

## 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 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	14/02/2018 12:06
Date Of Accident	14/02/2018 07:55
Exact Location Of Accident	BOON LAY WAY - (BESIDE JURONG POINT)
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC6255G
<b>Insured/Policyholder</b>	
Name Of Registered Owner	PREMIER TAXI PTE LTD
Co Reg No	S1644244E
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	YEO SIOW KIAT
NRIC No	S1644244E
Date Of Birth	30/12/1964
Occupation	OUTDOOR
Date Of Driving Pass	22/02/1993
Driving Experience	24 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90066450
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 321 TAMPINES STREET 33, #02-124
Postcode	520321
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 - CHANGE/CROSS LANE
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	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)	5
Passenger 1	NAME: : UNKNOWN GENDER: : MALE
Passenger 2	NAME: : UNKNOWN GENDER: : MALE
Passenger 3	NAME: : UNKNOWN GENDER: : FEMALE
Passenger 4	NAME: : UNKNOWN GENDER: : FEMALE

#### 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

REFER TO THE ATTACHED STATEMENT

#### Attachment(s)

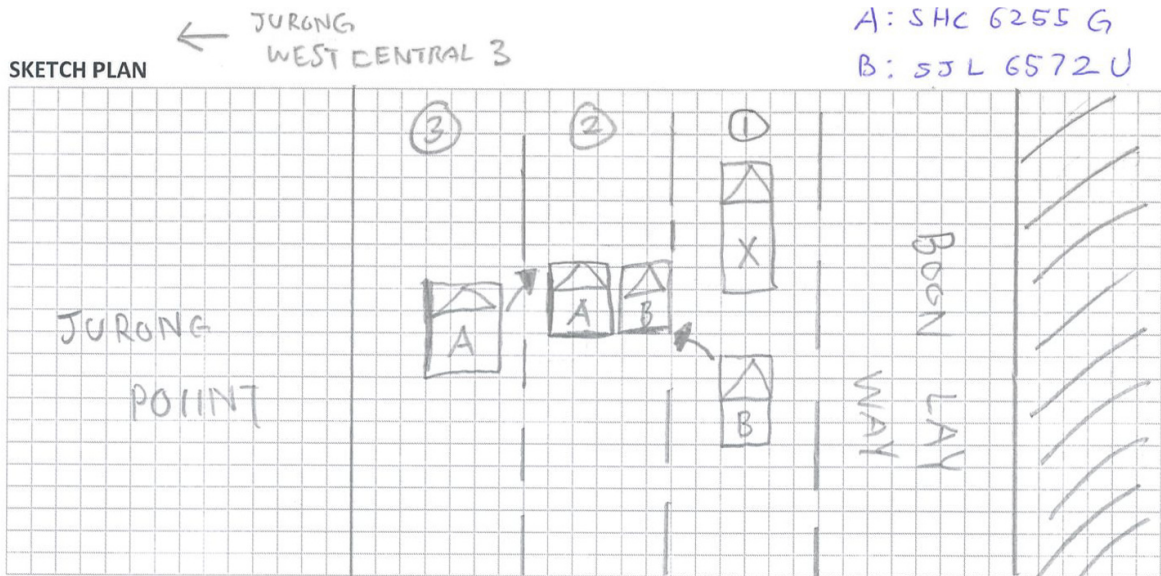
Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJL6572U
Vehicle Make/Model/Colour	UNKNOWN PTE CAR (BLACK)
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TEOH KOK HAU

NRIC/Passport Number	G3240544X
Contact Number	85477212
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	2

# Sketch Plan Pg. 1



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

refer to attached statement.

## 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.:

SKETCH PLAN

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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:

S1644244E Leo.

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 14/02/2018 @ 0755 HRS, I WAS DRIVING MY TAXI ( SHC 6255 G ) TRAVELLING ALONG BOON LAY WAY – (BESIDE JURONG POINT), WITH 4 CHINESE PASSENGERS ONBOARD, IN LANE 3.

I WAS MOVING AHEAD IN LANE 3 AND REALIZED THAT LANE 2 WAS CLEAR OF VEHICLES. I THEN SIGNALLED EARLY WITH RIGHT INDICATOR, SHORTLY BEFORE FILTERING INTO LANE 2. WHEN MY TAXI WAS 3/4 INTO LANE 2, I SUDDENLY FELT AN IMPACT FROM THE RIGHT.

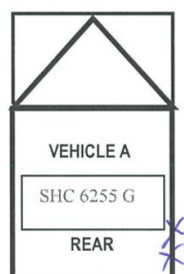
I ALIGHTED AND THEN REALIZED THAT VEHICLE B ( SJL 6572 U – UNKNOWN PTE CAR - BLACK ) INITIALLY FROM LANE 1, HAD FILTERED LEFT, ENCROACHING ONTO MY PATH, COLLIDING ONTO THE REAR RIGHT PORTION OF MY TAXI.

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

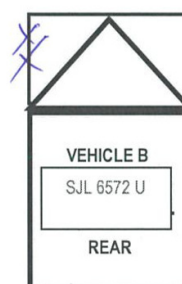
I FELT UNWELL AND WILL SEEK FOR MEDICAL TREATMENT.  
NO AMBULANCE AT SCENE.

1 FEMALE CHINESE PASSENGERS ONBOARD VEHICLE B.

DAMAGES FOUND ON VEHICLE A & VEHICLE B



PREMIER  
TAXI



THIRD PARTY  
VEHICLE



Driver's Signature & NRIC Number


Wednesday, February 14, 2018 @ 11:48:07 AM

( attended by )

RELIEF (KIA KS)

9006 6450

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S1644244E



Name  
YEO SIOW KIAT  
楊紹傑

Race  
CHINESE

Date of birth  
30-12-1964

Country of birth  
SINGAPORE

Sex  
M

S1644244E

Land Transport Authority


VOCATIONAL LICENCE

Licence No. S1644244E

Name YEO SIOW KIAT

Issue Date 11/7/2005

Please visit [www.lta.gov.sg](http://www.lta.gov.sg) to check the status of this vocational licence.



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S1644244E

Name YEO SIOW KIAT

Birth Date 30 Dec 1964

Issue Date 21 Feb 2003

1000220898G



4405368



NRIC No. S1644244E




Date of issue  
21-05-2009

Address  
APT BLK 321 TAMPINES STREET 33  
#02-124  
SINGAPORE 520321

This card is not transferable and is the property of the Land Transport Authority (LTA). It must be surrendered to LTA on request. If found, please return to LTA, 10 Sin Ming Drive, Singapore 575701.

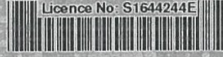
Type	Description	Issue Date
03	BUS VL	21/11/1996
02	TAXI VL	11/01/1997
04	BUS ATTENDANT	21/11/1996



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

Class	Description	PASS DATE
Class 2B	Motorcycles not exceeding 200 cc	19 Aug 1994
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	22 Feb 1993
Class 4	Heavy Motor Cars and Motor Tractors the weight of which unladen exceeds 2500 kilograms	16 Jun 1995

Licence No. S1644244E



NP 428A



Accident Photo





Accident Photo



Accident Photo





Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo





Accident Photo

