

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	07/01/2019 15:06
Date Of Accident	05/01/2019 02:55
Exact Location Of Accident	EUNOS LINK // KAKI BUKIT AVE 2
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD1175G
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	WOON WAI KEE
NRIC No	S1352793H
Date Of Birth	12/09/1959
Occupation	OUTDOOR
Date Of Driving Pass	25/06/1977
Driving Experience	41 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96168097
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 548 #04-408 BEDOK NORTH AVE 1
Postcode	460548
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)	1

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

BOTH VEHICLES - 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	SLJ1495D
Vehicle Make/Model/Colour	TOYOTA VIOS
Details Of Properties	VEH.B
Vehicle Category	PRIVATE CAR
Name of Driver	DANY
NRIC/Passport Number	S7976785I
Contact Number	91865757
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:

07 JAN 2019

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

KAKI BUKIT AVEZ.

KEYCH

00

4

A

B

3

2

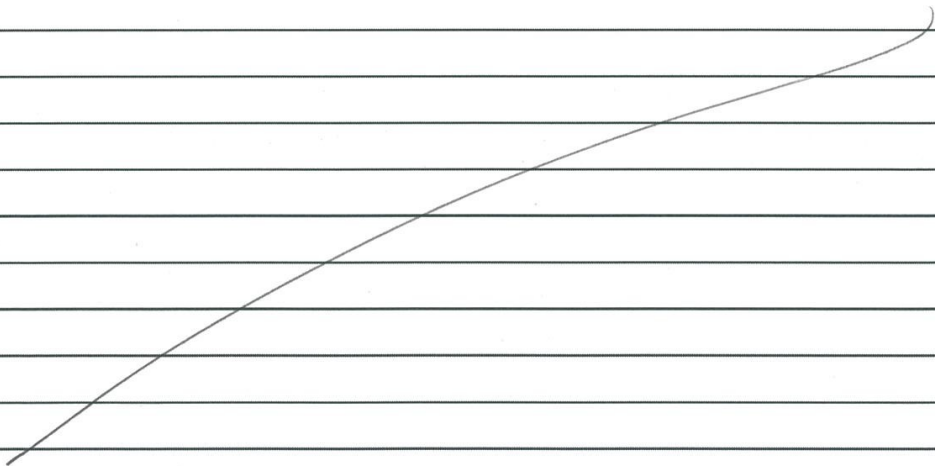
1

EUNOS LINK.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

A: SHD 1175 G

B: SLT 1495 D.

A hand-drawn graph on lined paper. The graph consists of a single curve that starts at a low point on the left and rises steadily towards the upper right corner. The curve is concave down, meaning its slope decreases as it moves to the right. At the end of the curve on the right, there is a small upward hook. The curve is drawn in a dark ink or pencil.

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

Signature 

ers are true in every respect.



2

Describe Circumstance of the Accident.

ON 05/01/2019 @ 0257HRS, I WAS DRIVING MY TAXI (SHD 1175 G), TRAVELLING ALONG THE TRAFFIC LIGHT JUNCTION OF EUNOS LINK & KAKI BUKIT AVE 2, IN LANE 3.

I SLOWED DOWN MY TAXI TO A COMPLETE STOP – AS TRAFFIC LIGHT WAS RED AT THE POINT OF TIME.

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

WHEN INSPECTED, I DISCOVERED THAT VEHICLE B (SLJ 1495 D – TOYOTA VIOS) WHICH WAS BEHIND ME, HAD COLLIDED ONTO THE REAR OF MY TAXI.

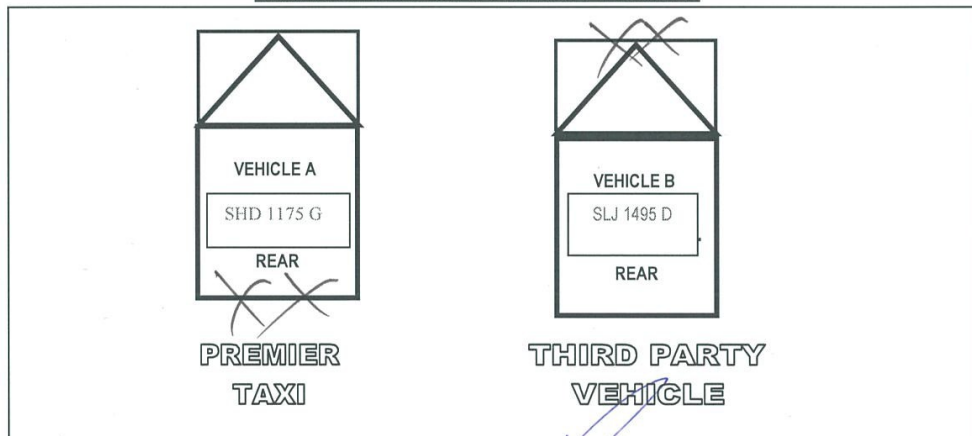
DUE TO THE IMPACT, MY TAXI HAD DAMAGES ON THE REAR PORTION AND VEHICLE B HAD DAMAGES ON THE FRONT PORTION.

NO INJURY INVOLVED.

NO PASSENGERS ONBOARD BOTH VEHICLES.

*VIDEO FOOTAGE CAPTURED & SCENE PHOTOS TAKEN.

DAMAGES FOUND ON VEHICLE A & VEHICLE B





Driver's Signature & NRIC Number


@ 3:15:43 PM


(attended by)

Sketch Plan Pg. 4

PREMIER TAXIS	HIRER / RELIEF / SUPER RELIEF
VEHICLE NO.	SHA 11756
CONTACT NO.	9616 8097
NEW MAILING ADDRESS (if any)	

REPUBLIC OF SINGAPORE DRIVING LICENCE	
	Licence Number: S1352793H Name: WOON WAI KEE Birth Date: 12 Sep 1959 Issue Date: 07 Nov 2018
	


REPUBLIC OF SINGAPORE	
IDENTITY CARD NO. S1352793H	
	Name: WOON WAI KEE 雲惟基 Race: CHINESE Date of Birth: 12-09-1959 Sex: M Country of Birth: SINGAPORE

Land Transport Authority	
	VOCATIONAL LICENCE Licence No. S1352793H Name: WOON WAI KEE Issue Date: 11/6/2012 Please visit www.lta.gov.sg to check the status of this vocational licence

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

		EFFECTIVE DATE
Class 2B	Motorcycles <= 200 cc	26 May 1978
Class 2A	Motorcycles between 201 cc and 400 cc	26 May 1978
Class 2	Motorcycles > 400 cc	26 May 1978
Class 3	Motor cars with unladen weight <= 3000kg with <= 7 passengers, exclusive of driver; and other motor vehicles with unladen weight <= 2500kg	25 Jun 1977
Class 4	Motor vehicles which are constructed to carry load or passengers and the unladen weight > 2500kg	04 Dec 1980
Class 5	Motor vehicles which are not constructed to carry load or passengers and the unladen weight <= 7250kg	24 Feb 1981
	and the unladen weight > 7250kg	

1494914

	NRIC No: S1352793H
	
Blood Group: Q+	Date of issue: 07-12-1993
Address: APT BLK 548 BEDOK NORTH AVENUE 1 #04-408 SINGAPORE 460548	
NRIC No: S1352793H	Date: 14-07-2006 No: 5390554

NP 428A

Licence No: S1352793H

This card is not transferable and is the property of the Land Transport Authority (LTA). It must be surrendered to the LTA on request. If found, please return to LTA, 10 Sin Ming Drive, Singapore 575701.

Type	Description	Issue Date
02	TAXI VL	28/07/2009



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

