

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	09/04/2019 14:27
Date Of Accident	08/04/2019 22:45
Exact Location Of Accident	THOMSON ROAD JUNCTION OF NOVENA RISE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD1642A
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	IONIQ HYBRID-1.6 GLS DCT (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	U MYO LWIN
NRIC No	S2731998Z
Date Of Birth	11/08/1949
Occupation	OUTDOOR
Date Of Driving Pass	23/08/1994
Driving Experience	24 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97863841
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLOCK 655B JURONG WEST STREET 61 #08-534
Postcode	642655
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 - CROSS JUNCTION
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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	KAMPONG JAVA NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 21 KAMPONG JAVA ROAD , POSTCODE: 228892 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2959999 - FAX NO: 63918499
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

VEHICLE A: NO PAX VEHICLE B: 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	SHC1325X
Vehicle Make/Model/Colour	COMFORT TAXI
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	EU TAI CHIU
NRIC/Passport Number	S1444629Z
Contact Number	96697459
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	U MYO LWIN
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SHD1642A
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

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:

[Signature]

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

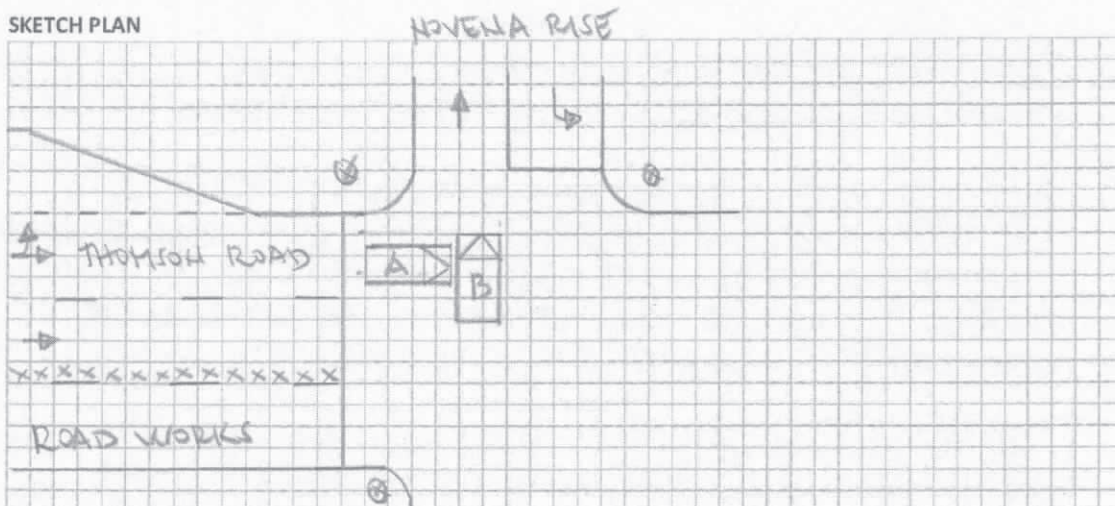
92731998Z

[Signature]

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

Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

A: STD 1642 A

B: STD 1325 X

DECLARATION

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



Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Chydwia: S2731998Z

Reporting Centre Personnel's Signature

Name: _____

NRIC/FIN No.:

Describe Circumstance of the Accident.

ON 08/04/2019 @ 2245 HRS, I WAS DRIVING MY TAXI (SHD 1642 A) ALONG THOMSON ROAD TOWARDS NOVENA MRT AT THE EXTREME LEFT LANE.

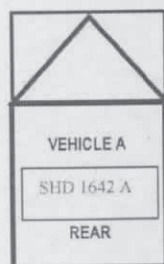
WITH THE TRAFFIC LIGHT IS GREEN IN MY FAVOUR, I CONTINUE TO MOVED FORWARD WHEN SUDDENLY VEHICLE B (SHC 1325 X – COMFORT TAXI) DASHED OUT AND MAKE A RIGHT TURN TOWARDS NOVENA RISE. I IMMEDIATELY APPLIED BRAKE AND SWERVED MY TAXI TO AVOID THE COLLISION BUT TO NO AVAIL, MY TAXI COLLIDED ONTO VEHICLE B.

DUE TO THE ACCIDENT, MY TAXI HAVE DAMAGES ON THE FRONT PORTION AND VEHICLE B HAVE DAMAGES ON THE LET SIDE PORTION.

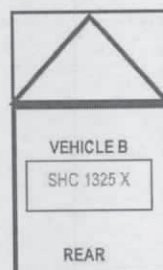
I WENT TO SEE THE DOCTOR AFTER THE ACCIDENT DUE TO DISCOMFORT.

NO PASSENGER ON MY TAXI AND VEHICLE B HAVE ONE PASSENGER.

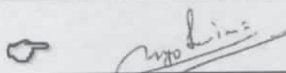
DAMAGES FOUND ON VEHICLE A & VEHICLE B



PREMIER
TAXI



THIRD PARTY
VEHICLE

 S2731998Z

Driver's Signature & NRIC Number
Tuesday, April 09, 2019 @ 2:54:39 PM

(attended by)

Sketch Plan Pg. 4

**POLICE FORCE**

T/20190409/2076

Police Station Of Origin:
Kampong Java N.P.C
21 Kampong Java Road SINGAPORE
228892
Tel No: 1800-2959999

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Report No. T/20190409/2076

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 09/04/2019 12:58		Vide Report No.:	Station Diary No.: 267
Informant's Particulars			
Name of Informant: U MYO LWIN		Address: APT BLK 655B JURONG WEST STREET 61 #08-534 SINGAPORE 642655	
ID Type / ID No.: NRIC NO / S2731998Z		Contact No.: Home/Office: Mobile: 97863841	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 69	Date of Birth: 11/08/1949	Type of Informant: Driver
Race: Burmese		Language:	Institution / School Name:
Occupation: Taxi driver		Driving Licence Information: Class: 2B,3 Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 08/04/2019 22:45	Type of Location: Bend
Location: Along Road 1 THOMSON ROAD along Thomson road before novena rise junction.				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHC1325X	Car				Seriously Damaged	1
SHD1642A	Car				Seriously Damaged	0

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



**SINGAPORE
POLICE FORCE**



T/20190409/2076

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Report No. T/20190409/2076

Police Station Of Origin:
Kampong Java N.P.C
21 Kampong Java Road SINGAPORE
228892
Tel No: 1800-2959999

CONTINUATION OF REPORT

Driver			
Name	U MYO LWIN	ID No.	S2731998Z
Related Vehicle	SHD1642A (Car)	Contact No.	97863841
Hospital/Clinic	A LIFE CLINIC PTE LTD	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	05	Degree of Injury	Slight

Brief Details.

On 08/04/2019 at about 2245hrs I was driving along Thomson road as I was on my way to Novena MRT taxi stand, subsequently as I was driving along Thomson road before Novena Rise I met an accident with another vehicle SHC1325X. However I decided to call for police assistance and 2 Traffic police came to assist on the above mentioned location, The driver of SHC1325X provided me with his particulars

Name: Eu Tai Chiu
NRIC: S1444629Z
Contact: 96697459

I am lodging this report for record purposes.

**POLICE FORCE**

T/20190409/2076

Police Station Of Origin:
 Kampong Java N.P.C
 21 Kampong Java Road SINGAPORE
 228892
 Tel No: 1800-2959999

3 of 3


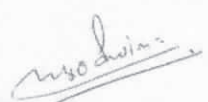


Report No. T/20190409/2076

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: E / Sgt 1 JOEL PHUA JIAN WEI 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 09/04/2019 12:58
Officer In Charge Of Case: TP / AEIT / Sgt 2 SHARIFAH NOR FARIZAN BINTE SYED MOHD SAIK 	Classification Of Case:
Contact No: 65476172 Authentication Stamp NP 168 <div style="border: 1px solid black; padding: 5px; width: fit-content; margin-top: 10px;">  SIGNATURE </div>	

Enquire Vehicle Registration Details

Owner Particulars

NRIC/Passport /Company Cert No.: 200304975H

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.: SHD1642A

Previous Vehicle No.: -

Effective Date of Ownership: 26 Feb 2019

Original Regn Date: 26 Feb 2019

Registration Date: 26 Feb 2019

Year of Manufacture: 2018

Vehicle Type: Public Transport Taxi (Motor Car)

Vehicle Scheme: Taxi (Company)

Vehicle Attachment 1: Air-Con (Taxi)

Vehicle Attachment 2: -

Vehicle Attachment 3: -

Vehicle Make: HYUNDAI

Vehicle Model: AE IONIQ HEV 1.6 DCT

Primary Colour: Silver

Secondary Colour: -

Passenger Capacity: 4

Chassis No.: KMHC851CVKU129629

Engine No.: G4LEJU156604

Motor No.: PM04JB5082DJ

Engine Capacity /Power Rating: 1580 cc / 32.0 kW

Maximum Power Output: 103.6 kW (138 bhp)