

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	12/12/2017 11:26
Date Of Accident	11/12/2017 21:35
Exact Location Of Accident	PIE - TUAS (BEFORE KALLANG BAHRU EXIT)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC6637M
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	KIA
Model	OPTIMA-1.7 D (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	CHELVA RAJA S/O MANIAM
NRIC No	S1390401D
Date Of Birth	27/01/1959
Occupation	OUTDOOR
Date Of Driving Pass	28/05/1979
Driving Experience	38 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91472407
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 611 #02-203 WOODLANDS RING ROAD
Postcode	730611
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	DRIZZLING
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	NO
Was any body injured in the Accident?	YES
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 (MALE CHINESE - WITNESS) VEH. B - 1 PAX (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

Vehicle Registration Number	SLK6130T
Vehicle Make/Model/Colour	MAZDA
Details Of Properties	VEH. B
Name of Driver	MS SOO MEI HUI
NRIC/Passport Number	S8309855D
Contact Number	96418317
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	DAMAGED ON THE FRONT LEFT PORTION
No. Of Passenger (Including Driver)	2

Details of Witness

Name	
Phone Number	
Email Address	

DETAILS OF INJURED PERSON 1

Name	CHELVA RAJA S/O MANIAM - DRIVER OF VEH. A
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Approximate Age

Injuries Sustain

FELT UNWELL, WENT TO KTPH FOR TREATMENT & HAD 5 DAYS MC

Injured person in which vehicle?

SHC6637M

Were seat belts worn?

YES

Was injured conveyed to hospital by ambulance?

NO

Address

Postcode

Sketch Plan Pg. 1

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:

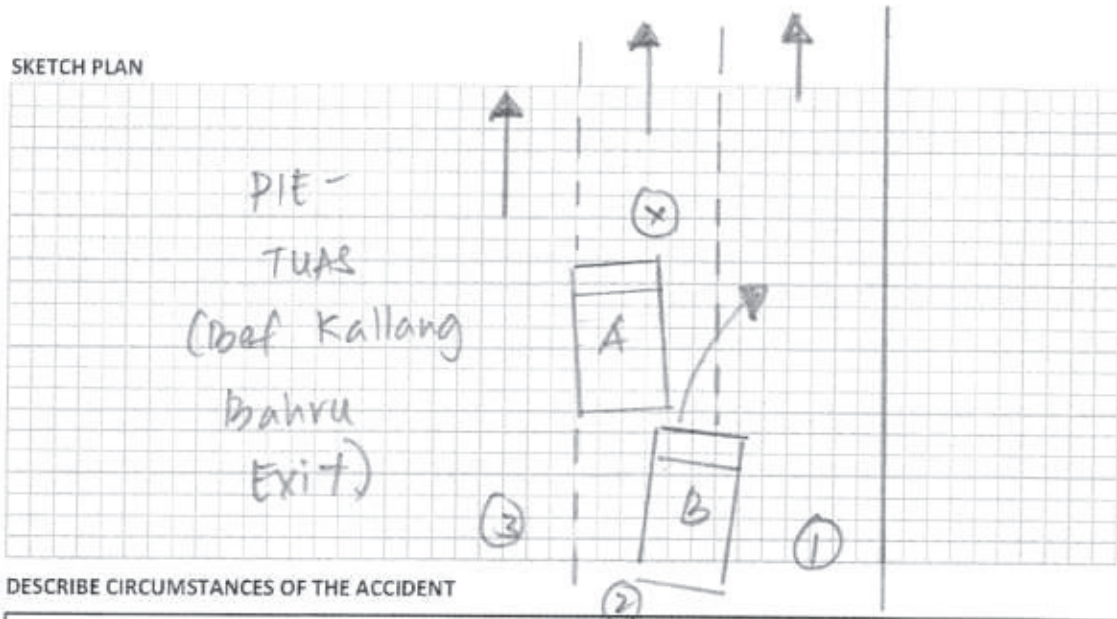
S13904010

12 DEC 2017

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

Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

A: SHC 6637M

13. SLK 6130T.

DECLARATION

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

12 DEC 2017

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.: _____

Describe Circumstance of the Accident.

ON 11/12/2017 @ 2135HRS, I WAS DRIVING MY TAXI (SHC 6637 M) TRAVELLING ALONG PIE – TUAS (BEFORE KALLANG BAHRU EXIT) WITH A PASSENGER ONBOARD (MALE CHINESE) IN LANE 2.

WHILE MOVING AHEAD, I NOTICED A WHITE BOX LYING ON THE GROUND. UPON SEEING IT I SLOWED DOWN MY TAXI (AS TO AVOID THE BOX) & STEERED SLIGHTLY INTO THE LEFT BUT SUDDENLY I FELT AN IMPACT FROM MY THE REAR.

WHEN INSPECTED, I DISCOVERED THAT VEHICLE B (SLK 6130 T – MAZDA) WHICH WAS FROM THE REAR, HAD COLLIDED ONTO THE REAR RIGHT PORTION OF MY TAXI.

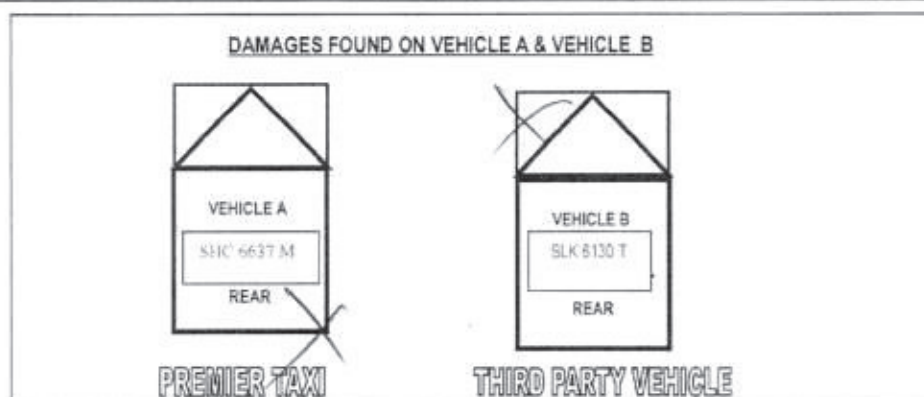
DUE TO THE IMPACT, MY TAXI HAD DAMAGES TO THE REAR RIGHT PORTION AND VEHICLE B HAD DAMAGES ON THE FRONT LEFT PORTION.

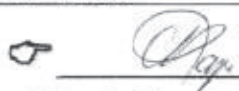
AS A RESULT, I FELT UNWELL, WENT TO CLINIC & HAD 5 DAYS OF MEDICAL LEAVE. NO AMBULANCE AT SCENE.

MY PASSENGER – MR CHONG JUN MIN JACKEY WHO WAS IN THE REAR SEAT, WILLING TO BE MY EYE WITNESS.

VEHICLE B HAD A PASSENGER ONBOARD.

*VIDEO FOOTAGE CAPTURED.




Driver's Signature & NRIC Number

Tuesday, December 12, 2017 @ 11:38:29 AM

(attended by )