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.

| | ACCIDENT STATEMENT |
|----------------------------|--------------------|
| Date Of Report | 04/06/2018 09:04 |
| Date Of Accident | 01/06/2018 12:50 |
| Exact Location Of Accident | JALAN BUKIT MERAH |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHD2632Y

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 PROTON

Model PRIUS ALPHA HYBRID 1.5S 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

27/04/1976

Type Of Coverage THIRD PARTY FIRE AND/OR THEFT

Fleet Policy YES

Policy Number 5068045737-03

Cover Note Number

Date Of Driving Pass

Driver

Name of Driver MAH SYE FOCK
NRIC No S0047916J
Date Of Birth 22/01/1947
Occupation OUTDOOR

Driving Experience 42 YEARS AND 1 MONTH

Gender MALE

Mobile Number (LOCAL) +65-93699061

Fax Number

Contact Number

EMail Address NOEMAIL

Address

BLK. 437 WOODLANDS STREET 41 #02-364 SINGAPORE

Postcode

730437

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 - 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? Was any injured conveyed to hospital by NO

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)

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?

NO

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

GBC5844J

Vehicle Make/Model/Colour

Details Of Properties

COMMERCIAL VEHICLE

Vehicle Category Name of Driver

TEOH KEAN KOON

NRIC/Passport Number

S7766979E

Contact Number

87225338

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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 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 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:
 - 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.

16374 1/1/18

- (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 STAN

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

| KETCH PLAN | e x en | |
|---|---|--|
| Front vehicle stopped | S GURT MERM | B GBC 58441 |
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| | iculars are true in every respect. | 637 6 |
| ryholder's Signature | Driver's Signature (If driver is not the policyholder) Date & Time: | Reporting Centre Personnel's Signature Name: NRIC/FIN No.: |

BARRA DAMENTAL OF THE SALE

Individual Statement Pg. 1

On 01.06.2018 @ 1250 hrs, I was driving my taxi SHD2632Y along Jalan Bukit Merah on lane 2. While travelling, front vehicles stopped and my taxi followed suit. Moments later, one GBC5844J rear ended my taxi.

After the accident, we alighted from our vehicles to check on damages and we exchanged particulars. Driver of GBC5844J, Mr. Lucas Teoh Kean Koon (NRIC: S7766979E) invited me to repair my taxi at his workshop and will call me tomorrow and. Due to my taxi belongs to my company, I decided to lodge an accident report. No one was injured in this accident.





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-18-083835

Date of Request:

01/06/2018

Your Ref No:

Online Purchase

Prime Auto Claims Service Pte Ltd

6 Benoi Place Singapore 629927

Dear Sir/Madam,

Enquiry Date

01/06/2018

Enquiry By

Chrissy Teo Ye En

TP Vehicle No.

GBC5844J 01/06/2018

Accident Date

| Enquiry Result | | | |
|----------------|-----------------------|-----------------------|------------------|
| TP Vehicle No. | Insurer | Period of Insurance | Insurer Tel. No. |
| GBC5844J | AXA Insurance Pte Ltd | 26/02/2018-25/02/2019 | 6338 7288 |

Thank You.

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