

## 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	12/10/2017 10:06
Date Of Accident	12/10/2017 08:15
Exact Location Of Accident	AYE - ECP (BEFORE CLEMENTI AVE 2)
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD1567J
<b>Insured/Policyholder</b>	
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	HYUNDAI
Model	I30 (FD)-1.6 DOHC (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

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	YES
Policy Number	5084895522
Cover Note Number	

### Driver

Name of Driver	TAN BOON HENG
NRIC No	S1486748A
Date Of Birth	17/07/1961
Occupation	OUTDOOR
Date Of Driving Pass	27/11/2006
Driving Experience	10 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84812120
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	59 UPHAVON ROAD UNIT 4
Postcode	507744
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	COLLISION - HEAD TO REAR
Weather Conditions	RAINING
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
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	2

#### 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

VEH. A - 1 PAX (FEMALE CHINESE) VEH. B - UNKNOWN PAX

#### 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	SHB4526T
Vehicle Make/Model/Colour	CITY CAB
Details Of Properties	VEH. B
Name of Driver	LOW KIM HENG
NRIC/Passport Number	S7719164Z
Contact Number	81010912
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	DAMAGED ON THE FRONT RIGHT
No. Of Passenger (Including Driver)	

#### Details of Witness

Name	MS SIM ANLE - PAX IN VEH. A
Phone Number	
Email Address	

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.
- (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.



Policyholder's Signature  
Date & Time:

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

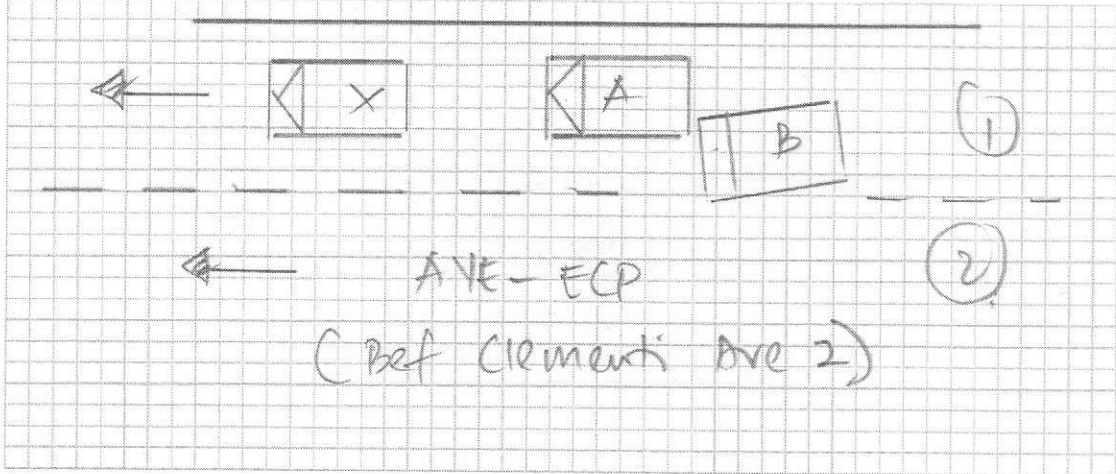
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

12 OCT 2017

PS. 6X 81486748/A

# Sketch Plan Pg. 2

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

A: SHD1567J

B: SHB4526T.

## DECLARATION

I/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:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

GIATAC SketchPlanForm\_V3

Sketch Plan Pg. 3

Describe Circumstance of the Accident.

ON 12/10/2017 @ 0815HRS, I WAS DRIVING MY TAXI ( SHD 1567 J ) , TRAVELING ALONG AYE - ECP (BEFORE CLEMENTI AVE 2 EXIT) WITH A PASSENGER ONBOARD (FEMALE CHINESE) IN LANE 1.

TRAFFIC WAS SLOW MOVING AS IT WAS RAINING AT THE POINT OF TIME.

WHILE I WAS MOVING AHEAD - ACCORDING TO THE FLOW OF TRAFFIC, SUDDENLY I FELT AN IMPACT FROM THE REAR.

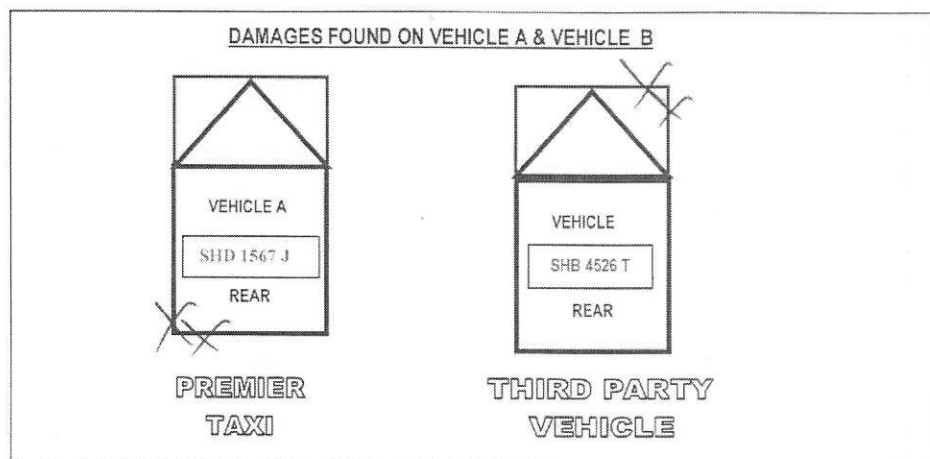
WHEN INSPECTED, I DISCOVERED THAT VEHICLE B ( SHB 4526 T - CITY CAB ) WHICH WAS BEHIND ME, FAILED TO KEEP FOR PROPER LOOK OUT - HAD COLLIDED ONTO THE REAR LEFT OF MY TAXI.

DUE TO THE IMPACT, MY TAXI HAD DAMAGES ON THE REAR LEFT PORTION AND VEHICLE B HAD DAMAGES ON THE FRONT RIGHT PORTION.

MY PASSENGER - MISS SIM ANLE, WHO WAS IN THE REAR SEAT, WILLING TO BE MY EYE WITNESS.

NO INJURY INVOLVED  
UNKNOWN PASSENGERS ONBOARD VEHICLE B.

\*VIDEO FOOTAGE CAPTURED.



BS-27 51486748/A

Driver's Signature & NRIC Number  
Thursday, October 12, 2017 @ 10:13:15 AM

(attended by