

# 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 Submission ..... 20/10/2021 09:36 (SGT)  
Date of Accident ..... 20/10/2021 07:30 (SGT)  
Exact Location of Accident ..... CTE, Singapore  
Additional Location Information ..... CTE - AYE (NEARBY BT TIMAH EXIT)  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SHD1054Y

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... PREMIER TAXIS PTE LTD  
Company Reg No ..... 2XXXXX975H  
Email Address ..... CLAIMS@PREMIERTAXI.COM  
Mobile Phone No ..... (Phone) +65-91550072  
Alternative Phone No ..... (Office) +65-62148880

### VEHICLE PARTICULARS

Manufacturer ..... Kia  
Model ..... Optima  
Variant ..... -  
Exact purpose for which vehicle was being used at time of accident ..... Employment  
Are you claiming under your own insurance policy for repair to your vehicle? ..... No - Claiming third party  
Vehicle Category ..... Taxi  
Transmission ..... Auto  
CC ..... 1700

### INSURANCE COMPANY

Name of Insurance Company ..... NTUC Income Insurance Co-operative Ltd  
Type of Coverage ..... ThirdParty  
Fleet Policy ..... Yes  
Policy Number ..... 5107202885-02  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... CONCEICAO STANLEY BERTRAM @MOHD SHARIFF BIN ABDULLAH

NRIC No .....	SXXXX797E
Date Of Birth .....	21/08/1953
Occupation .....	Outdoor
Date Of Driving Pass .....	20/08/1999
Driving experience .....	22 YEARS AND 2 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-90661819
Alt. Phone Number .....	-
Email Address .....	CLAIMS@PREMIERTAXI.COM
Address .....	BLK 342 #02-286
Address complement .....	TAMPINES ST 33
Postcode .....	520342
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Hirer
Does Driver Own Other Vehicles? .....	No
Vehicle Registration Number of Other Vehicle Owned by Driver .....	-
Insurance Company of Other Vehicle Owned by Driver .....	-

#### GENERAL INFORMATION OF THE ACCIDENT

Type of Accident .....	Chain Collision
Weather Conditions .....	Clear
Road Surface .....	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? .....	No
Number of vehicles involved in the accident .....	3
Was anybody injured in the Accident? .....	No
Was any injured conveyed to hospital by ambulance? .....	-
Was any other vehicle or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### PASSENGER 1

Name .....	PAX IN THE REAR SEAT - CHINESE (GRAB BOOKING)
Gender .....	Female

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	No
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

#### REFER TO ATTACH

#### 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 .....	SMX6848B
Vehicle Manufacturer .....	Mercedes
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-

Vehicle Category .....	Private car
Name of Driver .....	JOHN TEH
Contact Number .....	(Phone) +65-97844058
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	VEH. B
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	1

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number .....	SMC3155Y
Vehicle Manufacturer .....	Honda
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	MALE CHINESE
Contact Number .....	-
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	VEH. C
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

**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.



*[Signature]* 50082797E

20 OCT 2021

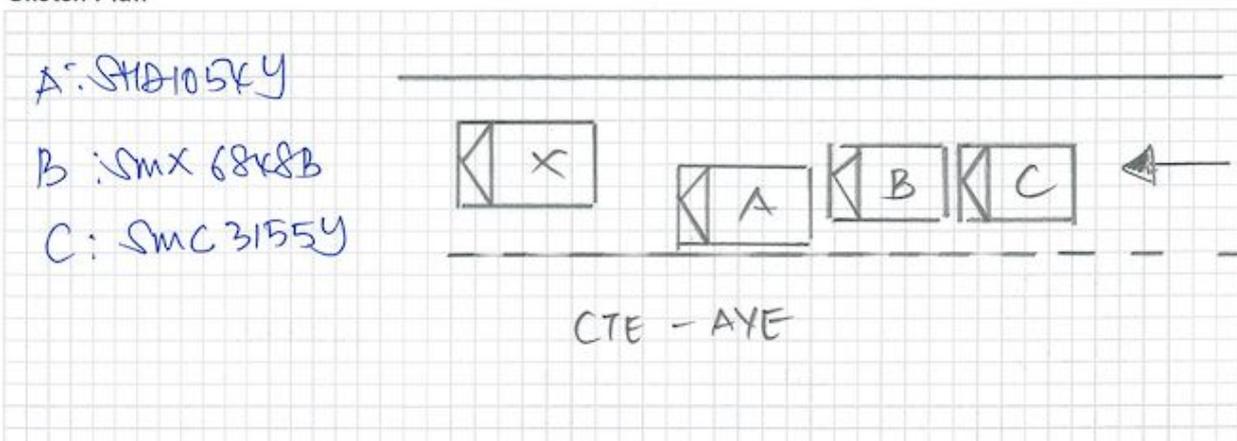
*[Signature]*

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

**Sketch Plan**



**Describe Circumstances of the Accident**

Handwritten text: *file to effect.*

*[A large diagonal line is drawn across the remaining lines of the form.]*

**Declaration**

We declare the foregoing particulars are true in every respect.



\_\_\_\_\_  
Policyholder's Signature / Date & Time

*f* 300827975

\_\_\_\_\_  
Driver's Signature (If driver is not the policyholder) / Date & Time

20 OCT 2021

\_\_\_\_\_  
Witnessed by Reporting Centre Personnel

**Describe Circumstances of the Accident.**

**\* CHAIN COLLISION \***

ON **20/10/2021 @07:30HRS**, I WAS DRIVING MY TAXI (**SHD 1054 Y**), TRAVELLING ALONG CTE – AYE (NEARBY BT TIMAH EXIT & BEFORE THE TUNNEL) WITH A PASSENGER ONBOARD – ON LANE 1.

I SLOWED DOWN MY TAXI TO A COMPLETE STOP – AS VEHICLES AHEAD OF ME WERE SLOWING DOWN & STOPPED.

WHEN STATIONARY – SUDDENLY I FELT AN IMPACT FROM THE REAR.

WHEN INSPECTED, I DISCOVERED THAT VEHICLE B ( **SMX 6848 B – M/BENZ** ) WHICH WAS BEHIND ME HAD COLLIDED ONTO THE REAR OF MY TAXI & VEHICLE C ( **SMC 3155 Y – HONDA** ) WHICH WAS BEHIND VEHICLE B – WAS INVOLVED AS WELL.

DUE TO THE IMPACT, MY TAXI HAD DAMAGES ON THE REAR PORTION. I WAS NOT AWARE OF DAMAGES TO OTHER VEHICLES.

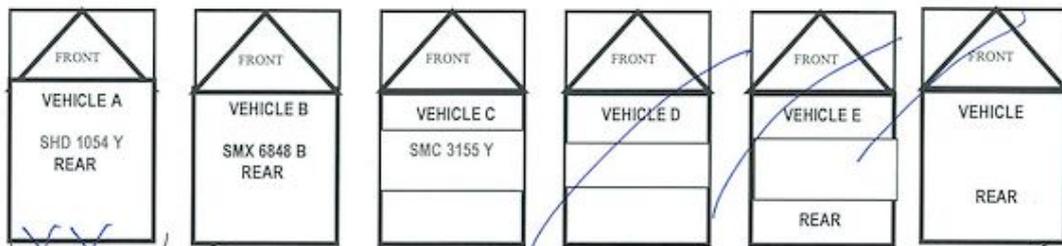
NO INJURY INVOLVED. NO AMBULANCE AT SCENE.

NO PASSENGERS ONBOARD VEHICLE B & VEHICLE C HAD PASSENGERS ONBOARD.

\*SCENE PHOTOS & VIDEO FOOTAGE CAPTURED

**CHAIN COLLISION / MULTIPLE VEHICLES**

**DAMAGES FOUND ON VEHICLE A, B, C, D, E, F, G, H, I**



**PREMIER TAXI**

**THIRD PARTY VEHICLES**



*[Handwritten Signature]* 200827976

*Driver's Signature & NRIC Number*  
*Wednesday, October 20, 2021 @ 9:25:34 AM*



















