Passenger (Including Driver)

## Sketch Plan Pg. 1

#### SKETCH PLAN

## IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
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- 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)
  - (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
- 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: x 1600601/9

A SHO 1144X

n 3 DEC 2018

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

Sketch Plan Pg. 2 SKETCH PLAN MONG TEMBELING CHASS DESCRIBE CIRCUMSTANCES OF THE ACCIDENT XY 411 BHZ:A 100 Chiet Core 15: GBD 2152L. a fach Dorce Ve Port DECLARATION 1600 601/9 03 DEC 2018 I/We declare the foregoing particulars are true in every respect. SHD 1144 Policyholder's Signature Driver's Signature Reporting Centre Personnel's Signature Date & Time: (If driver is not the policyholder) Name: NRIC/FIN No.: Date & Time:

GIARMC SketchPlanForm\_V3

Page 5 of 14





Police Station Of Origin: Clementi N.P.C

20 Clementi Avenue 5 SINGAPORE 129858 Tel No: 1800-8729999

1 of 3 Report No. T/20181201/2084

		Taraba a market and	
REPORT	OF A	TRAFFIC	ACCIDENT

	ne Report M 118 14:22	Made:	Vide Report No.:	Station Diary No. 90	
Informa	nt's Partici	ulars			
Name of LAM HIN	Informant: NSEN		Address: APT BLK 723 CLEMENTI V SINGAPORE 120723	VEST STREET 2 #10-180	
	/ ID No.: D / S160060	Dig	Contact No.: Home/Office: Mobile: 96307687		
National SINGAP	ity: ORE CITIZ	EN	Email:		
Sex: Male	Age: 55	Date of Birth: 29/04/1963	Type of Informant: Driver		
Race: Chinese			Language:	Institution / School Name:	
Occupat TAXI DR			Driving Licence Information: Class: 3	Date of Expiry:	

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 30/11/2018 17:45		Type of Location Straight Road	
TEMBELING JOO CHIAT F Along Tembe		into Joo Chiat Place				
Weather: Clear		Road Surface: Drv		Road Speed Limit:		
Traffic Flow: Traffi		Traffic Control:	c Control:		Traffic Volume: No Traffic	
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance:		

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenge
GBD2152L	Lorry			50/01	No	0
SHD1144X	Car				Damage Slightly	

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

## Sketch Plan Pg. 4





Police Station Of Origin: Clementi N.P.C

Report No. T/20181201/2084

2 of 3

20 Clementi Avenue 5 SINGAPORE 129858

Tel No: 1800-8729999 CONTINUATION OF REPORT

Name	LAM HIN SEN		SHOW!		ID No		S1600601G
Related Vehicle	NIL	85	*		Conta	ct No.	96307687
Hospital/Clinic	NIL				Class Drivin Licend Expiry	g	Class: 3 Date of Expiry: NIL
Date Treatment	NIL		14	Date Disc	harge	NIL	
No. of Days gran	ted Medical Leave	NIL		Degree of	Injury	NIL	

## Brief Details.

On 30/11/2018 at about 1745hrs, I was travelling along Tembeling Road with my taxi bearing registration plate number SHD1144X. At that point of time, I had two passengers onboard and was heading towards Joo Chiat Place.

Upon approaching the junction along Tembeling Road and Joc Chiat Lane, one lorry bearing registration plate number GBD2152L kept inching out from the road, Joo Chiat Lane, wanting to turn right into the main road along Tembeling Road. As such, I honked at the lorry to alert the driver that I am driving past, however the driver did not stop and continued turning right into the main road where I am travelling on which nearly caused me to hit onto the lorry. I wish to state that it was a one lane road before it splits into a 2 lanes road after Joo Chiat Lane.

Subsequently, I continued to drive along Tembeling Rd on the right lane of the 2 lanes road as I wanted to turn right into Joo Chiat Place. However, the said lorry from before who was driving along on my left suddenly turned right in front of my taxi into Joo Chiat Place too. As such, the front right of the lorry had hit onto the left side of my vehicle. My left side mirror was then broken due to the impact and dangled on the side. The lorry then drove off without stopping. I wish to state that my passengers onboard was not injured.

I wish to state that I had informed my Taxi company, Premier with regards to the incident and submitted the in car camera footages to them.

and main property

## Sketch Plan Pg. 5





Police Station Of Origin: Clementi N.P.C 20 Clementi Avenue 5 SINGAPORE 129858 Tel No: 1800-8729999 3 of 3 Report No. T/20181201/2084

# 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.

X
Date/Time: 01/12/2018 14:22
Classification Of Case:

Text size + -

## **Enquire Vehicle Registration Details**

**Owner Particulars** 

NRIC/Passport/Company Cert 200304975H

No.:

Owner ID Type:

Company

Owner Name:

PREMIER TAXIS PTE. LTD.

Registered Address:

23 CHANGI SOUTH AVENUE 2 #04-03 SINGAPORE 486443

Mailing Address:

Birth Date:

Vehicle Particulars

Vehicle No.:

SHD1144X

Previous Vehicle No.:

Effective Date of Ownership: 25 Jan 2017

Original Regn Date:

25 Jan 2017

Registration Date:

25 Jan 2017

Year of Manufacture:

2016

Vehicle Type:

Public Transport Taxi (Motor Car)

Vehicle Scheme:

Taxi (Company)

Vehicle Attachment 1:

Air-Con (Taxi)

Vehicle Attachment 2:

Vehicle Attachment 3:

HYUNDAI

Vehicle Make: Vehicle Model:

130 GDH 1.6 TCI 5DR DCT

Primary Colour:

Silver

Secondary Colour:

Passenger Capacity:

Chassis No.:

TMAD281UVHJ119070

Engine No.:

D4FBGZ095197

1582 cc / -

Engine Capacity/Power Rating:

Maximum Power Output:

100.0 kW (134 bhp)

Propellant:

Diesel

Max Unladen Weight:

1496 kg 1940 kg

Maximum Laden Weight:

\$20,830.00

Open Market Value: PARF Eligibility:

Yes

PARF Eligibility Expiry Date:

24 Jan 2025

Minimum PARF Benefit:

\$8,197.00

No. of Transfers:

IU Label No .:

1050703123

COE No .:

2017012501003880C

COE Expiry Date:

24 Jan 2025

COE Category: COE Registration Category: A - Car (up to 1600cc & 97kW (130bhp))

A - Car (up to 1600cc & 97kW (130bhp))