

## 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	28/05/2019 14:15
Date Of Accident	28/05/2019 12:10
Exact Location Of Accident	SLIP ROAD OF CLEMENTI AVE 6 /COMMONWEALTH AVE WEST
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC6930R
<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	SOH ENG HUAT
NRIC No	S0057067B
Date Of Birth	01/05/1953
Occupation	OUTDOOR
Date Of Driving Pass	11/09/1980
Driving Experience	38 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93925658
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 389 BUKIT BATOK WEST AVENUE 5, #21-394
Postcode	650389
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - RELIEF
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)	2
Passenger 1	NAME: : FEMALE 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

REFER TO THE ATTACHED STATEMENT

#### 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	GBF9522X
Vehicle Make/Model/Colour	TOYOTA VAN
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	MR ARANGANITHI
NRIC/Passport Number	G8157527X
Contact Number	82839726/62130986
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRONT PORTION
No. Of Passenger (Including Driver)	4

Passenger 1

NAME: : MALE BANGLADESHI

GENDER: : MALE

Passenger 2

NAME: : MALE BANGLADESHI

GENDER: : MALE

Passenger 3

NAME: : MALE BANGLADESHI

GENDER: : MALE



## SKETCH PLAN

### 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. 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.

SHC6930R

*Handwritten Signature* . 50057067B *Handwritten Signature*



Policyholder's Signature  
Date & Time:

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

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

Describe Circumstance of the Accident.

ON 28/05/2019 @ 1210 HRS, I WAS DRIVING MY VEHICLE ( SHC 6930 R - SILVERCAB ) TRAVELLING ALONG THE SLIP ROAD OF CLEMENTI AVENUE 6 – TOWARDS COMMONWEALTH AVENUE WEST, WITH 1 FEMALE PASSENGER ONBOARD.

I SLOWED DOWN TO A STOP, CHECKING FOR CLEARANCE FROM THE MAIN ROAD. SUDDENLY, I FELT AN IMPACT FROM THE REAR. I THEN REALIZED THAT VEHICLE B ( GBF 9522 X - TOYOTA VAN), HAD FAILED TO STOP IN TIME, COLLIDING ONTO MY REAR PORTION.

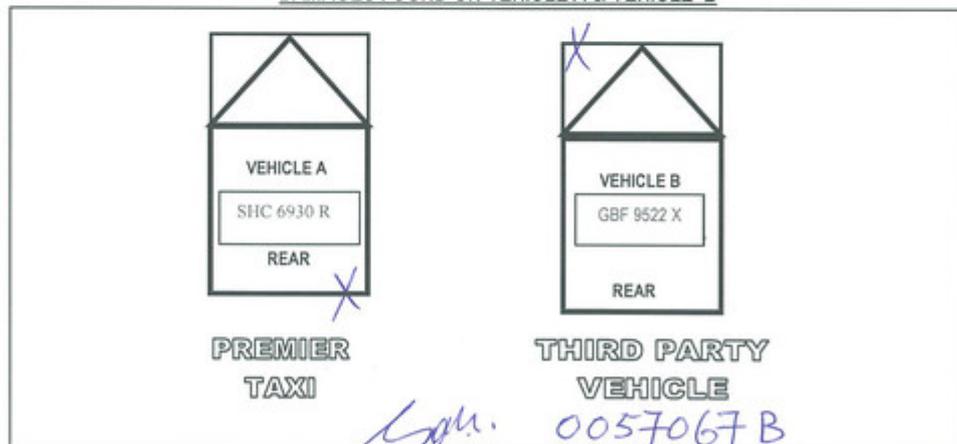
DUE TO THE IMPACT, MY VEHICLE SUSTAINED DAMAGES ON THE REAR PORTION. VEHICLE B SUSTAINED DAMAGES ON THE FRONT PORTION.

THREE MALE BANGLADESHI ONBOARD VEHICLE B.

NO INJURY INVOLVED  
NO AMBULANCE AT SCENE.

**\*VIDEO FOOTAGE CAPTURED\***

DAMAGES FOUND ON VEHICLE A & VEHICLE B



Driver's Signature & NRIC Number  
Tuesday, May 28, 2019 @ 2:06:56 PM

( attended by )

NRIC

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S0057067B



Name  
**SOH ENG HUAT**

Race  
**CHINESE**

Date of birth  
**01-05-1953**

Sex  
**M**

Country of birth  
**SINGAPORE**




(RELIEF)

KIA OPTIMA

9392 5658

SHC 6930 R

Land Transport Authority

PROVISIONAL LICENCE



Identity Card No. S0057067B

Name SOH ENG HUAT

Issue Date 14 Aug 2012

Expiry Date 14 Aug 2014

Please do not pay road tax for this licence.

REPUBLIC OF SINGAPORE DRIVING LICENCE

Identity Card No. S0057067B



Name SOH ENG HUAT

Issue Date 14 Aug 2012

Expiry Date 14 Aug 2014



4863616




ASIC No. S0057067B

Date of Issue  
31-07-2012

Address  
APT BLK 389 BUKIT BATOK WEST AVENUE 5  
#21-394  
SINGAPORE 650389

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	07/08/1985



YOU ARE NOT ALLOWED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

Class 3 Motor Cars and Motor Tractors (the weight of which and size does not exceed 2000 kilogram)

11 Sep 1980



4863616

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

