

## 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	20/08/2018 15:51
Date Of Accident	19/08/2018 01:10
Exact Location Of Accident	CROSS STREET // SOUTH BRIDGE ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB8986Y
<b>Insured/Policyholder</b>	
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	CHAY BOON LEONG
NRIC No	S7800565C
Date Of Birth	01/01/1978
Occupation	OUTDOOR
Date Of Driving Pass	12/02/2001
Driving Experience	17 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96903171
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 840 #11-366 YISHUN ST 81
Postcode	760840
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?	YES
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)	1

#### 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

BOTH VEHICLES - 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	SHA2112Y
Vehicle Make/Model/Colour	COMFORT TAXI
Details Of Properties	VEH. B
Vehicle Category	TAXI
Name of Driver	MALE CHINESE
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

#### DETAILS OF INJURED PERSON 1

Name	CHAY BOON LEONG - DRIVER OF VEH. A
------	------------------------------------

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

FELT UNWELL & WILL SEEK FOR MEDICAL TREATMENT

SHB8986Y

YES

NO

**SKETCH PLAN**

**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 liability.
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. The 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 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 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.



20 AUG 2013

*[Handwritten signature]*

Policyholder's Signature  
Date & Time:

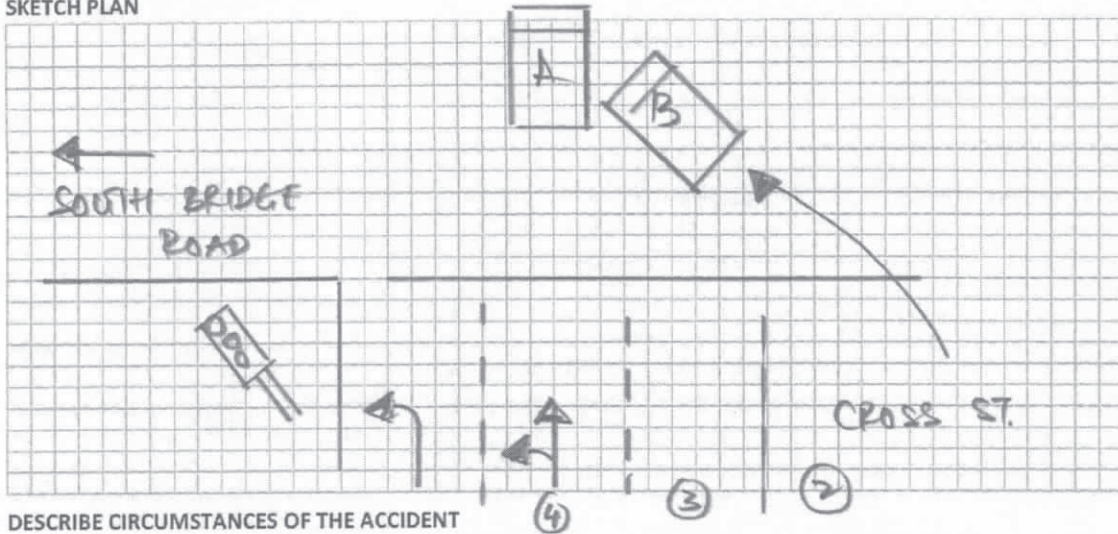
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

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

GIA/SMC SketchPlanForm\_V3

*[Handwritten signature]*  
57800565/c  
348 89867.

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

A: SHB 8986 Y

B: SHA 2112 Y

*[A large, sweeping handwritten signature or scribble spans across the middle of this section.]*

DECLARATION

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

20 AUG 2013



Policyholder's Signature  
Date & Time:

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

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

Describe Circumstance of the Accident.

ON 19/08/2018 AT ABOUT 0110HRS, I WAS DRIVING MY TAXI ( SHB 8986 Y) TRAVELLING ALONG CROSS STREET TOWARDS THE TRAFFIC LIGHT JUNCTION OF SOUTH BRIGD ROAD IN LANE 4 (ARROW ON ROAD SURFACE SHOWS STRAIGHT AHEAD & LEFT TURN).

TRAFFIC LIGHT WAS GREEN ON MY ROUTE FAVOUR & I PROCEED STRAIGHT AHEAD TOWARDS THE JUNCTION BUT SUDDENLY VEHICLE B ( SHA 2112 Y – COMFORT TAXI ) WHICH WAS FROM THE RIGHT LANES – FAILED TO KEEP FOR PROPER LOOK OUT FOR MY TAXI – HAD ENCROACHED ONTO MY PATH ON MY RIGHT ABRUPTLY.

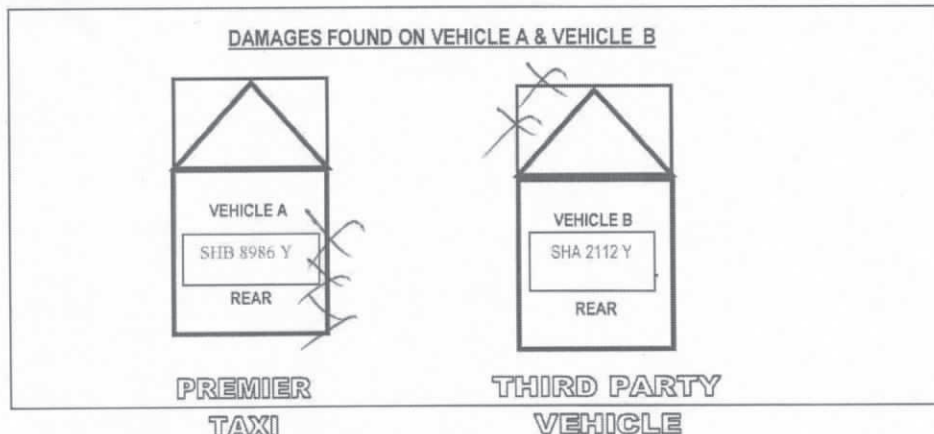
AS SUCH, THE FRONT LEFT PORTION OF VEHICLE B COLLIDED ONTO THE RIGHT PORTION OF MY TAXI.

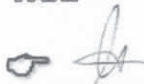
DUE TO THE IMPACT, MY TAXI HAD DAMAGES ON THE RIGHT PORTION, RIGHT REAR PORTION AND PUNCTURED ON THE REAR RIGHT TYRES. VEHICLE B HAD DAMAGES ON THE FRONT LEFT PORTION.

AS A RESULT, I FELT SOME DISCOMFORT & WILL SEEK FOR MEDICAL TREATMENT SOON. NO AMBULANCE AT SCENE.

NO PASSENGERS ONBOARD BOTH VEHICLES.

\*VIDEO FOOTAGE CAPTURED.



 57800565/C  
Driver's Signature & NRIC Number  
@ 3:59:36 PM

( attended by )

Text size + -

**Enquire Transaction History****Transaction History Details**

Log Date/Time:	12 Dec 2013 / 09:48:52	Receipt No.:	AACCK001-AX239-131212-000014
Asset Type:	Vehicle	Transaction Amount:	\$74,995.00
Asset ID:	SHB8986Y	Channel:	AA Counterless - CYCLE & CARRIAGE KIA PTE LTD
Transaction Type:	01.02 Register New Vehicle (AA)		
Business Transaction Reference No.:	20131212094852391400		

Vehicle No.:	SHB8986Y
Vehicle Type:	H10 - Public Transport Taxi (Motor Car)
Vehicle Attachment 1:	Air-Con (Taxi)
Vehicle Attachment 2:	-
Vehicle Attachment 3:	-
Vehicle Scheme:	Taxi (Company)
First Registration Date:	12 Dec 2013
Original Registration Date:	12 Dec 2013
Vehicle Make:	KIA
Vehicle Model:	OPTIMA 1.7(A) DIESEL
Chassis No.:	KNAGM414ME5452591
Engine No.:	D4FDDH308862
Motor No.:	-
Trailer Chassis No.:	-
Propellant:	Diesel
Passenger Capacity:	4
Engine Capacity:	1685
Power Rating:	-
Unladen Weight:	1584
Maximum Laden Weight:	2050
Primary Color:	Silver
Secondary Color:	-
Manufacturing Year:	2013
Open Market Value:	\$19,615.00
Minimum PARF Benefit:	\$7,269.00
PARF Eligibility:	Y
No. of Transfer:	0
Effective Ownership Date/Time:	12 Dec 2013 09:48:52
COE No.:	2013121201000991C
COE Expiry Date:	11 Dec 2021
COE Bid Category:	-
Actual QP/PQP Paid Amount:	\$62,740.00
Lifespan Expiry Date:	11 Dec 2021