

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	20/12/2018 08:37
Date Of Accident	19/12/2018 16:50
Exact Location Of Accident	UBI AVE 3 (OPPOSITE UBI TRAFFIC POLICE)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC6292Z
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	MOHAMAD AZHARI BIN MOHAMED NASIR
NRIC No	S7609824G
Date Of Birth	03/04/1976
Occupation	OUTDOOR
Date Of Driving Pass	20/11/2003
Driving Experience	15 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81884414
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 417 #07-292 BT BATOK WEST AVE 4
Postcode	650417
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	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) 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)	4
Passenger 1	NAME: : PAX IN THE REAR SEAT - FOREIGNERS/INDIANS GENDER: : MALE
Passenger 2	NAME: : PAX IN THE REAR SEAT - FOREIGNERS/INDIANS GENDER: : FEMALE
Passenger 3	NAME: : PAX IN THE REAR SEAT - FOREIGNERS/INDIANS (CHILD) 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 - 3 PAX VEH. B - 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	SMF1181T
Vehicle Make/Model/Colour	LEXUS
Details Of Properties	VEH. B
Vehicle Category	PRIVATE CAR
Name of Driver	LEE TIAN MING

NRIC/Passport Number	S2609550F
Contact Number	91888838
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	DAMAGED ON THE FRONT PORTION
No. Of Passenger (Including Driver)	1

SKETCH PLANIMPORTANT 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:

x [Signature]
Date & Time:

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

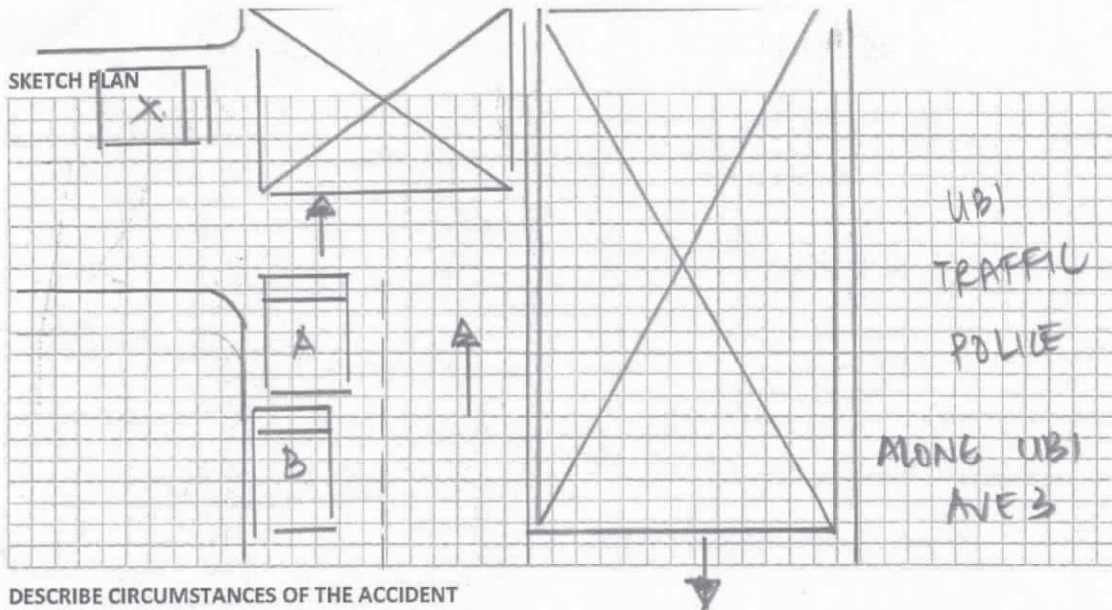
x ST6098246
x 8HC62922

20 DEC 2018

[Signature]

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

A: SHC 6292 Z

B: SMF118/T.

DECLARATION

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

Policyholder's Signature _____
Date & Time: _____

Date & Time:

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

Date & Time:

20 DEC 2018

S76098246

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

GIARMC SketchPlanForm_V3

Describe Circumstance of the Accident.

ON 19/12/2018 @ 1650HRS, I WAS DRIVING MY TAXI (SHC 6292 Z),
TRAVELLING ALONG UBI AVE 3 (OPPOSITE UBI TRAFFIC POLICE) WITH 3
PASSENGERS ONBOARD, IN THE LEFT LANE.

I SLOWED DOWN TO A COMPLETE STOP WITH HAZARD LIGHTS – AS TO ALIGHT MY
PASSENGERS.

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

WHEN INSPECTED, I DISCOVERED THAT VEHICLE B (SMF 1181 T – LEXUS)
WHICH WAS BEHIND ME, HAD COLLIDED ONTO THE REAR OF MY TAXI.

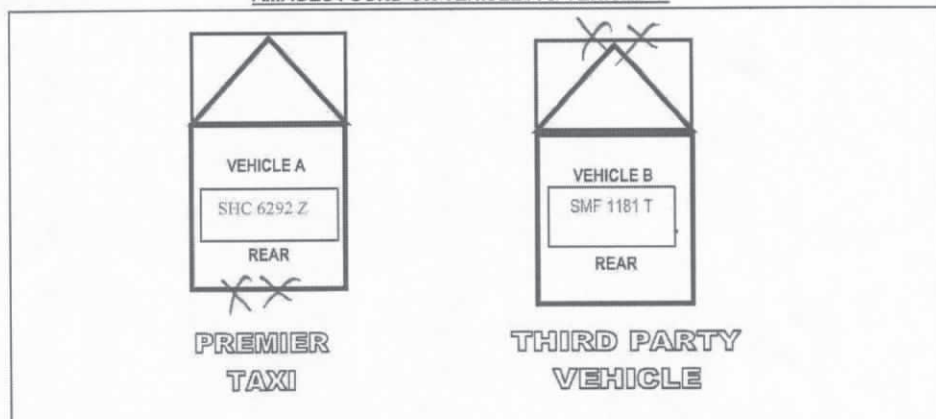
DUE TO THE IMPACT, MY TAXI HAD DAMAGES ON THE REAR PORTION AND VEHICLE
B HAD DAMAGES ON THE FRONT PORTION.

NO INJURY INVOLVED.

NO PASSENGERS ONBOARD BOTH VEHICLES.

*VIDEO FOOTAGE CAPTURED & SCENE PHOTOS TAKEN.

AMAGES FOUND ON VEHICLE A & VEHICLE B



 876098246.
Driver's Signature & NRIC Number
@ 8:43:30 AM
(attended by )

Text size + -

Enquire Transaction History**Transaction History Details**

Log Date/Time:	25 Nov 2014 / 09:32:57	Receipt No.:	AACCK001-AX239-141125-000010
Asset Type:	Vehicle	Transaction Amount:	\$64,194.00
Asset ID:	SHC6292Z	Channel:	AA Counterless - CYCLE & CARRIAGE KIA PTE LTD
Transaction Type:	01.02 Register New Vehicle (AA)		
Business Transaction Reference No.:	20141125093257426533		

Vehicle No.:	SHC6292Z
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:	25 Nov 2014
Original Registration Date:	25 Nov 2014
Vehicle Make:	KIA
Vehicle Model:	OPTIMA 1.7(A) DIESEL
Chassis No.:	KNAGM414MF5555235
Engine No.:	D4FDEH311816
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:	\$20,155.00
Minimum PARF Benefit:	\$7,630.00
PARF Eligibility:	Y
No. of Transfer:	0
Effective Ownership Date/Time:	25 Nov 2014 09:32:57
COE No.:	2014112501001367N
COE Expiry Date:	24 Nov 2022
COE Bid Category:	-
Actual QP/PQP Paid Amount:	\$51,337.00
Lifespan Expiry Date:	24 Nov 2022
Owner ID Type:	Company