

## 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	23/11/2017 15:09
Date Of Accident	23/11/2017 14:10
Exact Location Of Accident	INTERNATIONAL PLAZA - ANSON ROAD (TAXI STAND)
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC6991P
<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	KIA
Model	OPTIMA-1.7 D (A)
Exact Purpose for which vehicle was being used at time of accident	HIRE AND 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
Fleet Policy	YES
Policy Number	5095103893
Cover Note Number	

### Driver

Name of Driver	YEO KIM SENG
NRIC No	S1845610I
Date Of Birth	15/09/1952
Occupation	OUTDOOR
Date Of Driving Pass	30/08/1976
Driving Experience	41 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96678032
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 710 CLEMENTI WEST ST 2 #03-269
Postcode	120710
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 - OPENING DOOR OF VEHICLE
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
<input type="radio"/> I have been approached by unknown person(s) soliciting/offering accident claims assistance.	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

VEHICLE A- NO PASSENGER VEHICLE B- 1 MALE CHINESE

#### 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

<input type="radio"/> Vehicle Registration Number	SHB4037M
Vehicle Make/Model/Colour	
Details Of Properties	COMFORT TAXI
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 Witness

Name	
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:

S 1845610-I

23 NOV 2017

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

## Sketch Plan Pg. 2

SKETCH PLAN

INTERNATIONAL PLAZA

TAXI STANE

along Anson Road

The sketch plan is drawn on a grid background. On the left, a vertical line is labeled 'INTERNATIONAL PLAZA'. To the right of this line, a horizontal line is labeled 'TAXI STANE'. Further to the right, there are two rectangular buildings. The building on the left is labeled 'B' and has a small 'X' mark at the top. The building on the right is labeled 'A' and also has a small 'X' mark at the top. A dashed vertical line runs between the two buildings, and a diagonal line connects the bottom-right corner of building 'B' to the top-left corner of building 'A'. To the right of the buildings, the text 'along Anson Road' is written.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

A: SHC 6991 P

B: SHD 4037 M.

## 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:

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

Describe Circumstance of the Accident.

\* OPENING DOORS OF VEHICLE \*

ON 23/11/2017 @ 1410HRS, I WAS DRIVING MY TAXI (SHC 6991 P) INTO THE TAXI STAND DRIVEWAY @ INTERNATIONAL PLAZA/ANSON ROAD - IN THE RIGHT LANE.

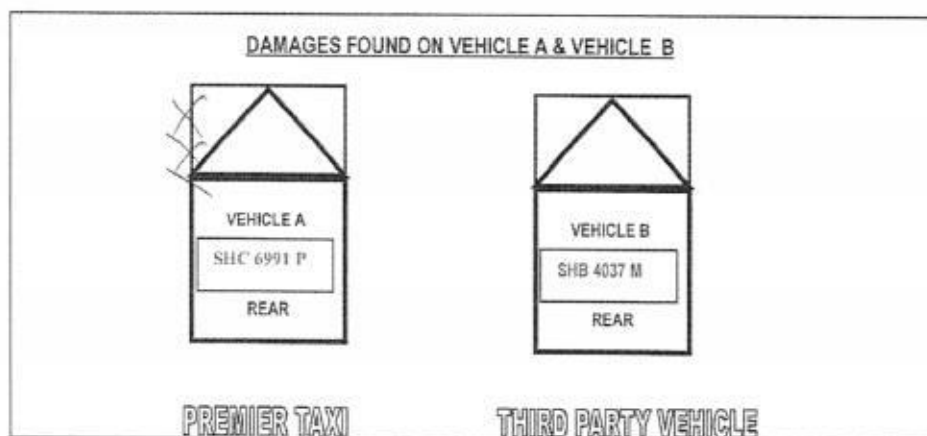
WHILE I WAS MOVING STRAIGHT AHEAD, SUDDENLY A PASSENGER FROM VEHICLE B ( SHB 4037M - COMFORT TAXI ) WHICH WAS INITIALLY STATIONARY ALONG THE LEFT LANE - FAILED TO KEEP FOR PROPER LOOK OUT & FAILED TO OBSERVE FOR CLEARANCE FROM MY ROUTE - HAD OPENED THE REAR RIGHT DOOR ABRUPTLY.

AS SUCH THE REAR RIGHT DOOR OF VEHICLE B - COLLIDED ONTO THE LEFT PORTION OF MY TAXI.

DUE TO THE IMPACT, MY TAXI HAD DAMAGES ON THE LEFT WING MIRROR AND THE LEFT PORTION. NO VISIBLE DAMAGES TO VEHICLE B.

NO INJURY INVOLVED.

VEHICLE B HAD A PASSENGER ONBOARD (MALE CHINESE - ALIGHTING)



Driver's Signature & NRIC Number  
 Thursday, November 23, 2017 @ 3:04:35 PM

(attended by )