

(Draft)

MPAS17156191 / Premier Automotive Services Pte Ltd - HQ  
ENTRY DATE & TIME: 27/11/2017 11:02

**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	27/11/2017 11:02
Date Of Accident	27/11/2017 10:00
Exact Location Of Accident	THOMSON RD / NEWTON RD JUNCTION
Country/State of Loss	SINGAPORE

**DETAILS OF OWN VEHICLE**

Vehicle Registration Number	SHD1047T
<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
<b>Vehicle Particulars</b>	
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
<b>Insurance Company</b>	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	YES
Policy Number	5095103893
Cover Note Number	
<b>Driver</b>	
Name of Driver	LEE CHEN TZE
NRIC No	S0219934C
Date Of Birth	13/12/1947
Occupation	OUTDOOR
Date Of Driving Pass	20/07/2010
Driving Experience	7 YEARS AND 4 MONTHS
Gender	MALE

Mobile Number	(LOCAL) +65-96858947
Fax Number	
Contact Number	
EMail Address	NOEMAIL
Address	BLK 523 JELAPANG RD #09-141
Postcode	670523
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	SIDE SWIPE
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**

VEHICLE A- 1 FEMALE CHINESE PASSENGER VEHICLE B- NO PASSENGER

**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	SLT4784Y
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	FEMLAE 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

SKETCH PLANIMPORTANT NOTICE

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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.:

GIA/MAI Skemishank, m. 12



Thomson RD

Velocity Ball

Newton RD

[illegible]

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

## Describe Circumstance of the Accident.

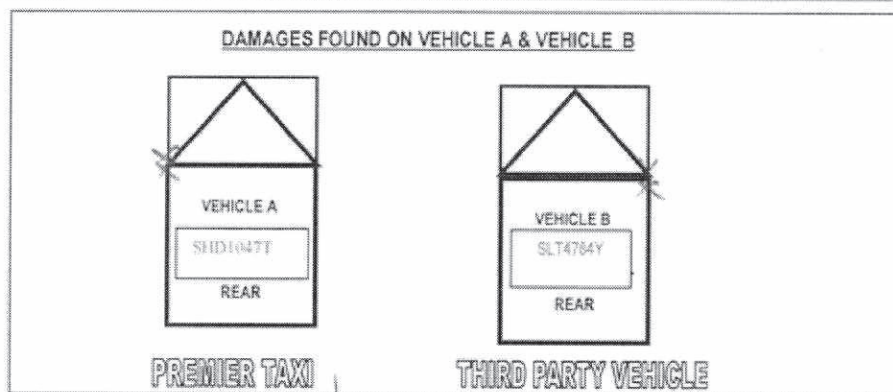
ON 27/11/2017 @ 0940 HRS, I WAS DRIVING MY TAXI (SHD 1047 T) ON THE EXTREME RIGHT LANE (TURNING RIGHT ONLY LANE) JUNCTION OF THOMSON RD/NEWTON.

WHILE TRAFFIC LIGHT TURNS GREEN, I TURN ON MY RIGHT. VEHICLE B (SLT 4784 Y) WHICH WAS ON MY LEFT (GOING STRAIGHT ONLY LANE), ENCROACHED INTO MY LANE AND THIS CAUSE IT TO HIT ONTO MY FRONT LEFT SIDE PORTION.

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

NO PASSENGER TO VEHICLE A  
1 FEMALE PASSENGER TO VEHICLE B  
NO INJURIES INVOLVED

\*VIDEO FOOTAGE CAPTURED\*



Driver's Signature & NRIC Number

Monday, November 27, 2017 @ 11:39:57 AM

( attended by )