

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 ability
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 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	27/04/2015 14:31
Date Of Accident	26/04/2015 11:30
Exact Location Of Accident	NEO PEE TECK LANE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD1307T
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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	MAGENTIS-2.0 LX (A)
Exact Purpose for which vehicle was being used at time of accident	HIRED AND 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	India International Insurance Pte Ltd
Type Of Coverage	Third Party
Fleet Policy	Yes
Policy Number	MPRE0003
Cover Note Number	

Driver

Name of Driver	TAMBOR S/O KARPAYAH
NRIC No	S1820290E
Date Of Birth	02/01/1947
Occupation	Outdoor
Date Of Driving Pass	11/07/1967
Driving Experience	47 Years And 9 Months
Gender	Male
Mobile Number	(Local) +65-98539738
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	5 NEO PECK TECK LANE
Postcode	119029
Was driver an employee of the Insured's Company	No
If No, Relationship of the Driver with the Insured	Other - DUPER RELIEF CLEMENTI
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	Unknown - TP HIT INSURANCE WHEN REVERSING
Weather Conditions	DIZZLE
Road Surface	Wet

Other Information

Was any foreign vehicle involved in this accident?	No
Was any body injured in the Accident?	No
Was any other material or property damaged?	Yes
Was there any video captured by Car Camera?	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	Clementi N.p.c
Police Station Address	ROAD: 20 CLEMENTI AVE 5 , POSTCODE: 129858 , COUNTRY: Singapore
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	No
If Yes, against whom?	

Circumstances of Accident

REF TO SKETCH PLAN ATTACH	
Are accident photos available for attachment?	Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKH5417B
Vehicle Make/Model/Colour	BMW
Details Of Properties	
Name of Driver	MR LIM
NRIC/Passport Number	
Contact Number	97562170
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Details of Witness

Name	
Phone Number	
Email Address	

Sketch Plan

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.



27 APR 2015

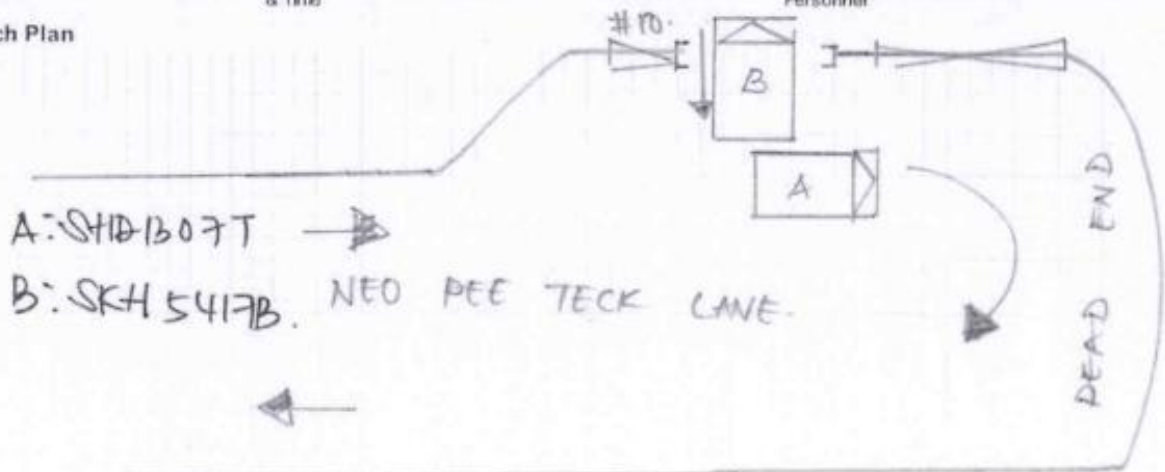


Policyholder's Signature / Date & Time

Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Sketch Plan



Sketch Plan #2

Describe Circumstances of the Accident

Describe Circumstance of the Accident.

ON 26/04/2015 @ 1130HRS, I WAS DRIVING MY TAXI (SHD1307T) TRAVELLING ALONG NEO PEE TECK LANE - AFTER ALIGHTING MY PASSENGER.

WHILE I WAS MOVING AHEAD - TO MAKE A U-TURN @ THE DEAD END ROAD, SUDDENLY I FELT AN IMPACT FROM MY LEFT.

WHEN INSPECTED, I DISCOVERED THAT VEHICLE B (SKH5417B - BMW) WHICH WAS EXITING FROM UNIT #10, FAILED TO KEEP FOR PROPER LOOK OUT & FAILED TO OBSERVE FOR CLEARANCE FROM MYROUTE, THUS REVERSED HIS VEHICLE ABRUPTLY AND CUTS ONTO MY PATH ON MY LEFT.

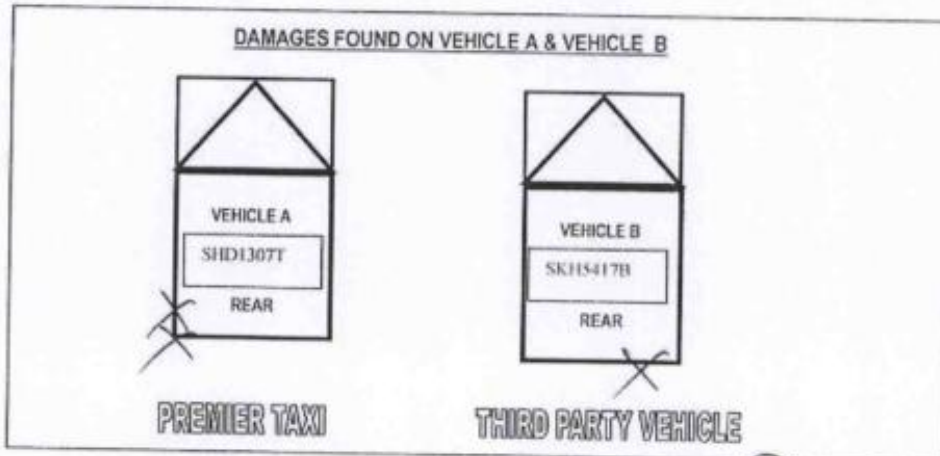
AS SUCH, THE REAR PORTION OF VEHICLE B COLLIDED ONTO THE LEFT PORTION OF MY TAXI.

DUE TO THE IMPACT, MY TAXI WAS DAMAGED ON THE LEFT REAR PORTION & VEHICLE B WAS DAMAGED ON THE REAR PORTION.

NO INJURIES INVOLVED.

NO PASSENGERS ONBOARD BOTH VEHICLES.

DAMAGES FOUND ON VEHICLE A & VEHICLE B



Driver's Signature
Monday, April 27, 2015 @ 11:08:25 AM

(attended by)

Declaration

We declare the foregoing particulars are true in every respect.

27 APR 2015



Policyholder's Signature / Date & Time

Timothy Solomon

Driver's Signature (if driver is not the policyholder) / Date & Time

18202906

Witnessed by Reporting Centre Personnel



Rd

IDAC	HOTLINE
STA Inspection	65556888
VICOM Assessment Centre	1800-2255822

CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1968 ROAD TRANSPORT ACT, 1987 (MALAYSIA)
MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

This certificate is not transferable to a new owner of the vehicle. If for any reason the Insurance is terminated during its currency, the Certificate must be returned to the Insurer, or if the Certificate has been lost or destroyed a Statutory Declaration to that effect must be made. Failure to comply with this obligation is an offence under the legislation relating to compulsory Insurance.
The Certificate must be returned if the Insurance is suspended during its currency.

Agency Code: 05566SE Third Party	Excess: S\$3500/- all claims
CERTIFICATE NO.	MPRE0003
1. Index Mark and Registration Number of Vehicle	SHD1307T
2. Name of Policy Holder	Premier Taxis Pte Ltd
1250. Effective date of the commencement of Insurance for the purposes of the Act	20th October 2013
4. Date of Expiry of Insurance	19th October 2016
5. Persons or Classes of Persons entitled to drive*	
(a) Any licensed taxi driver driving on the Policyholder's order or with their permission.	
(b) Any person provided he is in the Policyholder's employ and is driving on their order or with their permission. Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.	
6. Limitations as to use*	
(1) Use as a taxi.	
(2) Use for social, domestic and pleasure purposes.	
The Policy does not cover	
(1) Use for racing, pace-making, reliability trial, or speed-testing.	
(2) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle	
*Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.	

I/WE HEREBY CERTIFY that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

Date of Issue: **RL/07.10.2013**

for **India International Insurance Pte. Ltd.**
(APPROVED INSURERS)

M.Z. 400/AC
TAXIS

Authorised Signatory

IMPORTANT NOTICE

Policyholders are hereby warned that under the Motor Vehicle (Third Party Risks and Compensation) Act (Cap. 189), it shall be unlawful for any person to use or to cause or permit any other person to use a motor vehicle without a valid policy of insurance under the Act.

Policyholders are further warned that on the sale of a motor vehicle they must surrender the Certificate of Insurance and the Policy to the insurance company. If the Certificate of Insurance has been lost or destroyed a Statutory Declaration to that effect must be made. Failure to comply with this obligation is an offence under the Motor Vehicles (Third Party Risks and Compensation) Act. (Cap. 189).


The Policy will cease to be valid once the motor vehicle has been sold to another person unless the transfer of interest has been duly notified to and agreed to by the insurance company concerned. If the insurance company agree to cover the new owner they will endorse the policy accordingly and will issue a new Certificate of Insurance in the new owner's name.

IN THE EVENT OF AN ACCIDENT NOTIFICATION SHOULD BE GIVEN IMMEDIATELY TO THE COMPANY. FAILURE TO DO SO WILL RESULT IN UNDERWRITERS DECLINING LIABILITY.

INDIA INTERNATIONAL INSURANCE PTE LTD

CO. REG. NO.: 198703792K
64 CECIL STREET #04/#05 10B BUILDING SINGAPORE 049711 TEL: 6347 6100 FAX: 6224 4174 • 6225 7743 WEB: www.ii.com.sg
POSTAL ADDRESS: ROBINSON ROAD P.O. BOX NO. 738 SINGAPORE 901438

Driving License

 PREMIER TAXIS	HIRER / DELIVER / SUPER RELIEF
VEHICLE NO.	SHD 1307T.
CONTACT NO.	98539738
NEW MAILING ADDRESS (if any)	

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1820290E



Name: **TAMBOR S/O KARPAYAH**

Race: **INDIAN**

Date of Birth: **02-01-1947** Sex: **M**

Country of Birth: **MALACCA**

1450998


REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number: **S1820290E**

Name: **TAMBOR S/O KARPAYAH**

Birth Date: **02 Jan 1947**

Issue Date: **05 Sep 2003**



000805423F

1450998



NRIC No: **S1820290E**



Board Group: **A*** Date of issue: **06-12-1993**

5 NEO PEE TECK LANE
SINGAPORE 119029
NRIC No: S1820290E Date: 13-07-2009 No: 6145542

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

PASS DATE

Class 2B	Motorcycles <= 200 CC	82 Nov 1993
Class 3	Motor cars <= 3000 kg with <= 7 passengers, exclusive of the driver; and motor tractors/vehicles <= 2500 kg	11 Jul 1969

S1820290E S/No. 9000158039

License No: S1820290E



NP 428A

Confidential

Annex E

NOTICE OF REPORTING

This is to confirm that Tambor S/O Karpayah Contact No: 98539738

NRIC/FIN S1820290E, has reported to the Police a non-injury traffic

Accident which occurred at Neo Pee Teck Lane

On 26/04/2015 at 11.30AM involving the following vehicles:

1. SHD1307T (Complainant's vehicle)
2. SKH5417B (Mr Lim, Contact No: 97562170)

3. If this accident was reported to the Police within 24 hours of its Occurrence, then she has complied with Sec 84(2) of the Road Traffic Act, Cap 276.

Rank/name of Issuing Officer: SSgt T100249 Rafiq

Date: 26.04.2015

Time: 1700hrs

S/D Ref: 48

Police Post/Unit: Clementi NPC

Original - To be issued to informant
Duplicate - To be submitted to Traffic Police

1820290 E

R

Confidential

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

