

## 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	01/09/2020 10:15
Date Of Accident	29/08/2020 08:30
Exact Location Of Accident	SLIP ROAD OF ANG MO KIO AVE 5 INTO CTE/PIE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC6178X
<b>Insured/Policyholder</b>	
Name Of Registered Owner	PREMIER TAXIS PTE LTD
Co Reg No	2XXXXX975H
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-62148880
<b>Vehicle Particulars</b>	
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
<b>Insurance Company</b>	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	YES
Policy Number	5107202885-01
Cover Note Number	
<b>Driver</b>	
Name of Driver	MOHAMMAD BIN HASSAN
NRIC No	SXXXX266G
Date Of Birth	02/12/1955
Occupation	OUTDOOR
Date Of Driving Pass	23/12/1977
Driving Experience	42 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96347557
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 56 #03-156 CHAI CHEE DRIVE
Postcode	460056
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)	3
Passenger 1	NAME: : PAX IN THE REAR SEAT - INDIANS GENDER: : MALE
Passenger 2	NAME: : PAX IN THE REAR SEAT - INDIANS GENDER: : FEMALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	CHAI CHEE NPP
Police Station Address	ROAD: BLK 35 CHAI CHEE AVE #01-256/258 , POSTCODE: 461035 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

VEH. A - 2 PAX VEH. B & VEH. C - UNKNOWN PAX ONBOARD \*REFER TO ATTACH POLICE REPORT

#### 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	SLW8989G
Vehicle Make/Model/Colour	TOYOTA/RED
Details Of Properties	VEH. B
Vehicle Category	PRIVATE CAR
Name of Driver	MALE CHINESE

NRIC/Passport Number  
Contact Number  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number UNKNOWN  
Vehicle Make/Model/Colour PTE CAR / WHITE  
Details Of Properties VEH. C  
Vehicle Category PRIVATE CAR  
Name of Driver MALE CHINESE  
NRIC/Passport Number  
Contact Number  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

#### DETAILS OF INJURED PERSON 1

Name MOHAMMAD BIN HASSAN - DRIVER OF VEH. A  
Approximate Age  
Injuries Sustain SEEK MEDICAL @ CLINIC & HAD 3 DAYS MC  
Injured person in which vehicle? SHC6178X  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? NO  
Address  
Postcode

SKETCH PLAN

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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.



01 SEP 2020

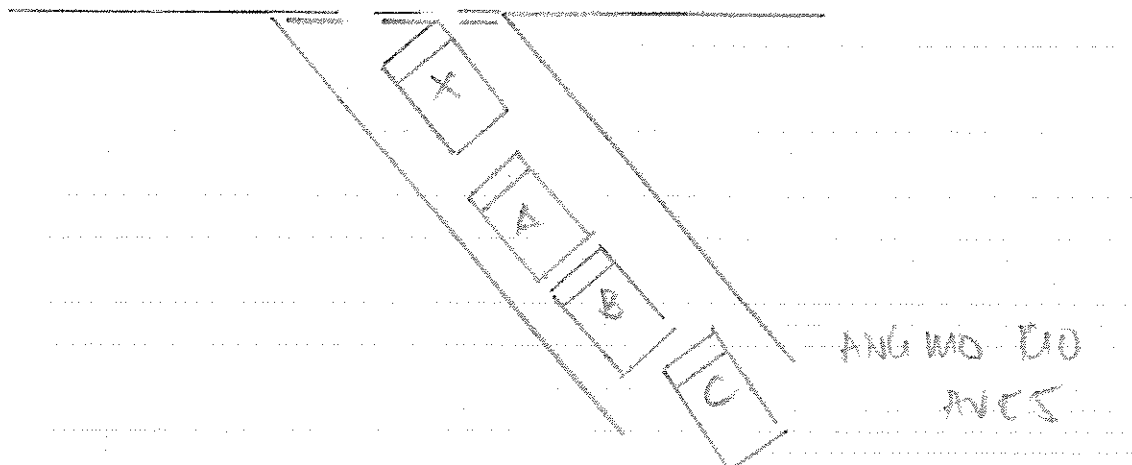
Policyholder's Signature  
Date & Time:

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

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

251223266/G  
2SHC 6178X

CRP



ME WO DO  
ME S

A: SHL 6178X

B: SLW 8989G

C: UNKNOWN PTE Cov'


\* Refer to attach police report

\* Video footage captured

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

Union-Texas Pipe  
's Signature

~~Handwritten signature~~



## Sketch Plan Pg. 3



**SINGAPORE  
POLICE FORCE**



T/20200829/2043

Police Station Of Origin:  
Chai Chee NPP  
35 Chai Chee Avenue #01-256 SINGAPORE  
461035  
Tel No: 1800-4459999

1 of 4

Report No. T/20200829/2043

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 29/08/2020 13:48		Vide Report No.:		Station Diary No.: 11
<b>Informant's Particulars</b>				
Name of Informant: MOHAMMAD BIN HASSAN		Address: APT BLK 56 CHAI CHEE DRIVE #03-156 SINGAPORE 460056		
ID Type / ID No.: NRIC NO / S1223266G		Contact No.: Home/Office: Mobile: 96347557		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 64	Date of Birth: 02/12/1955	Type of Informant: Driver	
Race: Malay		Language: Malay	Institution / School Name:	
Occupation: TAXI DRIVER		Driving Licence Information: Class: 2B,2A,3,4,5 Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 29/08/2020 08:30	Type of Location: Slip Road
Location:  ANG MO KIO AVENUE 5				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working	Traffic Volume: Light	
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
SHC6178X	Car				Slightly Damaged	2
SLW8989G						0

**Details of Person Involved**

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

## Sketch Plan Pg. 4



**SINGAPORE  
POLICE FORCE**



T/20200829/2043

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Police Station Of Origin:  
Chai Chee NPP  
35 Chai Chee Avenue #01-256 SINGAPORE  
461035  
Tel No: 1800-4459999

Report No. T/20200829/2043

## CONTINUATION OF REPORT

<b>Driver</b>			
Name	MOHAMMAD BIN HASSAN	ID No.	S1223266G
Related Vehicle	SHC6178X (Car)	Contact No.	96347557
Hospital/Clinic	INSYNC MEDICAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,3,4,5 Date of Expiry: NIL
Date Treatment	29/08/2020	Date Discharge	29/08/2020
No. of Days granted Medical Leave	03	Degree of injury	Slight
<b>Driver</b>			
Name	Hein Lynn Htut	ID No.	G0855947W
Related Vehicle	NIL	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
<b>Driver</b>			
Name	Tan Kay Hui	ID No.	S7516502A
Related Vehicle	NIL	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On the 29/08/2020 at about 0830hrs, I was driving my taxi (SHC6178X) along Ang Mo Kio Ave 5 entering to CTE with 2 passengers. While I was at the slip road to enter CTE, the vehicle ahead of mine had stopped and hence, I followed suit and stopped my vehicle to a stationary.

While my vehicle was in stationary, that is when I felt an impact coming from the rear which causes my vehicle to move forward but did not hit onto the front vehicle. I alighted from my vehicle and discovered that a red in color Toyota car bearing plate number SLW8989G (V1) had hit onto my taxi. There is also another white colored car (V2) hit onto V1 from the rear. All 3 drivers then exchanged particulars and took photo of the accident and agreed to settle via insurance.

After which, I made a check with my passengers and they inform that they do not require any medical



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T/20200829/2043

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Report No. T/20200829/2043

**CONTINUATION OF REPORT**

attention. Therefore, I continued on my journey to send my passengers to their destination.

While driving my passengers to their destination, I felt some discomfort around my left, back area. After sending my passengers, I went for a medical check up and was given 3 days of medical leave.

I wish to state that I have an in car camera installed and it captures the incident. There are some dents around the left rear bumper area of my vehicle as a result of the accident.





**SINGAPORE  
POLICE FORCE**



T/20200829/2043

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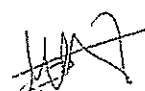
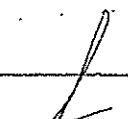
Report No. T/20200829/2043

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: G / Sgt 3 MUHAMMAD NUR ISKANDAR BIN MUHD NUR GHAZALI LIM	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 29/08/2020 13:48
Officer In Charge Of Case: TP / AEIT / Staff Sgt WONG SIEU LUI Contact No.: 65476151	Classification Of Case:
Authentication Stamp NP168 	

Text size + -

**Enquire Transaction History****Transaction History Details**

Log Date/Time:	17 Sep 2014 / 08:37:30	Receipt No.:	AACCK001-AX239-140917-000007
Asset Type:	Vehicle	Transaction Amount:	\$63,131.00
Asset ID:	SHC6178X	Channel:	AA Counterless - CYCLE & CARRIAGE KIA PTE LTD
Transaction Type:	01.02 Register New Vehicle (AA)		
Business Transaction Reference No.:	20140917083730925737		

Vehicle No.:	SHC6178X
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:	17 Sep 2014
Original Registration Date:	17 Sep 2014
Vehicle Make:	KIA
Vehicle Model:	OPTIMA 1.7(A) DIESEL
Chassis No.:	KNAGM414ME5468453
Engine No.:	D4FDDH308188
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:	\$19,787.00
Minimum PARF Benefit:	\$7,372.00
PARF Eligibility:	Y
No. of Transfer:	0
Effective Ownership Date/Time:	17 Sep 2014 08:37:30
COE No.:	2014091701001443K
COE Expiry Date:	16 Sep 2022
COE Bid Category:	-
Actual QP/PQP Paid Amount:	\$50,704.00
Lifespan Expiry Date:	16 Sep 2022
Owner ID Type:	Company



Land Transport Authority  
10 Sin Ming Drive  
Singapore 575701

GST Registration No. : M4-0006529-2

Print Date/Time : 01 Sep 2020 / 12:54:35

Receipt Date/Time : 01 Sep 2020 / 12:54:35

### Tax Invoice/Receipt

Receipt No. : ITNET-00000-200901-001734

Previous Receipt No. :

S/N	Item Description/ Business Transaction Reference No.	Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
Result of Insurance Enquiry - SLW8989G				
As at 29 Aug 2020/08:30:00				
Insurance Co: AIG ASIA PACIFIC INSURANCE PTE. LTD.				
1	Insurance Enquiry - SLW8989G Enquiry Fee 20200901125201691230	7.00	0.49	7.49
Sub-Total		7.00	0.49	7.49
Total Before Rounding		7.00	0.49	7.49
Rounding Difference				0.04
Total Amount Payable				7.45
Paid By				
526471XXXXXX9965		eNETS Credit Card		7.45
Total				7.45
Cash Change				0.00
Tendered Amount				7.45
Excess Refundable Amount				0.00

THANK YOU AND HAVE A NICE DAY!

Please ensure that all payments to the Authority are good and promptly settled by the payment service provider / financial institution. Otherwise, the transaction and receipt is considered void and late fee may apply.