

## 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	06/05/2019 11:13
Date Of Accident	05/05/2019 17:40
Exact Location Of Accident	MSCP @ KRANJI TURF CLUB (LEVEL 2)
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC6670R
<b>Insured/Policyholder</b>	
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	AHMAD DAWOOD BIN ENDI
NRIC No	S1699921J
Date Of Birth	25/02/1965
Occupation	OUTDOOR
Date Of Driving Pass	25/04/2013
Driving Experience	6 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92964009
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 634 #05-135 WOODLANDS RING ROAD
Postcode	730634
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?	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	SHA3921Y
Vehicle Make/Model/Colour	COMFORT TAXI/HY
Details Of Properties	VEH. B
Vehicle Category	TAXI
Name of Driver	MOHD YUNOS BIN ABD RAHMAN
NRIC/Passport Number	S1738439B
Contact Number	92367337
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
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:

*[Signature]*

Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 6/5/19

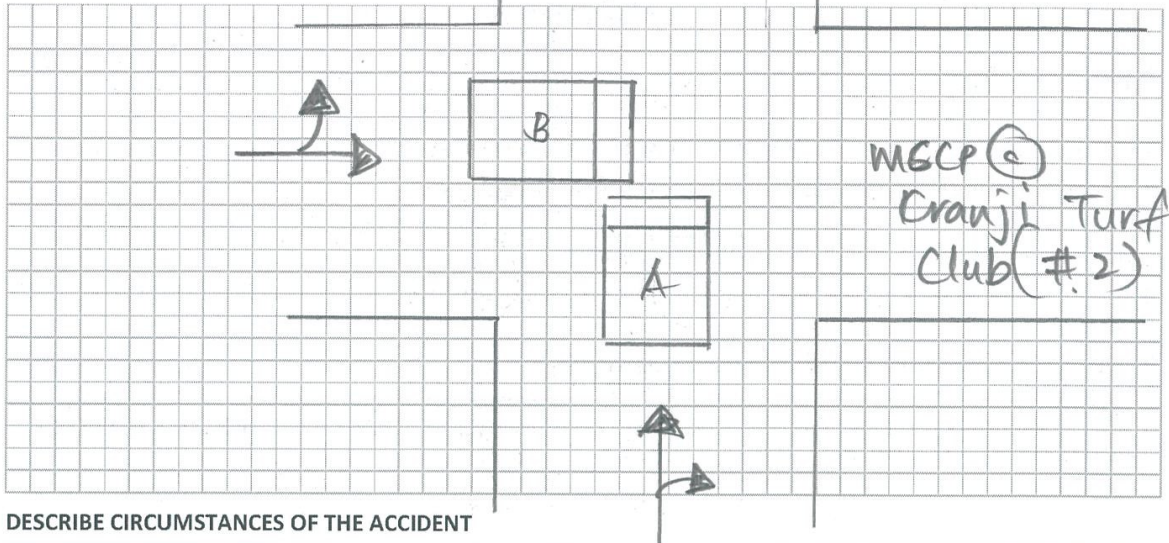
06 MAY 2019

*[Signature]*

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

# Sketch Plan Pg. 2

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

A: SHC 6670R

B: SHA 3921Y.

## 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:

*[Signature]*

06 MAY 2019

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

*[Signature]*



Describe Circumstance of the Accident.

ON 05/05/2019 @ 1740 HRS, I WAS DRIVING MY TAXI ( SHC 6670 R ), ALONG THE MSCP @ KRANJI TURF CLUB (LEVEL 2).

WHILE I WAS MOVING STRAIGHT AHEAD TOWARDS MY PASSENGERS PICK UP POINT, SUDDENLY VEHICLE B( SHA 3921 Y – COMFORT TAXI ) WHICH WAS FROM THE LEFT SIDE OF THE DRIVEWAY – ENCROACHED ONTO MY PATH ON MY LEFT ABRUPTLY & COLLIDED ONTO THE LEFT FRONT PORTION OF MY TAXI.

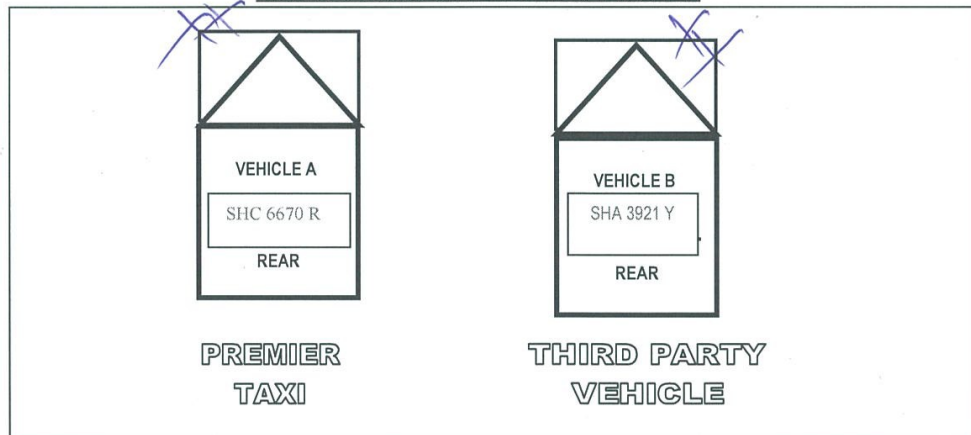
DUE TO THE IMPACT, MY TAXI HAD DAMAGES ON THE LEFT FRONT PORTION & VEHICLE B HAD DAMAGES ON THE RIGHT FRONT PORTION.



NO INJURY INVOLVED.

NO PASSENGERS ONBOARD BOTH VEHICLES.

\*SCENE PHOTOS & VIDEO FOOTAGE CAPTURED

DAMAGES FOUND ON VEHICLE A & VEHICLE B



  
Driver's Signature & NRIC Number  
@ 11:20:39 AM  
(attended by )

ATHMAN DAWOOD BIRU ENDI

S1699921 J

SHC 6670 R



Sketch Plan Pg. 4

<b>PREMIER TAXIS</b>	HIRER / RELIEF / SUPER RELIEF
VEHICLE NO.	SHC6670R
CONTACT NO.	9296 4009
NEW MAILING ADDRESS (if any)	✓

**REPUBLIC OF SINGAPORE DRIVING LICENCE**

License Number: **S1699921J**  
Name: **AHMAD DAWOOD BIN ENDI**

Birth Date: 25 Feb 1965  
Issue Date: 25 Apr 2013

002174365C

**REPUBLIC OF SINGAPORE**  
IDENTITY CARD NO. **S1699921J**

Name: **AHMAD DAWOOD BIN ENDI**

Race: **BOYANESE**  
Date of Birth: **25-02-1965** Sex: **M**  
Country of Birth: **SINGAPORE**

**Land Transport Authority**

**VOCATIONAL LICENCE**  
Licence No: **S1699921J**  
Name: **AHMAD DAWOOD BIN ENDI**  
Issue Date: **29/1/2016**

Please visit [www.lta.gov.sg](http://www.lta.gov.sg) to check the status of this vocational licence

27399

Barcode

NRIC No: **S1699921J**

Blood Group: **A+** Date of issue: **22-11-1995**

APT BLK 634 WOODLANDS RING ROAD #05-135  
SINGAPORE 730634  
81699921J 17/09/2013

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

	EFFECTIVE DATE
Class 3A Motor cars without clutch pedals (Auto) =< 3000kg with =< 7 passengers, exclusive of the driver; and other motor vehicles without clutch pedals =< 2500kg	25 Apr 2013

NP 428A

Barcode Licence No: S1699921J

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	29/01/2015



Accident Photo





Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo

