

## 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	04/12/2017 11:16
Date Of Accident	04/12/2017 08:35
Exact Location Of Accident	LOR CHUAN // BRADDELL ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD1662S
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#### Insured/Policyholder

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	5095103893
Cover Note Number	

#### Driver

Name of Driver	LEE KIM HEONG
NRIC No	S6825073J
Date Of Birth	06/07/1968
Occupation	OUTDOOR
Date Of Driving Pass	24/03/1992
Driving Experience	25 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96638245
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 208A #13-906 PUNGGOL PLACE
Postcode	821208
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - RELIEF DRIVER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	3

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	PUNGGOL N.P.C
Police Station Address	<b>ROAD:</b> 21A TEBING LANE , <b>POSTCODE:</b> 828837 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

VEH. A - 2 PAX (MALAYS - A FEMALE + A CHILD) VEH. B - NO PILLION . . . 1/ ADDENDUM (05/12/2017) : TO ATTACH POLICE REPORT DATED 04/12/2107

#### 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	FBB5431Y
Vehicle Make/Model/Colour	M/CYCLE
Details Of Properties	VEH. B
Name of Driver	MALE RIDER
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

#### Details of Witness

Name	
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Phone Number  
Email Address


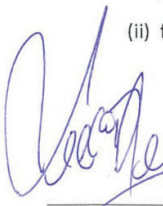
**SKETCH PLAN**

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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 lodgment 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.
- (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:

868250733

04 DEC 2017



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



A hand-drawn diagram on a grid background showing a 3D coordinate system. Three axes are drawn: a horizontal axis labeled 'x', a vertical axis labeled 'y', and a diagonal axis labeled 'z'. A point is marked with an 'X' in the first octant. A curved arrow indicates a rotation around the z-axis.

**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

A. SHD 16625

B. FMB 54214

I/We declare the foregoing particulars are true in every respect.

the foregoing



's Signature

Driver's Signature



## Describe Circumstance of the Accident.

ON 04/12/2017 @ 0835 HRS, I WAS DRIVING MY TAXI ( SHD 1662 S ) TRAVELLING ALONG LORONG CHUAN AT THE TRAFFIC LIGHT JUNCTION OF BRADDELL ROAD WITH 2 PASSENGERS ONBOARD (MALAYS - A FEMALE WITH A CHILD) IN THE MIDDLE LANE.

I STOPPED MY TAXI AS ANOTHER VEHICLE AHEAD OF ME STOPPED - DUE TO RED TRAFFIC LIGHT.

WHILE STATIONARY SUDDENLY I FELT AN IMPACT FROM MY LEFT AND NOTICED VEHICLE B ( FBB 5431 Y- M/YCLE ) WHICH WAS SQUEEZING BETWEEN THE MIDDLE LANE & THE LEFT LANE - HAD COLLIDED ONTO THE LEFT PORTION OF MY TAXI.

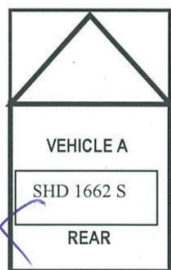
DUE TO THE IMPACT, MY TAXI HAD DAMAGES ON THE LEFT REAR PORTION AND I WAS NOT AWARE OF DAMAGES TO VEHICLE B (AS RIDER FAILED TO STOP AFTER THE IMPACT & RIDE OFF AWAY)

NO INJURY INVOLVED.  
NO PILLON ONBOARD VEHICLE B.

\*VIDEO FOOTAGE CAPTURED.

\*BASED ON THE VIDEO FOOTAGE, THE RIGHT BOX OF VEHICLE B HAD COLLIDED ONTO MY TAXI.

## DAMAGES FOUND ON VEHICLE A &amp; VEHICLE B



PREMIER TAXI



THIRD PARTY VEHICLE



Driver's Signature & NRIC Number  
Monday, December 04, 2017 @ 11:30:16 AM

( attended by )



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE  
6 Raffles Quay #18-00 Singapore 048580  
Tel (65) 6224 0010 Fax (65) 6224 0030  
Operating Hours : Monday to Friday, 09:00 – 17:00  
UEN: S66550020G / GST Reg. No.: M400017735

**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

### ADDENDUM

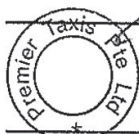
**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No : MPR817159347 Vehicle Registration No: QHD 16628  
Name (as shown in NRIC) : PREMIER TAXIS PTE LTD NRIC/FIN/Passport No : \_\_\_\_\_  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address : 23 CHANGI SOUTH AVE 2, #01-02, S (486443) Singapore ( \_\_\_\_\_ )  
Contact (Tel) : 6214 8880 Mobile No. : \_\_\_\_\_  
Email Address : \_\_\_\_\_  
Date of Accident : 04.12.2017 Time of Accident : 08 35 HRS.  
Place of Accident : LOK CURN // BRADDELL ROAD  
Insurance Company : NTUC INCOME INSURANCE CO-OPERATIVE LTD

**(B) ADDITIONAL INFORMATION / AMENDMENTS:**

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

To attach police report dated  
04/12/2017



Policyholder / Driver's Signature  
Date:

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.: 05 DEC 2017  
Date: