

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	16/04/2018 10:40
Date Of Accident	13/04/2018 21:50
Exact Location Of Accident	HONG KONG STREET
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC6440M
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	YEE MENG FEI @YEE MENG FAI
NRIC No	S0014770B
Date Of Birth	26/11/1948
Occupation	OUTDOOR
Date Of Driving Pass	28/09/1968
Driving Experience	49 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93383308
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 112 #14-209 MCNAIR ROAD
Postcode	320112
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 - MAJOR/MINOR RD
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)	5
Passenger 1	NAME: : PAX IN THE FRONT SEAT - CHINESE GENDER: : MALE
Passenger 2	NAME: : PAX IN THE REAR SEAT - CHINESE GENDER: : MALE
Passenger 3	NAME: : PAX IN THE REAR SEAT - CHINESE GENDER: : FEMALE
Passenger 4	NAME: : PAX IN THE REAR SEAT - CHINESE GENDER: : FEMALE

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 - 4 PAX VEH. B - NO 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	SCX8668J
Vehicle Make/Model/Colour	BLACK PTE CAR
Details Of Properties	VEH. B
Vehicle Category	PRIVATE CAR

Name of Driver	ABDUL RAHIM BIN ADNAN
NRIC/Passport Number	S1443030Z
Contact Number	90818744
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	DAMAGED ON THE FRONT LEFT PORTION
No. Of Passenger (Including Driver)	1

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:



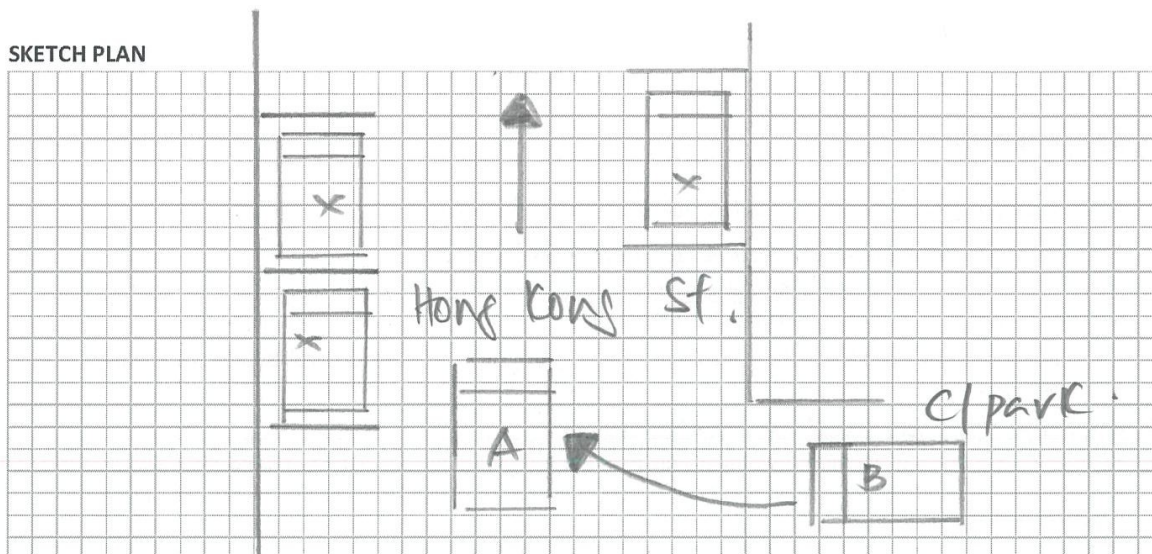
Driver's Signature
(If driver is not the policyholder)
Date & Time:

Yee Wen Jaz
50014770B 16 APR 2018
24c6442M

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

Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

A: SHC 6440M.

B: SCX 8668J.

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 13/04/2018 @ 2150 HRS, I WAS DRIVING MY TAXI (SHC 6440 M)
TRAVELLING ALONG HONG KONG STREET WITH 4 PASSENGERS ONBOARD – ON A
SINGLE LANE OF ONE WAY ROUTE.

WHILE I WAS MOVING STRAIGHT AHEAD, SUDDENLY VEHICLE B (SCX 8668 J –
PTE CAR/BLACK) WHICH WAS EXITING FROM THE CARPARK DRIVEWAY (ON
MY RIGHT), FAILED TO KEEP FOR PROPER LOOK OUT & FAILED TO OBSERVE FOR
CLEARANCE FROM MY ROUTE – HAD MOVED OFF AHEAD & ENCROACHED ONTO MY
PATH ON MY RIGHT ABRUPTLY.

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

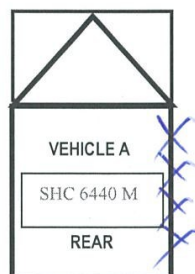
DUE TO THE IMPACT, MY TAXI HAD DAMAGES ON THE RIGHT PORTION AND
VEHICLE B HAD DAMAGES ON THE FRONT LEFT PORTION.

NO INJURY INVOLVED.

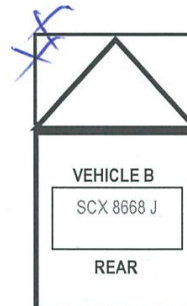
NO PASSENGERS ONBOARD VEHICLE B.

*VIDEO FOOTAGE CAPTURED.

DAMAGES FOUND ON VEHICLE A & VEHICLE B



PREMIER
TAXI



THIRD PARTY
VEHICLE



Yee Man 50014770B
Driver's Signature & NRIC Number
Monday, April 16, 2018 @ 10:50:20 AM

(attended by)

 PREMIER TAXIS	HIRER / RELIEF / SUPER RELIEF
VEHICLE NO.	SHC 6440M
CONTACT NO.	9238 3308
NEW MAILING ADDRESS (if any)	

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S0014770B**



Name
YEE MENG FEI
@YEE MENG FAI
余明辉

Race
CHINESE

Date of birth
26-11-1948

Sex
M

Country of birth
SINGAPORE

S0014770B

REPUBLIC OF SINGAPORE **DRIVING LICENCE**



Licence Number: **S0014770B**

Name:
YEE MENG FEI

Birth Date: **26 Nov 1948**

Issue Date: **08 Mar 2004**

001155170D

3931926



NRIC No. **S0014770B**



Date of issue
28-08-2006

APT BLK 112 MCNAIR ROAD #14-209
SINGAPORE 320112

NRIC No: **S0014770B** Date: **04/01/2012** No: **6905292**

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

PASS DATE

Class 3 **Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms** **28 Sep 1968**

NP 428A

Licence No: S0014770B

Land Transport Authority



VOCATIONAL LICENCE

Licence No: **S0014770B**

Name: **YEE MENG FEI**

Issue Date: **21/5/2015**

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

