

## 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 Actual 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 First Submission .....	25/10/2024 14:28 (SGT)
Reported by .....	Actual Driver
Date of Accident .....	25/10/2024 11:08 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	TAXI STAND OF WOODLANDS TRAIN CHECKPOINT
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SHD2598M
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#### INSURED/POLICYHOLDER

Is company? .....	Yes
Name Of Registered Owner .....	PRIME CAR RENTAL & TAXI SERVICES PTE LTD
Company Reg No .....	199606293Z
Email Address .....	admin@primeautoclaims.com.sg
Mobile Phone No .....	(Phone) +65-68982000
Alternative Phone No .....	-

#### VEHICLE PARTICULARS

Manufacturer .....	Honda
Model .....	Grace
Variant .....	-
Exact purpose for which vehicle was being used at time of accident .....	-
Are you claiming under your own insurance policy for repair to your vehicle? .....	No - Claiming third party
Vehicle Category .....	Taxi
Transmission .....	Auto
CC .....	1497
Vehicle Fuel .....	-
First Registration Date .....	28/01/2019
Chassis no .....	GM41205988
Effective Date/Time of Ownership .....	-

#### INSURANCE COMPANY

Name of Insurance Company .....	India International Insurance Pte Ltd
Policy Number / Cover Note Number .....	D20MFL0006372_03

#### DRIVER

Name of Driver .....	LIEW KOK SHIONG
NRIC No .....	S7075030I
Date Of Birth .....	17/01/1970
Occupation .....	Outdoor
Driving Pass Date .....	10/06/1992
Driving License Pass Class .....	3
Driving License Validity .....	Valid
Driving experience .....	32 YEARS AND 4 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-92360911
Alt. Phone Number .....	-
Email Address .....	admin@primeautoclaims.com.sg
Address .....	APT BLK 429A BEDOK NORTH ROAD #09-379
Address complement .....	-
Postcode .....	461429
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 .....	Collision - Opening Door of Vehicle
Weather Conditions .....	Clear
Road Surface .....	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? .....	No
Number of vehicles involved in the accident .....	2
Was anybody injured in the Accident? .....	Yes
Was any injured conveyed to hospital by ambulance? .....	No
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
Translator's name .....	-
Translator's ID .....	-
Translator's phone number .....	-
Translator's email .....	-
Original language used in the statement .....	-

#### PASSENGER 1

Name .....	PASSENGER A
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 THE ATTACHMENT.

#### ATTACHMENT(S)

Are accident photos available for attachment? .....	Yes
Was there any video captured by Car Camera? .....	No

## DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SMQ1282C
Vehicle Manufacturer .....	Toyota
Vehicle Model .....	C-hr
Vehicle Variant .....	-
Vehicle Colour .....	BlueGreen
Vehicle Category .....	Private car
Name of Driver .....	CHIN HAN LONG
NRIC No .....	S7245854J
Contact Number .....	(Phone) +65-86437704
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	Income Insurance Limited
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

## INJURED PERSONS DETAILS

### INJURED 1

Name of injured person .....	LIEW KOK SHIONG
Gender .....	Male
Phone No .....	(Phone) +65-92360911
Address .....	APT BLK 429A BEDOK NORTH ROAD #09-379
Address Complement .....	-
Post Code .....	461429
Approximate Age Years Old .....	54
Injuries Sustained .....	PAIN ON RIGHT ARM.
Injured person in which vehicle? .....	SHD2598M
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

## SKETCH PLAN

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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.
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]*

12:38

25.10.2024

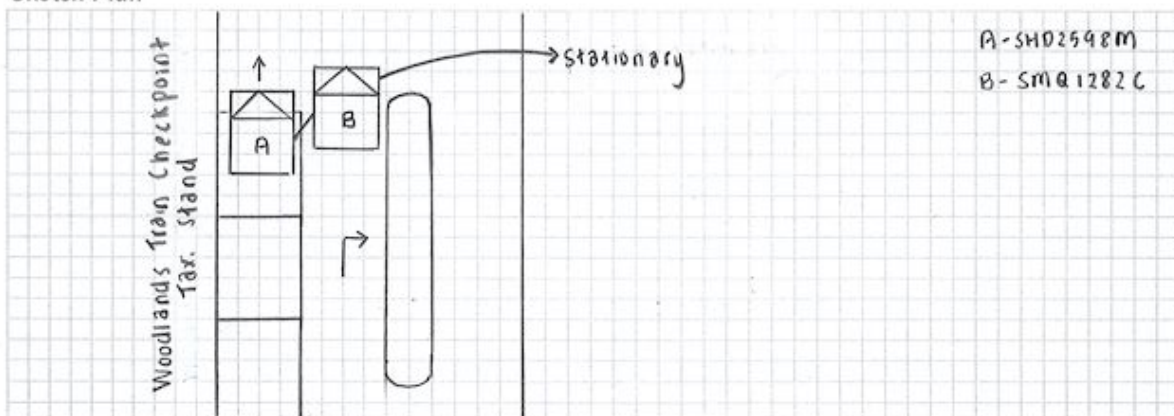
*[Signature]*

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**

On 25.10.2024 @1108hrs, I stopped my taxi SHD2598M at the Taxi Stand of Woodlands Train Checkpoint on the first lot to pick up passenger. At the material time, there is one car SMQ1282C stopped next to my taxi right side. After my passenger on board, I proceed driving forward. At this juncture, the car SMQ1282C rear left passenger open door and collided onto my moving taxi's right front door. Upon hearing the impact sound, I brake hard to stop my taxi to check the damage and see if my passenger was alright.

After the impact, we alighted from the vehicles to check on the condition and exchanged particulars. I had one female passenger on board. I suffered pain on my right arm and will consult doctor in a later time.

**Declaration**

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

25.10.2024  
12:38 hrs.

Witnessed by Reporting Centre Personnel























