

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	17/06/2019 09:04
Date Of Accident	15/06/2019 11:40
Exact Location Of Accident	YISHUN AVE 1
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD1077G
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	MOHAMED NOOR BIN ISAHAK
NRIC No	S1190568D
Date Of Birth	22/07/1956
Occupation	OUTDOOR
Date Of Driving Pass	03/04/1978
Driving Experience	41 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94595857
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 50 #03-819 CHAI CHEE STREET
Postcode	461050
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?	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 LEFT SEAT - CHINESE GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	YISHUN SOUTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 32 YISHUN ST 81 , POSTCODE: 768456 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8522999 - FAX NO: 68522239
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

VEH. A - 1 PAX VEH. B - NO PAX *REFER TO ATTACH POLICE REPORT 1/ ADDENDUM : DATE OF BIRTH OF I/D SHOULD BE 22/07/1956

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	SHC8352X
Vehicle Make/Model/Colour	COMFORT TAXI
Details Of Properties	VEH. B
Vehicle Category	TAXI
Name of Driver	MALE CHINESE
NRIC/Passport Number	
Contact Number	

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

1

DETAILS OF INJURED PERSON 1

Name

MOHAMED NOOR BIN ISAHAK - DRIVER OF VEH. A

Approximate Age

Injuries Sustain

WENT TO MT ALVERNIA HSPTL FOR TREATMENT & HAD 5 DAYS MC

Injured person in which vehicle?

SHD1077G

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

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.



Policyholder's Signature
Date & Time:

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

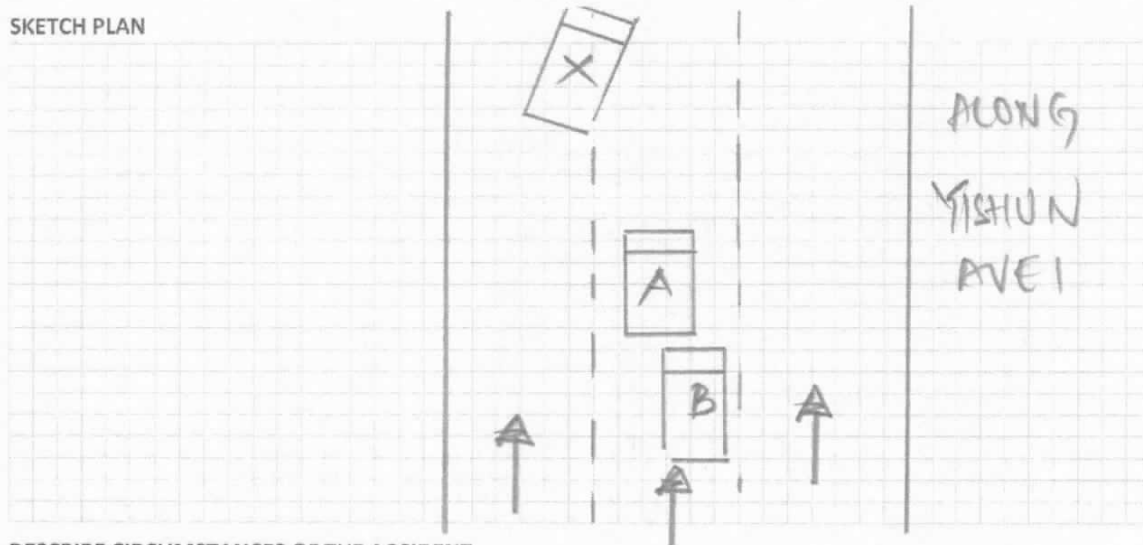
✓ S1190568/A
✓ S11A1077G

17 JUN 2019

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

Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

A: SHD 1077 G

B: SHC 8352X

* Refer to attach police report

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:
25/11/2018

17 JUN 2019

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



**SINGAPORE
POLICE FORCE**



T/20190615/2073

Police Station Of Origin:
Yishun South N.P.C
32 Yishun Street 81 SINGAPORE 768456
Tel No: 1800-8522999

1 of 3

Report No. T/20190615/2073

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 15/06/2019 13:48		Vide Report No.:	Station Diary No.: 48
Informant's Particulars			
Name of Informant: MOHAMED NOOR BIN ISAHAK		Address: APT BLK 50 CHAI CHEE STREET #03-819 SINGAPORE 461050	
ID Type / ID No.: NRIC NO / S1190568D		Contact No.: Home/Office: Mobile: 94595857	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 62	Date of Birth: 22/07/1956	Type of Informant: Driver
Race: Malay		Language: English	Institution / School Name:
Occupation: Taxi Driver		Driving Licence Information: Class: 3,4 Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 15/06/2019 11:40	Type of Location: Straight Road
Location: Along: Road 1 Traveling Toward Road 2 YISHUN AVENUE 1 YISHUN STREET 81 Yishun Ave 1 towards Yishun St 81 Lamp Post Number: 49				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHC8352X	Taxi	HYUNDAI		Blue	Slightly Damaged	0
SHD1077G	Taxi	KIA		Silver	Slightly Damaged	1

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20190615/2073

2 of 3

Report No. T/20190615/2073

Police Station Of Origin:
Yishun South N.P.C
32 Yishun Street 81 SINGAPORE 768456
Tel No: 1800-8522999

CONTINUATION OF REPORT

Driver			
Name	MOHAMED NOOR BIN ISAHAK	ID No.	S1190568D
Related Vehicle	SHD1077G (Taxi)	Contact No.	94595857
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3,4 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	Slight

Brief Details.

On 15/06/19 at about 1140hrs, I was travelling along Yishun Ave 1 towards Yishun St 81. Inside my taxi, there is one passenger sitting at the left rear side. As I was driving, I noticed there were vehicles on the most left lane wanting to filter into my lane, middle lane. I then slowed down my taxi to allow other vehicles to filter into my lane. However out of a sudden, I felt a loud impact and sound coming from the rear of my taxi.

After the collision, I stopped my taxi on the road and came down to make a check. When I came down, I noticed another taxi, Blue, Hyudai, SHC8352X had hit onto the rear of my taxi. Both of us took photos of the incident however we did not exchanged particulars. Both of us decided to make a report about this matter. I have informed my taxi company about it.

Both cars have in car front cameras. I did make a check with my passenger and she told me she was not injured. My passenger is one female, Chinese, in her early 30s.

I wish to state that after the collision, I felt pain at the back of my body and I have scratches near to the top my right eyebrow. I have yet to seek any medical treatment.



**SINGAPORE
POLICE FORCE**



T/20190615/2073

Police Station Of Origin:
Yishun South N.P.C
32 Yishun Street 81 SINGAPORE 768456
Tel No: 1800-8522999

3 of 3

Report No. T/20190615/2073

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: L / Sgt 2 OOI JIA JUN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 15/06/2019 13:48
Officer In Charge Of Case: TP / AEIT / Sgt 2 SHARIFAH NOR FARIZAN BINTE SYED MOHD SAID Contact No.: 65476172	Classification Of Case:
Authentication Stamp NP168 	



T/20190615/2133

1 of 3

Report No. T/20190615/2133

Case Summary Form (CSF For NP168)

Manual NP168 Form Serial No T/20190615/2073

Report Number T/20190615/2133

Vide Report Number T/20190615/2073

Date/Time of Report Made 15/06/2019 17:45

Place Report Lodged Traffic Police

Type of Informant Driver

Name of Informant MOHAMED NOOR BIN ISAHAK

ID Type / ID No. NRIC NO / S1190568D

Home/Office 0

Mobile 94595857

Email

Type of Accident Injury / Others

Drink Drive No

Anyone conveyed by ambulance No

Date/Time of Accident 15/06/2019 11:40

Details of Person Involved

Any Pedestrian Involved: No

No. of Pedestrians Injured: NIL

Use of Pedestrian Crossing: NA



T/20190615/2133

2 of 3

Report No. T/20190615/2133

Continuation of CSF For NP168

Driver:			
Name	MOHAMED NOOR BIN ISAHAK	ID No.	S1190568D
Related Vehicle	NIL	Contact No.	0
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	15/06/2019	Date Discharge	NIL
No. of Days granted Medical Leave	05	Degree of Injury	NIL

Brief Facts.

I WOULD JUST LIKE TO ADD THAT I WAS GIVEN 5 DAYS MC BY MOUNT ALVERNIA HOSPITAL.



T/20190615/2133

3 of 3

Report No. T/20190615/2133

Continuation of CSF For NP168

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.

Case Sensitivity

No

Officer-In-Charge of Case

TP / AEIT /
SHARIFAH NOR FARIZAN BINTE SYED MOHD SAID

Classification of Case

1) INJURY / OTHERS