

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	25/02/2015 13:56
Date Of Accident	24/02/2015 20:30
Exact Location Of Accident	JUNCTION OF SERANGOON ROAD AND ROWELL ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD2928U
Insured/Policyholder	
Name Of Registered Owner	PRIME CAR RENTAL & TAXI SERVICES PTE LTD
Co Reg No	199606293Z
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	Office-68982000

Vehicle Particulars

Manufacturer	TOYOTA
Model	VELLFIRE-2.4 X Hybrid (ATH20) (A)
Exact Purpose for which vehicle was being used at time of accident	HIRE & REWARD
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 Fire and/or Theft
Fleet Policy	No
Policy Number	5068045737/SHD2928U
Cover Note Number	

Driver

Name of Driver	LIAU MING CHONG
NRIC No	S7315872I
Date Of Birth	18/04/1973
Occupation	Outdoor
Date Of Driving Pass	12/01/1993
Driving Experience	22 Years And 1 Month
Gender	Male
Mobile Number	(Local) +65-94878041
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address APT BLK 624B PUNGGOL CENTRAL
#08-318

Postcode 822624

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 Unknown - REFER TO SKETCH PLAN

Weather Conditions Clear

Road Surface Dry

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? No

If Yes Please state which Police Station

Was notice of intended Prosecution given? No

If Yes against whom?

Circumstances of Accident

ON 24/02/2015 AT ABOUT 2030HRS, WHILE I WAS DRIVING MY MOTOR TAXI SHD 2928 U AT THE EXTREME RIGHT LANE OF SERANGOON ROAD KEEPING WITHIN MY LANE. SUDDENLY THE VEHICLE B SJT 5708 K (WHICH WAS DRIVING ON MY LEFT) MAKE A RIGHT TURN INTO ROWELL ROAD AND HIT ONTO THE FRONT LEFT PORTION OF MY TAXI. THERE WAS NO PASSENGER IN MY TAXI AND VEHICLE B HAVE A PASSENGER AT THE TIME OF ACCIDENT. NO ONE WAS INJURED. I'M LODGING THIS REPORT TO CLAIM AGAINST THE INSURER OF SJT 5708 K.

Are accident photos available for attachment? Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SJT5708K

Vehicle Make/Model/Colour PORSCHE CAYENNE V6 A

Details Of Properties

Name of Driver KATHIWALLA FAHAD ABDUL MAJID

NRIC/Passport Number g5695782r

Contact Number 81630559

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Details of Witness

Name

Phone Number

Email Address

SKETCH PLAN

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 willful 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. 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 lodging 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' law yers/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' law yers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

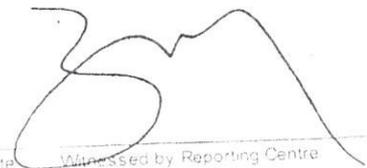
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.



Policyholder's Signature / Date & Time

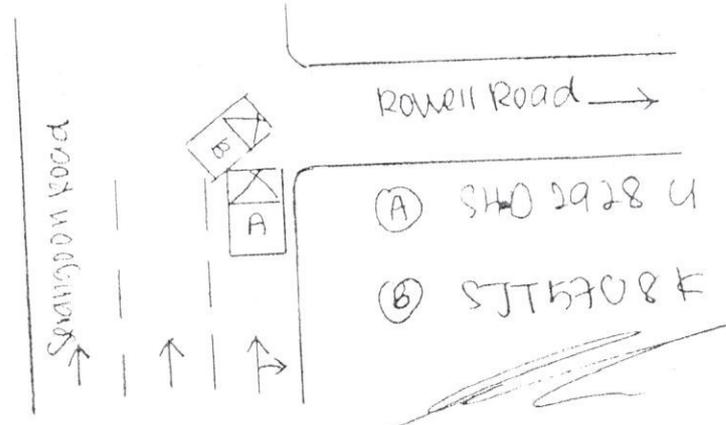


Driver's Signature (if driver is not the policyholder) / Date & Time



Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

On 24/2/2015 at about 2030hrs, while I was driving my motor taxi SHD 2928 U at the extreme right lane of Serangoon Road keeping within my lane. Suddenly the vehicle B SJT 5708 E (which was driving on my left) make a right turn into Rowell Road and hit onto the front left portion of my taxi. There was no passenger in my taxi and vehicle B have a passenger at the time of accident. No one was injured. I'm lodging this report to claim against the Insurer of SJT 5708 E.



Declaration

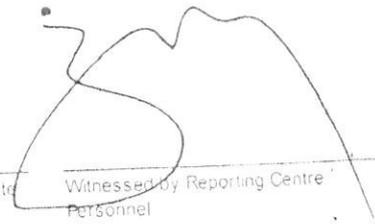
We declare the foregoing particulars are true in every respect



Policyholder's Signature / Date & Time



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



Witnessed by Reporting Centre Personnel