

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 | 07/09/2018 14:49 |
| Date Of Accident | 07/09/2018 03:15 |
| Exact Location Of Accident | TANJONG PAGAR ROAD |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|------------------------------------------|
| Vehicle Registration Number | SHD2829Y |
| 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 | VELLFIRE-2.4 X HYBRID (ATH20) (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 | TAY LIEH YAO, RAFFERTY |
| NRIC No | S8440354G |
| Date Of Birth | 07/12/1984 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 04/03/2008 |
| Driving Experience | 10 YEARS AND 6 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-93200877 |
| Fax Number | |
| Contact Number | |
| Email Address | NOEMAIL |

| | |
|-----------------------------------------------------|----------------------------------------------------|
| Address | BLK. 431 BUKIT PANJANG RING ROAD #08-675 SINGAPORE |
| Postcode | 670431 |
| 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 | HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED |
| 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? | YES |
| If Yes, Please state which Police Station | |
| Police Station Name | BUKIT PANJANG |
| Police Station Address | ROAD: 1 SEGAR ROAD , POSTCODE: 677738 , COUNTRY: SINGAPORE |
| Police Station Contact | TEL NO: 1800-8929999 - FAX NO: |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom? | |

Circumstances of Accident

REFER TO POLICE REPORT NO. T/20180907/2014

Attachment(s)

| | |
|-----------------------------------------------|-------------------|
| Are accident photos available for attachment? | YES |
| Was there any video captured by Car Camera? | YES |
| Remarks/ Reasons: | FILE SIZE TOO BIG |
| Was there any audio recorded? | NO |

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-----------------------------|-----------------------|
| Vehicle Registration Number | SKJ2273H |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | PRIVATE CAR |
| Name of Driver | |
| NRIC/Passport Number | |
| Contact Number | |
| Address | |
| Postcode | |
| Insurance Company Name | AXA INSURANCE PTE LTD |
| Nature Of Damage | |

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

| | |
|-----------------------------------------------------|----------------------------------------------------|
| Name | TAN LIEH YAO RAFFERTY |
| Approximate Age | 33 |
| Injuries Sustain | |
| Injured person in which vehicle? | SHD2829Y |
| Were seat belts worn? | YES |
| Was this injured conveyed to hospital by ambulance? | NO |
| Address | BLK. 431 BUKIT PANJANG RING ROAD #08-675 SINGAPORE |
| Postcode | 670431 |

SKETCH PLAN

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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:

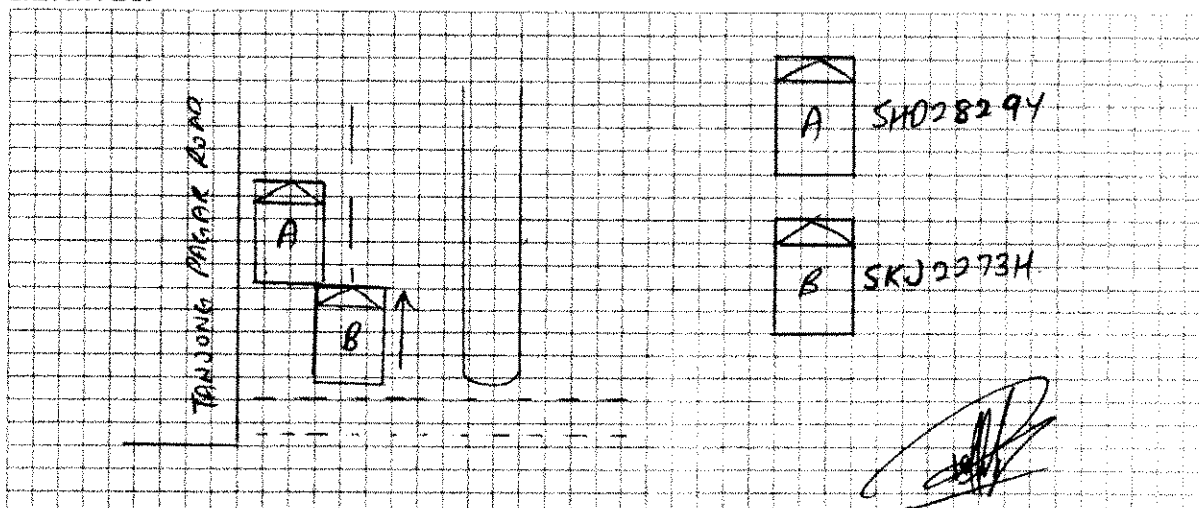
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.



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.:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report No. T/20180907/2014

DECLARATION

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



Policyholder Signature: _____
Date & Time: _____

GLAMC SketchPlanForm V3

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

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



**SINGAPORE
POLICE FORCE**



T/20180907/2014

Police Station Of Origin:
Bukit Panjang N.P.C
1 Segar Road #01-05 SINGAPORE 677738
Tel No: 1800-8929999

1 of 3

Report No. T/20180907/2014

REPORT OF A TRAFFIC ACCIDENT

| | | | | | |
|----------------------------------------------|------------|-------------------------------------|-----------------------------------------------------------------------------|--------------------------|----------------------------|
| Date/Time Report Made: 07/09/2018 06:04 | | Vide Report No.: A/20180907/0034 | | Station Diary No.: 15 | |
| Informant's Particulars | | | | | |
| Name of Informant: TAY LIEH YAO, RAFFERTY | | | Address: APT BLK 431 BUKIT PANJANG RING ROAD #08-675 SINGAPORE 670431 | | |
| ID Type / ID No.: NRIC NO / S8440354G | | | Contact No.: Home/Office: Mobile: 93200877 | | |
| Nationality: SINGAPORE CITIZEN | | | Email: | | |
| Sex: Male | Age: 33 | Date of Birth: 07/12/1984 | Type of Informant: Driver | | |
| Race: Chinese | | | Language: English | | Institution / School Name: |
| Occupation: Taxi driver | | | Driving Licence Information: Class: 2B,2A,2,3 Date of Expiry: | | |

| | | | | |
|----------------------------------------------------------------------------------------------------------|-----------------------|----------------------|--------------------------------------------|------------------------------------|
| General Information of the Accident | | | | |
| Type of Accident: | Injury Hit and Run | Drink Drive: No | Date/Time of Accident: 07/09/2018 03:15 | Type of Location: Straight Road |
| Location: Along Road 1 TANJONG PAGAR ROAD KEPPEL ROAD Tanjong Pagar Road towards Keppel Road | | | | |
| Weather: Clear | | Road Surface: Dry | Road Speed Limit: | |
| Traffic Flow: One Way | | Traffic Control: | Traffic Volume: No Traffic | |
| Type of Collision: Between Moving Vehicles - Head To Rear | | | Anyone conveyed by ambulance: No | |

| Details of Vehicle Involved | | | | | | |
|------------------------------------|------|------|-------|-------|------------------|-----------------|
| Vehicle No | Type | Make | Model | Color | Condition | No of Passenger |
| SHD2829Y | Car | | | | Slightly Damaged | 0 |
| SKJ2273H | Car | | | | Slightly Damaged | 1 |

| | |
|-----------------------------------|--------------------------------|
| Details of Person Involved | |
| Any Pedestrian Involved: No | |
| No. of Pedestrians Injured: NIL | Use of Pedestrian Crossing: NA |



**SINGAPORE
POLICE FORCE**



T/20180907/2014

Police Station Of Origin:
Bukit Panjang N.P.C
1 Segar Road #01-05 SINGAPORE 677738
Tel No: 1800-8929999

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Report No. T/20180907/2014

CONTINUATION OF REPORT

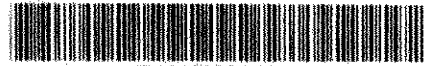
| Driver | | | |
|-----------------------------------|------------------------|----------------------------------------|-----------------------------------------|
| Name | TAY LIEH YAO, RAFFERTY | ID No. | S8440354G |
| Related Vehicle | SHD2829Y (Car) | Contact No. | 93200877 |
| Hospital/Clinic | NIL | Class of Driving Licence & Expiry Date | Class: 2B,2A,2,3 Date of Expiry: NIL |
| Date Treatment | NIL | Date Discharge | NIL |
| No. of Days granted Medical Leave | NIL | Degree of Injury | Slight |

Brief Details.

On 07/09/2018 at 0315hrs, I was driving my taxi (Prime Vellfire) bearing SHD2829Y heading from Tanjong Pagar road towards Keppel Road. While driving, a vehicle bearing SKJ2273H (Mercedes Silver) suddenly appeared behind my vehicle, driving at a very fast speed trying to overtake my vehicle. While overtaking, it hit the right rear of my vehicle causing the rear right side of my vehicle damage. I was injured by the accident. Traffic police later attended to me. I wished to state that I have in built camera in my taxi. I am lodging this report for insurance purposes.



**SINGAPORE
POLICE FORCE**



T/20180907/2014

Police Station Of Origin:
Bukit Panjang N.P.C
1 Segar Road #01-05 SINGAPORE 677738
Tel No: 1800-8929999

3 of 3

Report No. T/20180907/2014

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:

J/

Sgt 1 CHUA KAI ZE JOEL

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

07/09/2018 06:04

Officer In Charge Of Case:

TP / HRT /

SI KALESWARI PALANI

SN 117

Contact No: 65476902

Classification Of Case:

Authentication Stamp

NP168

Signature: _____

Singapore Police Force

**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-18-138355

Date of Request: 07/09/2018

Your Ref No: Online Purchase

Prime Auto Claims Service Pte Ltd
6 Benoi Place
Singapore 629927

Dear Sir/Madam,

Enquiry Date 07/09/2018
Enquiry By Chrissy Teo Ye En
TP Vehicle No. SKJ2273H
Accident Date 07/09/2018

Enquiry Result

| TP Vehicle No. | Insurer | Period of Insurance | Insurer Tel. No. |
|----------------|-----------------------|-----------------------|------------------|
| SKJ2273H | AXA Insurance Pte Ltd | 19/04/2018-18/04/2019 | 6338 7288 |

Thank You.

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