

## 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	02/04/2018 11:12
Date Of Accident	31/03/2018 19:20
Exact Location Of Accident	SLIP INTO T3 LINK SOUTH FROM T3 AIRPORT BOULEVARD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD1155P
<b>Insured/Policyholder</b>	
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	130-1.6 (FD) 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	JUAY CHONG HOCK
NRIC No	S1750084H
Date Of Birth	28/06/1966
Occupation	OUTDOOR
Date Of Driving Pass	13/09/1986
Driving Experience	31 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84680084
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 105 #04-61 EDGEFIELD PLAINS
Postcode	823105
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?	YES
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

#### 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	PA1082L
Vehicle Make/Model/Colour	VAN
Details Of Properties	VEH. B
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	MALE CHINESE
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	2

#### DETAILS OF INJURED PERSON 1

Name	JUAY CHONG HOCK - DRIVER OF VEH. A
------	------------------------------------

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

WILL SEEK FOR MEDICAL TREATMENT

SHD1155P

YES

NO



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.

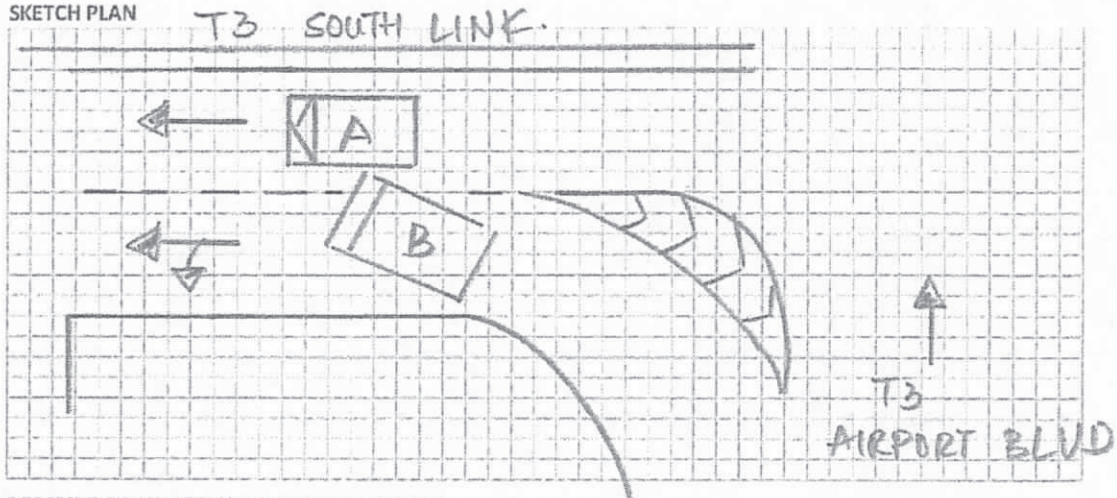


Policyholder's Signature  
Date & Time:

SD/ISSP 82 APR 2010  
S17500PC/H  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

A SHD1155P

B: PA 1082L

DECLARATION

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

02 APR 2018

Policyholder's Signature  
Date & Time:



SHD1155P  
S17500841H  
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 31/03/2018 @ 1920 HRS, I WAS DRIVING MY TAXI ( SHD 1155 P )  
TRAVELLING ALONG T3 AIRPORT BOULEVARD INTO T3 SOUTH LINK, IN THE RIGHT  
LANE.

WHILE MOVING AHEAD – WITHIN MY LANE, SUDDENLY I FELT AN IMPACT FROM MY  
LEFT. WHEN INSPECTED, I DISCOVERED THAT VEHICLE B ( PA 1082 L – VAN )  
WHICH WAS IN THE LEFT LANE – FAILED TO KEEP FOR PROPER LOOK OUT &  
FAILED TO OBSERVE FOR CLEARANCE FROM MY ROUTE – HAD ENCROACHED  
ONTO MY PATH ON MY LEFT ABURUPTLY

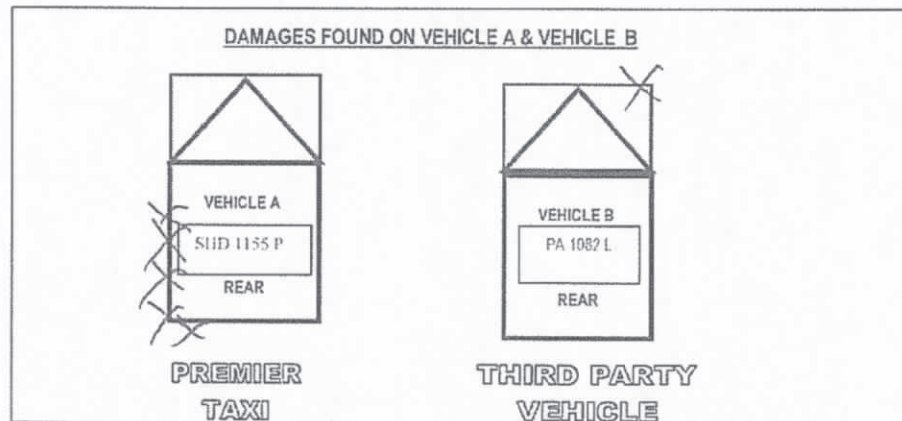
AS SUCH, THE FRONT RIGHT PORTION OF VEHICLE B COLLIDED ONTO THE LEFT  
PORTION OF MY TAXI.


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

AS A RESULT, I FELT UNWELL & WILL SEEK FOR MEDICAL TREATMENT.  
NO AMBULANCE AT SCENE.

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

\*VIDEO FOOTAGE CAPTURED



 517500 84/H

Driver's Signature & NRIC Number  
Monday, April 02, 2018 @ 11:24:07 AM

( attended by )



Text size + -

**Enquire Vehicle Registration Details****Owner Particulars**

NRIC/Passport/Company Cert No.: 200304975H  
Owner ID Type: Company  
Owner Name: PREMIER TAXIS PTE. LTD.  
Registered Address: 23 CHANGI SOUTH AVENUE 2 #04-03 SINGAPORE 486443  
Mailing Address: -  
Birth Date: -

**Vehicle Particulars**

Vehicle No.: SHD1155P  
Previous Vehicle No.: -  
Effective Date of Ownership: 15 Feb 2017  
Original Regn Date: 15 Feb 2017  
Registration Date: 15 Feb 2017  
Year of Manufacture: 2016  
Vehicle Type: Public Transport Taxi (Motor Car)  
Vehicle Scheme: Taxi (Company)  
Vehicle Attachment 1: Air-Con (Taxi)  
Vehicle Attachment 2: -  
Vehicle Attachment 3: -  
Vehicle Make: HYUNDAI  
Vehicle Model: I30 GDH 1.6 TCI 5DR DCT  
Primary Colour: Silver  
Secondary Colour: -  
Passenger Capacity: 4  
Chassis No.: TMAD281UVHJ124439  
Engine No.: D4FBGZ114399  
Engine Capacity/Power Rating: 1582 cc / -  
Maximum Power Output: 100.0 kW (134 bhp)  
Propellant: Diesel  
Max Unladen Weight: 1496 kg  
Maximum Laden Weight: 1940 kg  
Open Market Value: \$21,088.00  
PARF Eligibility: Yes  
PARF Eligibility Expiry Date: 14 Feb 2025  
Minimum PARF Benefit: \$8,414.00  
No. of Transfers: 0  
IU Label No.: 1050703967  
COE No.: 2017021501003650R  
COE Expiry Date: 14 Feb 2025  
COE Category: A - Car (up to 1600cc & 97kW (130bhp))  
COE Registration Category: A - Car (up to 1600cc & 97kW (130bhp))