

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	14/08/2018 10:35
Date Of Accident	14/08/2018 09:40
Exact Location Of Accident	COLLYER QUAY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD1059J
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	YAP JOHNNY @ LIM CHOO CHYE EDWIN
NRIC No	S1410320A
Date Of Birth	13/02/1960
Occupation	OUTDOOR
Date Of Driving Pass	12/02/1982
Driving Experience	36 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93863119
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 20 #13-03 MARTABAN ROAD
Postcode	328644
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	SIDE SWIPE
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 - INDIAN GENDER: : MALE
Passenger 2	NAME: : PAX IN THE REAR SEAT - INDIAN GENDER: : FEMALE
Passenger 3	NAME: : PAX IN THE REAR SEAT - INDIAN/CHILD GENDER: : FEMALE
Passenger 4	NAME: : PAX IN THE REAR SEAT - INDIAN/CHILD 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 - 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	GBD1496B
Vehicle Make/Model/Colour	HYUNDAI/BLACK
Details Of Properties	VEH. B
Vehicle Category	COMMERCIAL VEHICLE

Name of Driver	ONG SNG TAO
NRIC/Passport Number	S7207559E
Contact Number	91088682
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	DAMAGED ON THE FRONT RIGHT 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:

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

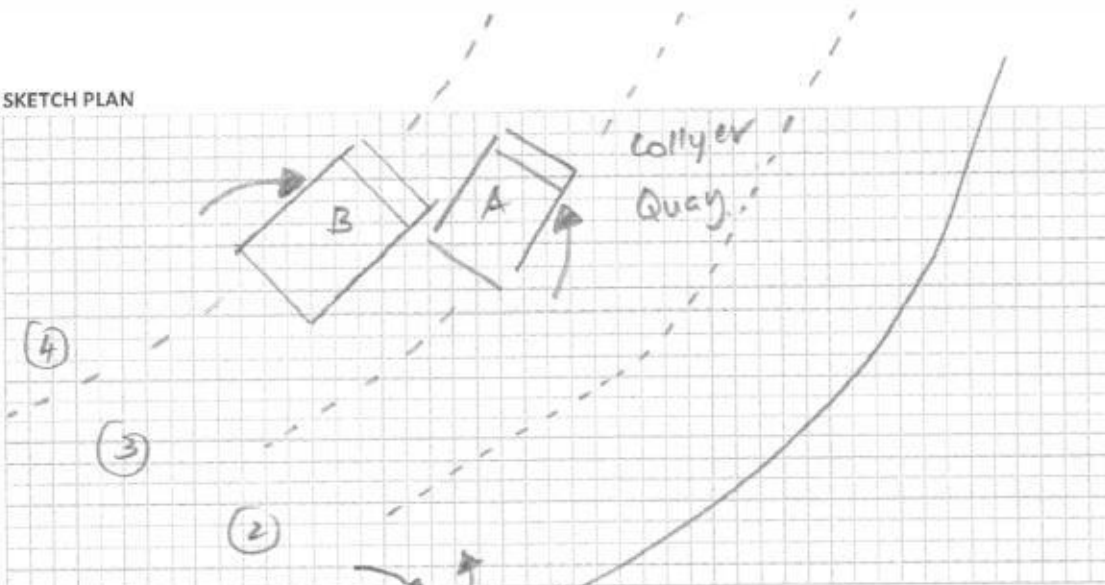
GIA/SGC SketchPlanForm_v3

x SHD1059J
x S14103209

14 AUG 2018

Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

A: SHD 1059J

B: 6 BD 149 LB

DECLARATION

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

Policyholder's Signature

Date & Time:

S1416320A

Driver's Signature _____

(If driver is not the policyholder)

Date & Time:

51416320A

14 AUG 2019

Reporting Centre Personnel's Signature

Name: _____

NRIC/FIN No.:

Describe Circumstance of the Accident.

ON 14/08/2018 @ 0940HRS, I WAS DRIVING MY TAXI (SHD 1059 J)
TRAVELLING ALONG COLLYER QUAY WITH 4 PASSENGERS ONBOARD, IN LANE 2.

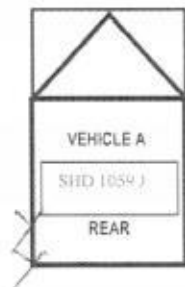
AFTER CHECKING FOR CLEARANCE FROM MY LEFT, I THEN FILTERED INTO LANE 3
WITH MY LEFT INDICATOR BUT SUDDENLY I FELT AN IMPACT FROM MY LEFT.

WHEN INSPECTED, I DISCOVERED THAT VEHICLE B (GBD 1496 B – HYUNDAI /
BLACK) WHICH WAS INITIALLY IN LANE 4 – WAS FILTERING INTO LANE 3
ABRUPTLY. AS SUCH, THE FRONT RIGHT PORTION OF VEHICLE B COLLIDED ONTO
THE LEFT REAR OF MY TAXI.

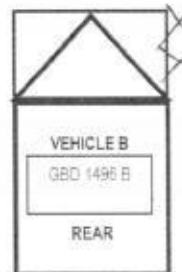
DUE TO THE IMPACT, MY TAXI HAD DAMAGES ON THE LEFT REAR PORTION AND
VEHICLE B HAD DAMAGES ON THE FRONT RIGHT PORTION.

NO INJURY INVOLVED.
NO PASSENGERS ONBOARD VEHICLE B.


DAMAGES FOUND ON VEHICLE A & VEHICLE B



PREMIER
TAXI



THIRD PARTY
VEHICLE

 S1410370A
Driver's Signature & NRIC Number
Tuesday, August 14, 2018 @ 10:49:18 AM

(attended by)