

## 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 19/02/2018 09:04  
Date Of Accident 17/02/2018 21:00  
Exact Location Of Accident XILIN AVE TWDS NEW UPP CHANGI ROAD  
Country/State of Loss SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number SHC6915K  
**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 LER BOON SING DAVID  
NRIC No S0023381A  
Date Of Birth 22/02/1954  
Occupation OUTDOOR  
Date Of Driving Pass 28/10/1976  
Driving Experience 41 YEARS AND 3 MONTHS  
Gender MALE  
Mobile Number (LOCAL) +65-94357686  
Fax Number  
Contact Number  
Email Address NOEMAIL

Address BLK 374 #16-73  
HOUGANG ST 31

Postcode 530374

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 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) 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

VEH. A - NO PAX VEH. B - 1 PAX/SON ONBOARD

#### 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 SKF7456K

Vehicle Make/Model/Colour AUDI/BLACK

Details Of Properties VEH. B

Vehicle Category PRIVATE CAR

Name of Driver MR YEO KIAN WEE

NRIC/Passport Number S7337414F

Contact Number 97506872

Address

Postcode

Insurance Company Name

Nature Of Damage DAMAGED ON THE FRONT

No. Of Passenger (Including Driver) 2

**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.



SHC 6915K

X 0023381-A

19 FEB 2018

Policyholder's Signature  
Date & Time:

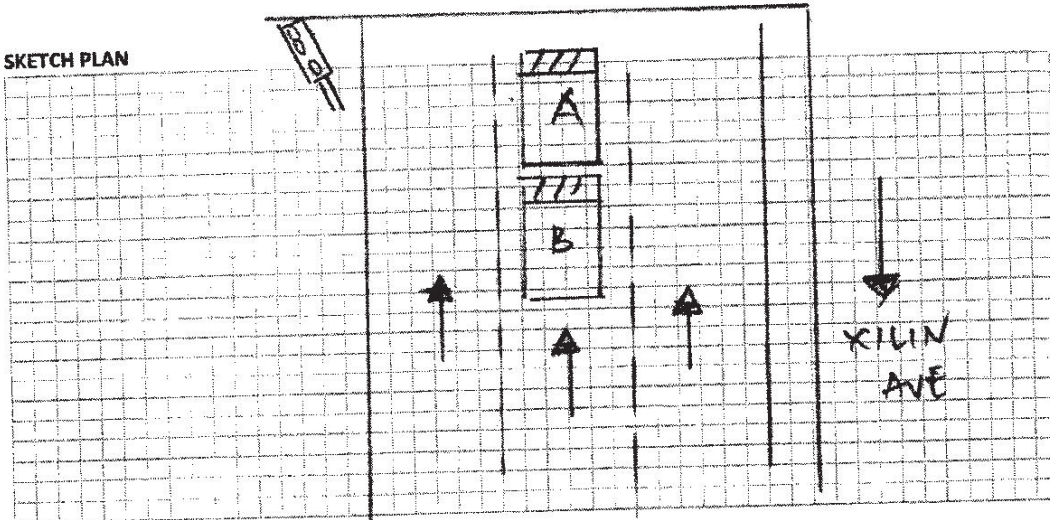
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

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



Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

A: SHC 691SK

B: SCF 7456F

DECLARATION

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

19 FEB 2018



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 17/02/2018 @ 2100HRS, I WAS DRIVING MY TAXI ( SHC 6915 K )  
TRAVELLING ALONG XILIN AVE TOWARDS NEW UPPER CHANGI ROAD, IN THE  
MIDDLE LANE.

I STOPPED MY TAXI, AS TRAFFIC LIGHT WAS RED.

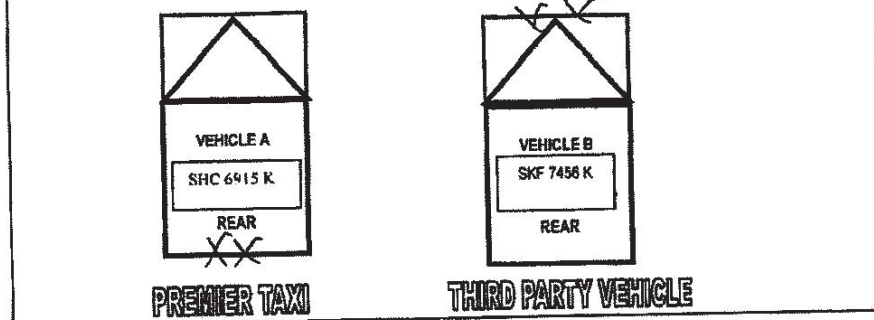
WHILE STATIONARY, SUDDENLY I FELT AN IMPACT FROM THE REAR. WHEN  
INSPECTED, I DISCOVERED THAT VEHICLE B ( SKF 7456 K - AUDI / BLACK ) WHICH  
WAS BEHIND ME, HAD COLLIDED ONTO THE REAR OF MY TAXI.


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

NO INJURY INVOLVED.

NO PASSENGERS ONBOARD MY TAXI & VEHICLE B HAD A PASSENGER ONBOARD.

DAMAGES FOUND ON VEHICLE A & VEHICLE B



 0023381-A SHC 6915 K

Driver's Signature & NRIC Number  
@ 9:10:10 AM

(attended by )