

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	21/10/2019 09:09
Date Of Accident	18/10/2019 23:45
Exact Location Of Accident	AIRPORT BLVD - CHANGI AIRPORT T2
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB8080K
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	OSMAN BIN MOHAMED SALLEH
NRIC No	S0682826D
Date Of Birth	26/10/1948
Occupation	OUTDOOR
Date Of Driving Pass	27/11/1974
Driving Experience	44 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90378942
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 446 #09-104 PSIR RIS DRIVE 6
Postcode	510446
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	CHAIN COLLISION
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	3
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?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

ALL 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	SHB4125S
Vehicle Make/Model/Colour	COMFORT TAXI
Details Of Properties	VEH. B
Vehicle Category	TAXI
Name of Driver	MR TAN
NRIC/Passport Number	
Contact Number	96498787
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SHF1622Y
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Vehicle Make/Model/Colour	TAXI
Details Of Properties	VEH. C
Vehicle Category	TAXI
Name of Driver	MR DAUD
NRIC/Passport Number	
Contact Number	90555004
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

DETAILS OF INJURED PERSON 1

Name	OSMAN BIN MOHAMED SALLEH - DRIVER OF VEH. A
Approximate Age	
Injuries Sustain	WENT TO CHANGI HSPTL FOR TREATMENT & HAD 3 DAYS MC
Injured person in which vehicle?	SHB8080K
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

SKETCH PLANIMPORTANT NOTICE

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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:

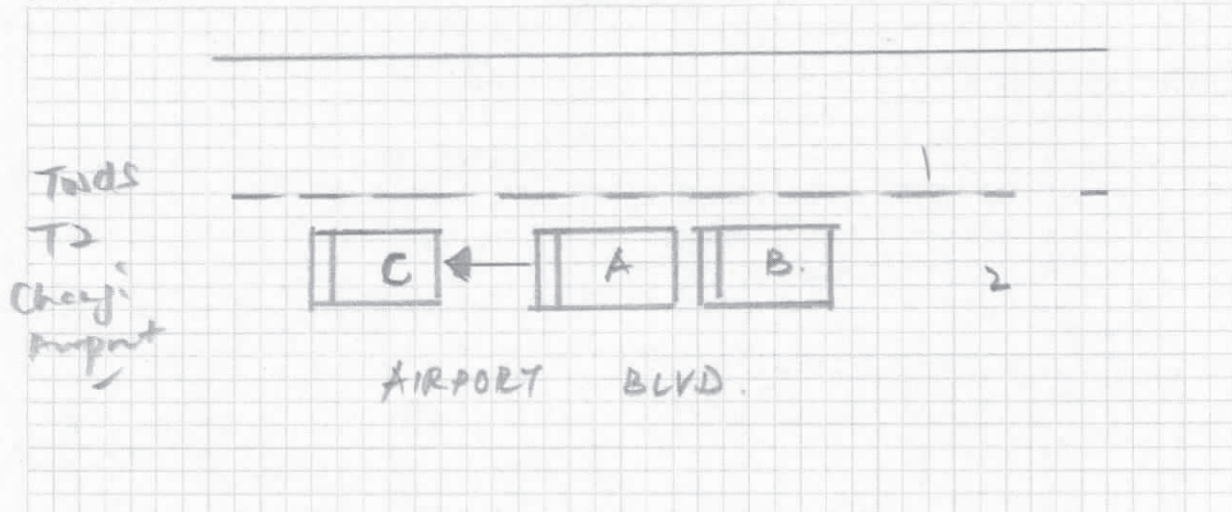
Driver's Signature
(If driver is not the policyholder)
Date & Time:

X 50682826 D

21 OCT 2019

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

SKETCH PLAN

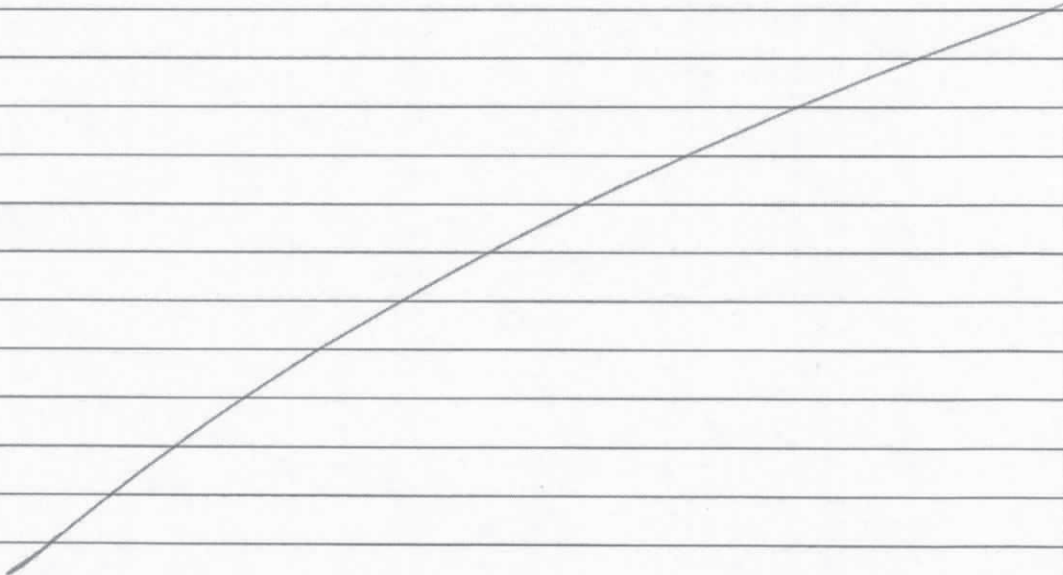


DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

A: SHB8080K

B: SHB4125S

C: SHF 1622Y.



DECLARATION

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

21 OCT 2019

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.:

Time: 506628260

Describe Circumstance of the Accident.

*** CHAIN COLLISION ***

ON 18/10/2019 @ 2345HRS, I WAS DRIVING MY TAXI (SHB 8080 K) – TRAVELLING ALONG AIRPORT BLVD – CHANGI AIRPORT T2, IN LANE 2.

I STOPPED MY TAXI AS VEHICLE C (SHF 1622 Y – TAXI) WHICH WAS IN FRONT OF ME, STOPPED – IN THE QUEUE.

WHILE STATIONARY, SUDDENLY I FELT AN IMPACT FROM THE REAR AND SUBSEQUENTLY DUE TO THE GREAT IMPACT, IT FORCED MY TAXI TO SURGE FORWARD – CAUSING THE FRONT PORTION OF MY TAXI TO COLLIDE ONTO THE REAR OF VEHICLE C.

WHEN INSPECTED, I DISCOVERED THAT VEHICLE B (SHB 4125 S) WHICH WAS BEHIND ME, HAD COLLIDED ONTO THE REAR OF MY TAXI.

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

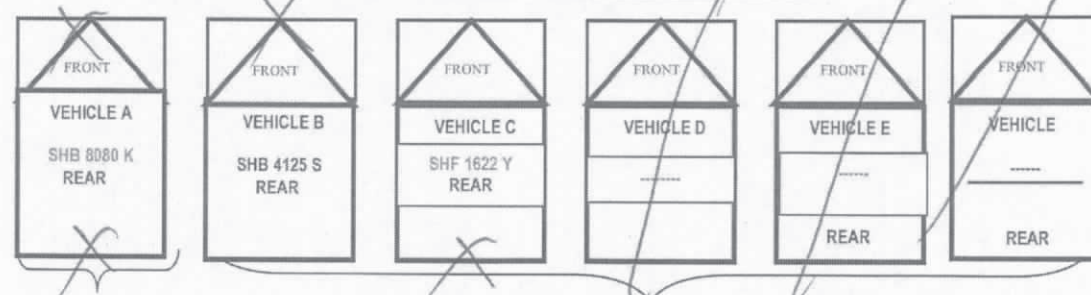
NO PASSENGERS ONBOARD ALL VEHICLES.

AS A RESULT, I FELT SOME DISCOMFORT, WENT TO CHANGI GENERAL HOSPITAL FOR MEDICAL TREATMENT & HAD 3 DAYS OF MEDICAL LEAVE. NO AMBULANCE SCENE.

*VIDEO FOOTAGE CAPTURED.

CHAIN COLLISION / MULTIPLE VEHICLES

DAMAGES FOUND ON VEHICLE A, B, C, D, E & F



PREMIER TAXI

THIRD PARTY VEHICLES

Driver's Signature 506828260

Driver's Signature & NRIC Number

Monday, October 21, 2019 @ 9:17:12 AM

Text size + -

Enquire Transaction History**Transaction History Details**

Log Date/Time:	28 May 2014 / 09:45:39	Receipt No.:	AACCK001-AX239-140528-000014
Asset Type:	Vehicle	Transaction Amount:	\$73,050.00
Asset ID:	SHB8080K	Channel:	AA Counterless - CYCLE & CARRIAGE KIA PTE LTD
Transaction Type:	01.02 Register New Vehicle (AA)		
Business Transaction Reference No.:	20140528094539838632		
Vehicle No.:	SHB8080K		
Vehicle Type:	H10 - Public Transport Taxi (Motor Car)		
Vehicle Attachment 1:	Air-Con (Taxi)		
Vehicle Attachment 2:	-		
Vehicle Attachment 3:	-		
Vehicle Scheme:	Taxi (Company)		
First Registration Date:	28 May 2014		
Original Registration Date:	28 May 2014		
Vehicle Make:	KIA		
Vehicle Model:	OPTIMA 1.7(A) DIESEL		
Chassis No.:	KNAGM414ME5463158		
Engine No.:	D4FDDH307970		
Motor No.:	-		
Trailer Chassis No.:	-		
Propellant:	Diesel		
Passenger Capacity:	4		
Engine Capacity:	1685		
Power Rating:	-		
Unladen Weight:	1584		
Maximum Laden Weight:	2050		
Primary Color:	Silver		
Secondary Color:	-		
Manufacturing Year:	2013		
Open Market Value:	\$19,996.00		
Minimum PARF Benefit:	\$7,497.00		
PARF Eligibility:	Y		
No. of Transfer:	0		
Effective Ownership Date/Time:	28 May 2014 09:45:39		
COE No.:	2014052801000885E		
COE Expiry Date:	27 May 2022		
COE Bid Category:	-		
Actual QP/PQP Paid Amount:	\$60,414.00		
Lifespan Expiry Date:	27 May 2022		
Owner ID Type:	Company		