

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	05/03/2018 16:55
Date Of Accident	05/03/2018 16:00
Exact Location Of Accident	CENTRAL BLVD // SHEARES AVE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC6106D
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	MOY KIM HOONG
NRIC No	S7238606Z
Date Of Birth	06/10/1972
Occupation	OUTDOOR
Date Of Driving Pass	02/04/1993
Driving Experience	24 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98950206
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 102C #07-414 PUNGGOL FIELD
Postcode	823102
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	SIDE SWIPE
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)	2
Passenger 1	NAME: : PAX IN THE REAR SEAT - FOREIGNER/INDONESIAN GENDER: : MALE

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

BOTH VEHICLES - 1 PAX

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	SHD9512P
Vehicle Make/Model/Colour	TRANSCAB TAXI
Details Of Properties	VEH. B
Vehicle Category	TAXI
Name of Driver	MALE CHINESE
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	2

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:

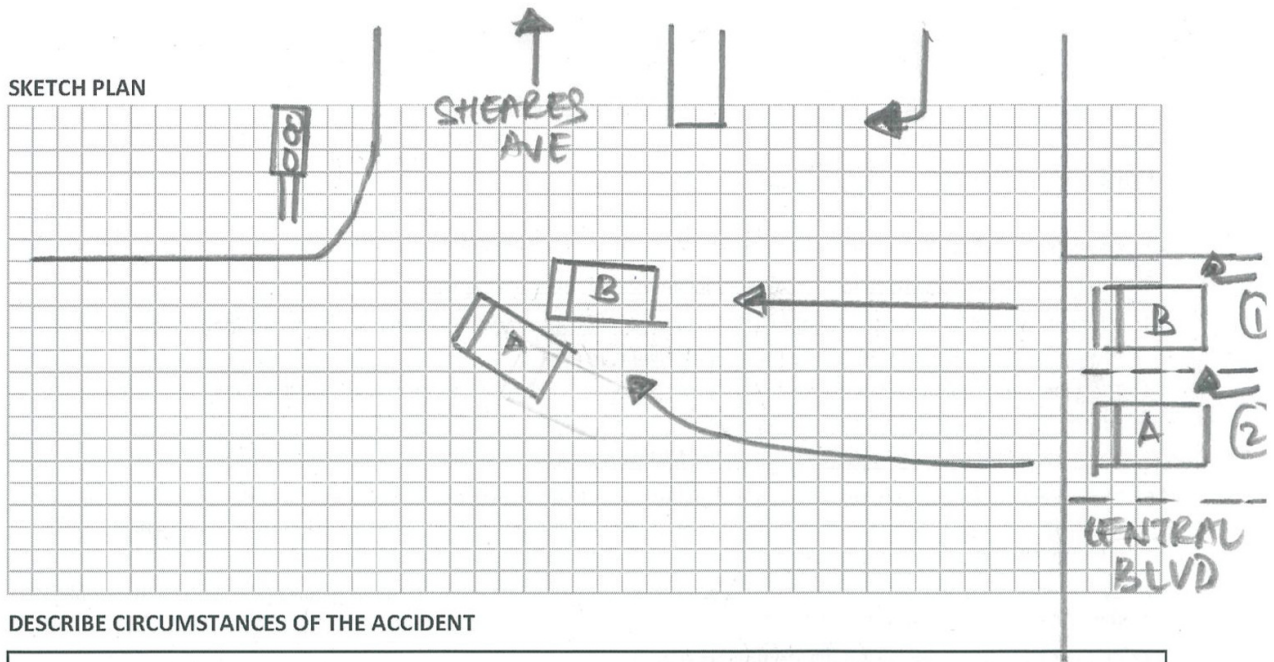
[Signature]
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

SHC 6106 D
S7238606/Z

- 5 MAR 2018

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

A: SHC6106D

B: SHD9512P

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

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

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

2

Describe Circumstance of the Accident.

ON 05/03/2018 @ 1600HRS, I WAS DRIVING MY TAXI (SHC 6106 D)
TRAVELLING ALONG CENTRAL BLVD AT THE TRAFFIC LIGHT JUNCTION OF
SHEARES AVE, WITH A PASSENGER ONBOARD, IN LANE 2.

TRAFFIC LIGHT TURNED GREEN ON MY ROUTE FAVOUR & I PROCEED AHEAD –
MAKING MY RIGHT TURN INTO SHEARES AVE, BUT SUDDENLY I FELT AN IMPACT
FROM MY RIGHT.

WHEN INSPECTED, I DISCOVERED THAT VEHICLE B (SHD 9512 P – TRANSCAB)
WHICH IN LANE 1, FAILED TO KEEP FOR PROPER LOOK OUT & FAILED TO KEEP IN
LANE, HAD ENCROACHED ONTO MY RIGHT.

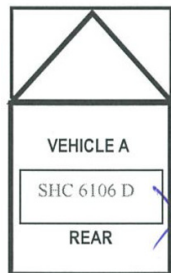
AS SUCH, THE FRONT LEFT PORTION OF VEHICLE B COLLIDED ONTO THE RIGHT
PORTION OF MY TAXI.

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

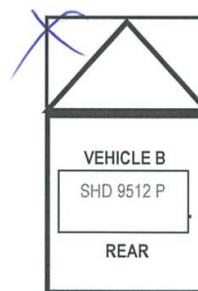
NO INJURY INVOLVED.
VEHICLE B HAD A PASSENGER ONBOARD.

*VIDEO FOOTAGE CAPTURED.

DAMAGES FOUND ON VEHICLE A & VEHICLE B



PREMIER TAXI




THIRD PARTY VEHICLE




57238606/2

Driver's Signature & NRIC Number
@ 5:04:26 PM

(attended by)

 PREMIER TAXIS	HIRER / RELIEF / SUPER RELIEF
VEHICLE NO.	SHC 6106D
CONTACT NO.	98950206
NEW MAILING ADDRESS (if any)	

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S7238606Z**



Name
MOY KIM HOONG
(MEI JIANXIONG)
梅健雄

Race
CHINESE

Date of Birth
06-10-1972

Country of Birth
SINGAPORE

Sex
M

REPUBLIC OF SINGAPORE **DRIVING LICENCE**




Licence Number: **S7238606Z**
Name
MOY KIM HOONG
(MEI JIANXIONG)

Birth Date: **06 Oct 1972**
Issue Date: **27 Jun 2013**

002195707A

S7238606Z



NRIC No. **S7238606Z**

Blood Group
-

Date of Issue
07-06-2003

Address
APT BLK 102C PUNGGOL FIELD
#07-414
SINGAPORE 823102

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

EFFECTIVE DATE

Class 3 - Motor Cars =< 3000kg with =< 9 passengers, exclusive of the driver; and other motor vehicles =< 2500kg


02 Apr 1993

4895 0206
4895 0206
1-09-8

Licence No: S7238606Z

NP 428A

Land Transport Authority



VOCATIONAL LICENCE

Licence No: **S7238606Z**
Name: **MOY KIM HOONG**

Issue Date: **21/6/2016**

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

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

