

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	17/07/2018 11:09
Date Of Accident	17/07/2018 07:25
Exact Location Of Accident	CTE - AYE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD1404X
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	HYUNDAI
Model	I30 (FD)-1.6 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	LIU TERENCE
NRIC No	S8371061F
Date Of Birth	07/10/1983
Occupation	OUTDOOR
Date Of Driving Pass	06/07/2004
Driving Experience	14 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98225133
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 550 #06-170 HOUGANG ST 51
Postcode	530550
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?	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)	3
Passenger 1	NAME: : PAX IN THE REAR SEAT - CHINESE GENDER: : FEMALE
Passenger 2	NAME: : PAX IN THE REAR SEAT - CHILD/SON 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

VEH. A - 2 PAX VEH. B - UNKNOWN PAX ONBOARD

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	SLJ9767S
Vehicle Make/Model/Colour	MAZDA
Details Of Properties	VEH. B
Vehicle Category	PRIVATE CAR
Name of Driver	CHANDRAN
NRIC/Passport Number	
Contact Number	91710598
Address	
Postcode	

Insurance Company Name

Nature Of Damage

DAMAGED ON THE RIGHT REAR

No. Of Passenger (Including Driver)

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:

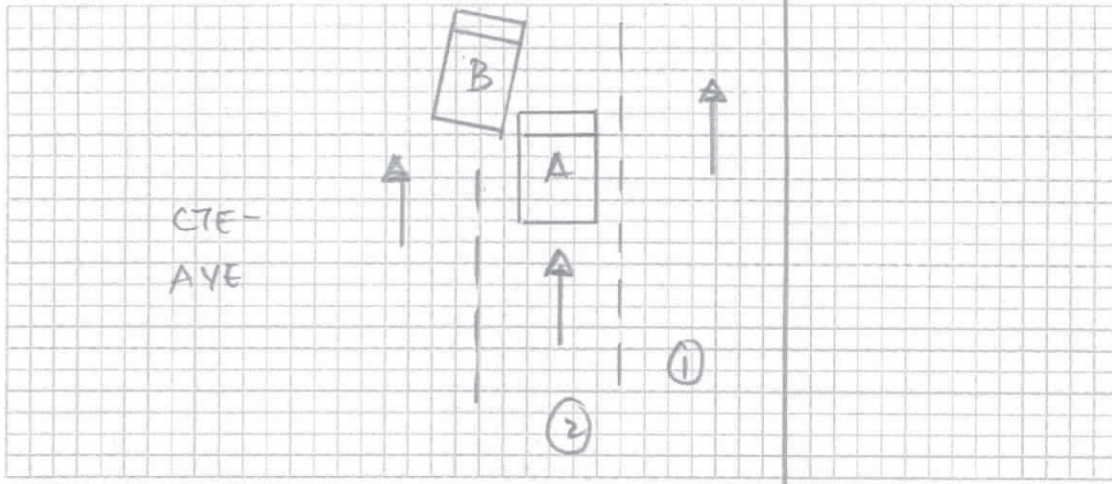
17 JUL 2018


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

x 170718
 x SHD1404X

Sketch Plan Pg. 2


SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

A: SHD 1404X

B: SLT 9767S.

A hand-drawn sketch of a curved line, possibly representing a trajectory or a path, starting from the left and curving upwards and to the right. The line is drawn on a background of horizontal ruling lines.

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:

X 88371061F

17 JUL 2018

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

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.: SHD1404X

Previous Vehicle No.: -

Effective Date of Ownership: 29 Jun 2017

Original Regn Date: 29 Jun 2017

Registration Date: 29 Jun 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.: TMAD281UVHJ128015

Engine No.: D4FBGZ122114

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: \$20,545.00

PARF Eligibility: Yes

PARF Eligibility Expiry Date: 28 Jun 2025

Minimum PARF Benefit: \$7,957.00

No. of Transfers: 0

IU Label No.: 1050700335

COE No.: 2017062901003961Z

COE Expiry Date: 28 Jun 2025

COE Category: A - Car up to 1600cc & 97kW (130bhp)

COE Registration Category: A - Car up to 1600cc & 97kW (130bhp)

Quota Premium (QP) / Prevailing Quota Premium: - / \$50,625.00

PQP Paid: \$40,500.00

QP (Regn Cat): -

OPC Cash Rebate Eligibility: No