

MPRI18047681 / Prime Auto Claims Service Pte Ltd - HQ
ENTRY DATE & TIME: 10/04/2018 14:13
SUBMITTED BY: Chrissy Too Ye En

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 10/04/2018 14:13
Date Of Accident 10/04/2018 10:30
Exact Location Of Accident IRWELL BANK ROAD
Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHD2010S
Insured/Policyholder
Name Of Registered Owner PRIME CAR RENTAL & TAXI SERVICES PTE LTD
Co Reg No 199606293Z
Email Address NOEMAIL
Mobile Phone No
Alternative Phone No OFFICE-68982000
Vehicle Particulars
Manufacturer TOYOTA
Model PRIUS ALPHA HYBRID-1.8 S CVT (A)
Exact Purpose for which vehicle was being used at time of accident
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 FIRE AND/OR THEFT
Fleet Policy YES
Policy Number 5068045737-03
Cover Note Number
Driver
Name of Driver LIM HSIEN YANG
NRIC No S7821944J
Date Of Birth 31/07/1978
Occupation OUTDOOR
Date Of Driving Pass 18/04/2001
Driving Experience 16 YEARS AND 11 MONTHS
Gender MALE
Mobile Number (LOCAL) +65-91057657
Fax Number
Contact Number
Email Address NOEMAIL

Address BLK. 53 HAVELOCK ROAD #11-112 SINGAPORE
Postcode 161053
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 CHAIN COLLISION
Weather Conditions CLEAR
Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO
Number of vehicles involved in the accident 3
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) 4

Passenger 1
NAME: : PASSENGER A
GENDER: : FEMALE
Passenger 2
NAME: : PASSENGER B
GENDER: : MALE
Passenger 3
NAME: : PASSENGER C
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

REFER TO ATTACHED STATEMENT

Attachment(s)

Are accident photos available for attachment? YES
Was there any video captured by Car Camera? YES
Remarks/ Reasons: FILE SIZE TOO BIG
Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SHD8549R
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category TAXI
Name of Driver RAYMOND LIM
NRIC/Passport Number S1621451E

Contact Number 87154336
Address
Postcode
Insurance Company Name MS FIRST CAPITAL INSURANCE LTD
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SKS707P
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver LEE
NRIC/Passport Number S8207047H
Contact Number 96911629
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name LIM HSIEN YANG
Approximate Age
Injuries Sustain BACK AND NECK IN PAIN
Injured person in which vehicle? SHD2010S
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address BLK. 53 HAVELOCK ROAD #11-112 SINGAPORE
Postcode 161053

Accident Sketch Plan Pg. 1

SKETCH PLANIMPORTANT NOTICE

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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.



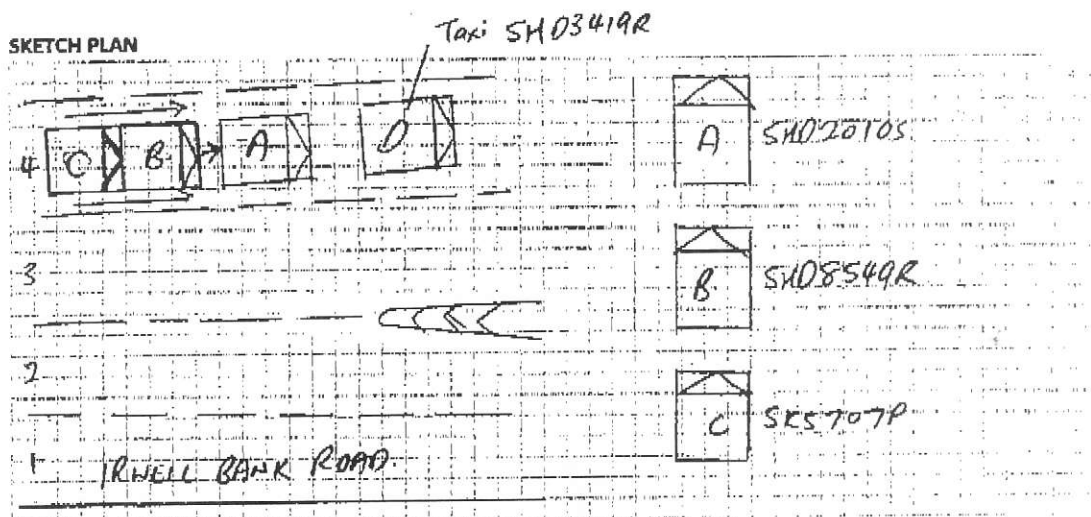
Policyholder's Signature
Date & Time:

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

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

Individual Statement Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to attached statement.

DECLARATION

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

Policyholder's
Date & Time:



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

[Signature] 10/04/18
13:54/hrs

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

Specialist Services, Harrogate, N2

Individual Statement Pg. 1

On 10.04.2018 @ approximately 1030 hrs, I was driving my taxi SHD2010S with 2 males and 1 female passengers along Irwell Bank Road on lane 4. Approaching to traffic light junction, I slowed down my taxi to a halt to give way to one Comfort Taxi SHD3419R that travelled on my right due to there was road work construction ahead of the said taxi. Moments later, one Comfort Taxi SHD8549R rear ended my taxi.

After the accident, I alighted from my taxi and noticed it was a chain collision involving another car SKS707P being the last vehicle in this accident. We then exchanged particulars. My passengers left the scene after the accident.

After the accident, I felt back and neck pain and I will consult doctor if the pain persisted. My taxi in-car camera recorded the occurring of this accident.

