

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	02/03/2018 14:33
Date Of Accident	02/03/2018 12:45
Exact Location Of Accident	TAXI STAND @ SAGO LANE (IN FRONT OF TEMPLE)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB8008X
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	KOH LAY SIONG
NRIC No	S6911131I
Date Of Birth	05/04/1969
Occupation	OUTDOOR
Date Of Driving Pass	20/01/1987
Driving Experience	31 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-90024842
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 5 #03-237 TOH YI DRIVE
Postcode	590005
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	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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 - SOME PAX 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	SHD36G
Vehicle Make/Model/Colour	TRANSCAB TAXI / RENAULT
Details Of Properties	VEH. B
Vehicle Category	TAXI
Name of Driver	KANG CHEW CHIEW
NRIC/Passport Number	S1520948H
Contact Number	82229542
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	DAMAGED ON THE FRONT LEFT PORTION
No. Of Passenger (Including Driver)	

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:

Kah Lay Siang
+ 56911311

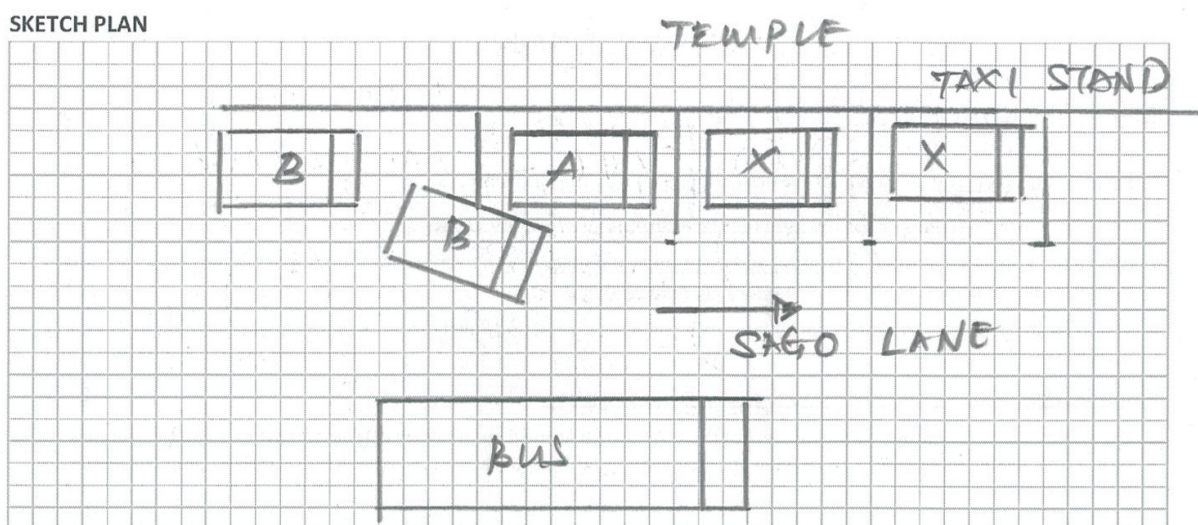
Driver's Signature
(If driver is not the policyholder)
Date & Time:

-2 MAR 2018

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

Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

A: STD 800gx

B: STD 36G

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.: _____

Describe Circumstance of the Accident.

ON 02/03/2018 @ 1243HRS, I STOPPED & PARKED MY TAXI (SHB 8008 X) IN A VACANT TAXI STAND/LOT @ SAGO LANE (IN FRONT OF TEMPLE).

I THEN ALIGHTED & LEFT MY TAXI – TO CLEAR SOME RUBBISH AWAY.

WHILE I WALKING BACK TO MY TAXI, I NOTICED MY TAXI HAD DAMAGES ON THE RIGHT REAR PORTION AND 2 PASSERBY (MALE FOREIGNERS) APPROACHED ME, INFORMED ME THAT VEHICLE B (SHD 36 G – TRANSCAB) HAD COLLIDED ONTO MY TAXI.

I THEN WAVED TO DRIVER OF VEHICLE B TO STOP (AS THE DRIVER OF VEHICLE B SEEMED TO BE DRIVING OFF AWAY BUT MANAGED TO RETURN TO THE SCENE SHORTLY.)

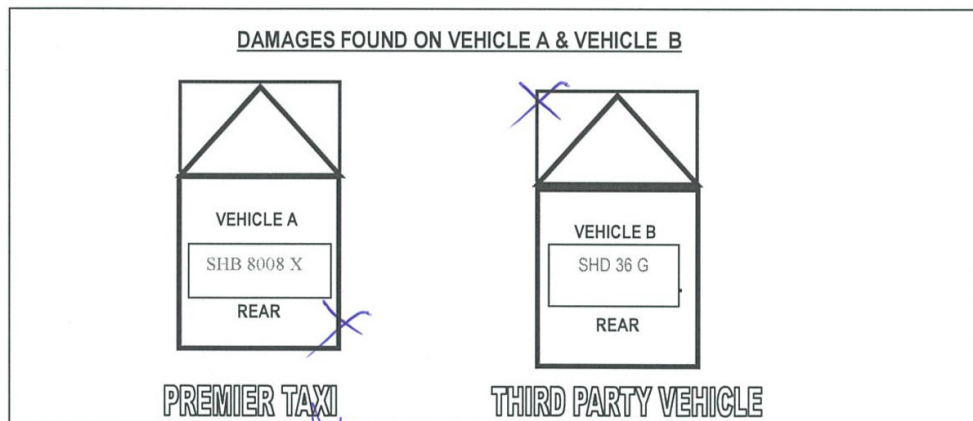
WHEN INSPECTED, MY TAXI HAD DAMAGES ON THE RIGHT REAR AND VEHICLE B HAD DAMAGES ON THE FRONT LEFT PORTION.

NO INJURY INVOLVED.

MY TAXI WAS VACANT.

VEHICLE B HAD SOME PASSENGERS ONBOARD.

*VIDEO FOOTAGE CAPTURED.



5691131/T
Driver's Signature & NRIC Number
@ 2:57:10 PM

(attended by

)

Sketch Plan Pg. 4

PREMIER TAXIS	HIRER / RELIEF / SUPER RELIEF
VEHICLE NO.	SHB 8008 X
CONTACT NO.	9002 4842
NEW MAILING ADDRESS (if any)	

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S69111311



Name
KOH LAY SIONG

Race
CHINESE

Date of birth
05-04-1969

Country of birth
SINGAPORE

Sex
M



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S69111311**

Name:
KOH LAY SIONG

Birth Date: **05 Apr 1969**

Issue Date: **02 May 2008**



001598075A

4227105



NRIC No. **S69111311**



Date of issue
02-06-2008

APT BLK 5 TOH YI DRIVE #03-237
SINGAPORE 590005

NRIC No: S69111311 Date: 17/02/2009 No: 6136196

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

		PASS DATE
Class 2B	Motorcycles =< 200 CC	08 Mar 1991
Class 2A	Motorcycles between 201 CC and 400 CC	08 Mar 1991
Class 2	Motorcycles > 400 CC	08 Mar 1991
Class 3	Motor cars =< 3000 kg with =< 7 passengers, exclusive of the driver; and motor tractors/vehicles =< 2500 kg	20 Jan 1987
Class 4	Heavy motor cars and motor tractors > 2500 kg	28 Mar 2014

S69111311 S / No. 9000203712

NP 428A

Licence No: S69111311



Land Transport Authority

VOCATIONAL LICENCE

Licence No: **S69111311**

Name: **KOH LAY SIONG**

Issue Date: **12/1/2016**

Please visit www.lta.gov.sg to check the status of this vocational licence



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

