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 witholding 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.

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 Date Of Report
 30/05/2018 14:53

 Date Of Accident
 29/05/2018 18:30

Exact Location Of Accident UPPER THOMSON ROAD TRAFFIC LIGHT JUNCTION

Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHD2164G

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 COROLLA-1.5 G AXIO HYBRID (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 KOH SWEE MENG

 NRIC No
 \$1473519D

 Date Of Birth
 26/12/1961

 Occupation
 OUTDOOR

 Date Of Driving Pass
 28/07/1981

Driving Experience 36 YEARS AND 10 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-96642941

Fax Number Contact Number

EMail Address NOEMAIL

Address BLK 15 MARINE TERRACE #16-06 SINGAPORE

Postcode 44001

Was driver an employee of the Insured's Company NO

If No. Relationship of the Driver with the Insured OTHE

Vehicle Registration Number of Driver's Own

Vehicle

OTHER - HIRER

9**2**9

Insurance Company of Driver's Own Vehicle

-

NO

NO

General Information of the Accident

Type Of Accident COLLISION - HEAD TO REAR

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?

Was any other material or property damaged? YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver) 1

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

ntended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER ATTACHED STATEMENT

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

SJY1184X

Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR
Name of Driver MR. LOH

NRIC/Passport Number

Contact Number 97734608

Address Postcode

Insurance Company Name

AXA INSURANCE PTE LTD

Nature Of Damage

No. Of Passenger (Including Driver)

Accident Sketch Plan Pg. 1

SKETCH PLAN

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- The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance
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 interested parties.
- 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 insurers) 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 the purpose(s).
 - 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.

TAN SERVICES

Policyholder's Signature

Driver's Signature (If driver is not the policyholder)

Date & Time: 11%L fam

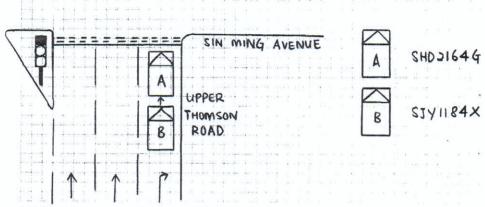
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Individual Statement Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 29.05.2018 @ 1830 hrs, I stopped my taxi SHD2164G along Upper Thomson Road on Lane 1 as the traffic light was in red before right turning to Sin Ming Avenue. While stationary, one white Mercedes SJY1184X rear-ended my taxi.

After the accident, we alighted from our vehicles to check on the damages. We exchanged particulars. Driver of SJY1184X offered me to settle privately.

No one was injured in the accident.



DECLARATION

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

Policyholder Signature Date & Time 24 + 03

MARMIC Szenciffunegyin, 272

Reporting Centre Personnel's Signature

NRIC/FIN No.:

Invoice



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

6 Raffles Quay #18-00, Singapore 048580 Phone: +65 6224 0010 Fax: +65 6224 0030 Operating Hours: Monday to Friday 9am to 5pm

GST Registration No: M400017735

Third Party Insurer Enquiry

Our Ref No:

GR-18-081885

Date of Request:

30/05/2018

Your Ref No:

Online Purchase

Prime Auto Claims Service Pte Ltd

6 Benoi Place Singapore 629927

Dear Sir/Madam,

Enquiry Date

30/05/2018

Enquiry By

Alice Leong Sok Cheng

TP Vehicle No. Accident Date

SJY1184X 29/05/2018

Enquiry Result

TP Vehicle No.	Insurer	Period of Insurance	Insurer Tel. No.
SJY1184X	AXA Insurance Pte Ltd	02/08/2017-01/08/2018	6338 7288

Thank You.

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