

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	03/12/2018 11:25
Date Of Accident	01/12/2018 15:30
Exact Location Of Accident	AIRPORT BLVD - CITY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC6809J
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	ABDUL HAMID BIN AHMAD
NRIC No	S1121873C
Date Of Birth	15/01/1955
Occupation	OUTDOOR
Date Of Driving Pass	23/10/1978
Driving Experience	40 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-97563553
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address BLK 9 #10-4162
NORTH BRIDGE ROAD
Postcode 190009
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 -
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 4
Was any body injured in the Accident? YES
Was any injured conveyed to hospital by ambulance? YES
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) 5

Passenger 1 NAME: : PAX IN THE FRONT SEAT - CHINESE
GENDER: : MALE

Passenger 2 NAME: : PAX IN THE REAR SEAT - CHINESE
GENDER: : FEMALE

Passenger 3 NAME: : PAX IN THE REAR SEAT - CHINESE/CHILD
GENDER: : MALE

Passenger 4 NAME: : PAX IN THE REAR SEAT - CHINESE/CHILD
GENDER: : MALE

Details of Police Action

Was the accident reported to the police? YES
If Yes, Please state which Police Station
Police Station Name 10 UBI AVENUE 3
Police Station Address ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , 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 - 4 PAX VEH. B & VEH. C - 2 PAX VEH. D - SOME 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	SHA7594G
Vehicle Make/Model/Colour	COMFORT TAXI
Details Of Properties	VEH. B
Vehicle Category	TAXI
Name of Driver	LUM KAI CHOE
NRIC/Passport Number	
Contact Number	91818024
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	DAMAGED ON THE FRONT & REAR
No. Of Passenger (Including Driver)	3

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SHC7088R
Vehicle Make/Model/Colour	CITY CAB
Details Of Properties	VEH. C
Vehicle Category	TAXI
Name of Driver	LEE BOON HAI
NRIC/Passport Number	
Contact Number	97539175
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	SLQ3225S
Vehicle Make/Model/Colour	TOYOTA WISH/BLUE
Details Of Properties	VEH. D
Vehicle Category	PRIVATE CAR
Name of Driver	MALE CHINESE
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	PAX IN VEH. D
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SLQ3225S
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

DETAILS OF INJURED PERSON 2

Name

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by
ambulance?

Address

Postcode

SKETCH PLAN




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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:

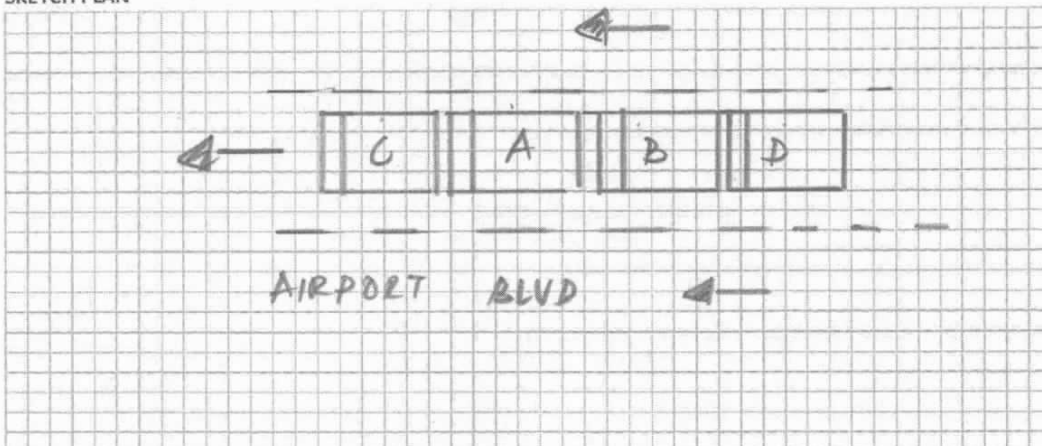
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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: 11/21/2018 CMC 6809 J	03 DEC 2018  Reporting Centre Personnel's Signature Name: NRIC/FIN No.:
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GIA RMC Sketch Plan Form_V3

Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

A: SIC6809J

B: STA 75946

C: SHC 7088R

A: SLO 32255

* Refer to attach police report

* Video footage captured

DECLARATION

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



re true in every respect.

03 DEC 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.:



**SINGAPORE
POLICE FORCE**



T/20181201/2129

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 3

Report No. T/20181201/2129

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 01/12/2018 18:11	Vide Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: ABDUL HAMID BIN AHMAD			Address: APT BLK 9 NORTH BRIDGE ROAD #10-4162 SINGAPORE 190009	
ID Type / ID No.: NRIC NO / S1121873C			Contact No.: Home/Office: Mobile: 97563553	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 63	Date of Birth: 15/01/1955	Type of Informant: Driver	
Race: Javanese			Language:	Institution / School Name: /
Occupation: Taxi driver			Driving Licence Information: Class: 3,4 Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 01/12/2018 15:30	Type of Location: Straight Road
Location: Along Road 1 AIRPORT BOULEVARD TWDS CITY				
Weather: Cloudy		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision:				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHA7594G	Car					0
SHC6809J	Car				Slightly Damaged	4
SHC7088R	Car					0
SLQ3225S	Car					0



**SINGAPORE
POLICE FORCE**



T/20181201/2129

2 of 3

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20181201/2129

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	ABDUL HAMID BIN AHMAD	ID No.	S1121873C
Related Vehicle	NIL	Contact No.	97563553
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3,4 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

ON THE ABOVE MENTIONED DATE & LOCATION @ ABT 1530HRS,

I WAS DRIVING MY TAXI ALONG THE STRAIGHT ROAD OF LANE 3 OF 4. AS I WAS GOING STRAIGHT. THE TRAFFIC CONDITION WAS HEAVY AND HAD ROAD WORKS ALONG THE WAY. SUDDENLY A CAR INFRONT JAMMED BRAKED DUE TO THE HEAVY ROAD WORK. I MANAGED TO STOP ON TIME. BUT UNFORTUNATELY TWO VEHICLES BEHIND ME COULDN'T STOP AND COLIDED ON MY TAXI,

DUE TO THE IMPACT, MY CAR MOVED FORWARD AND HIT THE CAR INFRONT OF ME, I HAVE THE VIDEO FOOTAGE. I EXCHANGED PARTICULARS AND LEFT THE SCENE.

THATS ALL



**SINGAPORE
POLICE FORCE**



T/20181201/2129

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

3 of 3

Report No. T/20181201/2129

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.

Signature Of Officer Recording The Report:
TP /
YOGENDRAN S/O RAJASAKARAN

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
Sgt 2 LIM HONG LEE
Contact No.: 65476438

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
01/12/2018 18:11

Classification Of Case:



**SINGAPORE
POLICE FORCE**

Signature: