

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	22/03/2019 15:33
Date Of Accident	21/03/2019 22:30
Exact Location Of Accident	SLIP OF ANG MO KIO AVE 2 INTO UPP SERANGOON ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB8494A
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	5107202885
Cover Note Number	

Driver

Name of Driver	LIM BUCK NAM
NRIC No	S1255790F
Date Of Birth	21/12/1957
Occupation	OUTDOOR
Date Of Driving Pass	16/03/1978
Driving Experience	41 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90123106
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 640 #11-5013 ANG MO KIO AVE 6
Postcode	560640
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - SUPER RELIEF - ANG MO KIO
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?	YES
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 REAR SEAT - CHINESE GENDER: : FEMALE

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 - 1 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	SHC5679Z
Vehicle Make/Model/Colour	TRANSCAB TAXI
Details Of Properties	VEH. B
Vehicle Category	TAXI
Name of Driver	MR LEE
NRIC/Passport Number	
Contact Number	94837427
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

2

DETAILS OF INJURED PERSON 1

Name	LIM BUCK NAM - DRIVER OF VEH. A
Approximate Age	
Injuries Sustain	FELT SOME DISCOMFORT & WILL SEEK FOR MEDICAL TREATMENT
Injured person in which vehicle?	SHB8494A
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

Sketch Plan Pg. 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:

[Handwritten Signature]

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

[Handwritten Signature]
SIC 8494A
1255790F

22 MAR 2013

[Handwritten Signature]

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

Describe Circumstance of the Accident.

ON 21/03/2019 @ 2230HRS, I WAS DRIVING MY TAXI (SHB 8494 A), TRAVELLING ALONG THE SLIP ROAD OF ANG MO KIO AVE 2 INTO UPP SERANGOON ROAD WITH A PASSENGER ONBOARD.

I STOPPED MY TAXI AS ANOTHER VEHICLE AHEAD OF ME STOPPED.

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

WHEN INSPECTED, I DISCOVERED THAT VEHICLE B (SHC 5679 Z – TRANSCAB) WHICH WAS BEHIND ME, HAD COLLIDED ONTO THE REAR OF MY TAXI.

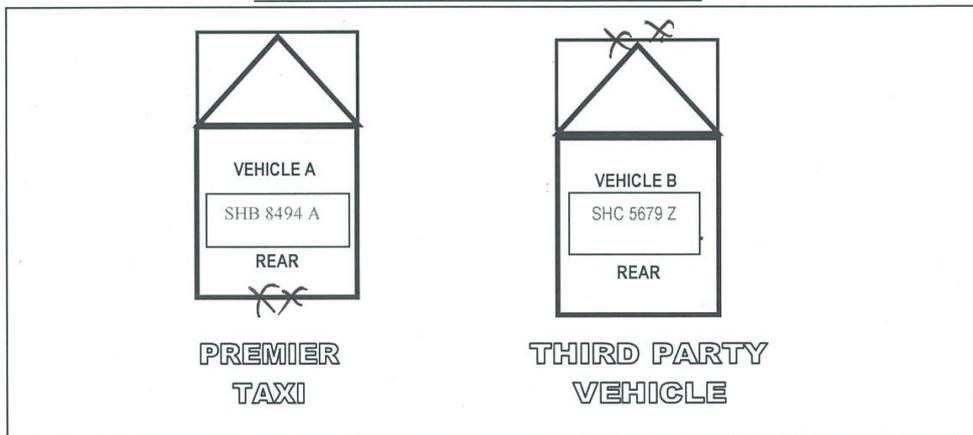
DUE TO THE IMPACT, MY TAXI HAD DAMAGES ON THE REAR PORTION & VEHICLE B HAD DAMAGES ON THE FRONT PORTION.

AS A RESULT, I FELT SOME DISCOMFORT & WILL SEEK FOR MEDICAL TREATMENT SOON. NO AMBULANCE AT SCENE.

VEHICLE B HAD A PASSENGER ONBOARD.

*VIDEO FOOTAGE & SCENE PHOTOS CAPTURED.

DAMAGES FOUND ON VEHICLE A & VEHICLE B



cpw 12557901F

Driver's Signature & NRIC Number

@ 3:40:16 PM

(attended by

Sketch Plan Pg. 4

PREMIER TAXIS	HIPER / RELIEF / SUPER RELIEF
VEHICLE NO.	SHB8494A
CONTACT NO.	90123106.
NEW MAILING ADDRESS (if any)	

REPUBLIC OF SINGAPORE



Licence Number: S1255790F
 Name: LIM BUCK NAM
 Birth Date: 21 Dec 1957
 Issue Date: 22 Oct 2012



REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1255790F



Name: LIM BUCK NAM
 林木南
 Race: CHINESE
 Date of birth: 21-12-1957
 Sex: M
 Country of birth: SINGAPORE

Land Transport Authority



VOCATIONAL LICENCE
 Licence No: S1255790F
 Name: LIM BUCK NAM
 Issue Date: 13/4/2009
 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)

Class	Description	EFFECTIVE DATE
Class 2	Motorcycles > 400 cc	11 Aug 1978
Class 3	Motor Cars =< 3000kg with =< 7 passengers, exclusive of the driver, and other motor vehicles =< 2500kg	16 Mar 1978

4828257



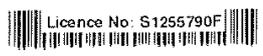
NRIC No: S1255790F



Date of issue: 21-02-2012

Address: APT BLK 640 ANG MO KIO AVENUE 6 #11-5013 SINGAPORE 560640

NP 428A



Licence No: S1255790F

This card is not transferable and is the property of the Land Transport Authority (LTÄ). 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	16/04/1997



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

