

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	28/09/2018 13:35
Date Of Accident	28/09/2018 10:25
Exact Location Of Accident	CTE - CITY (AFTER BRADDELL EXIT)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC6025D
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	CHUA ENG HWEE
NRIC No	S6821734B
Date Of Birth	12/05/1968
Occupation	OUTDOOR
Date Of Driving Pass	01/02/1993
Driving Experience	25 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90261807
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 105 #12-743 SERANGOON NORTH AVE 1
Postcode	550105
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	CHAIN COLLISION
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)	2
Passenger 1	NAME: : PAX IN THE REAR SEAT - INDIAN GENDER: : FEMALE

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 - 1 PAX VEH. B & VEH. C - 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 Witness 1

Name	PAX IN VEH. A
Phone Number	
Email Address	

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHD6614Z
Vehicle Make/Model/Colour	COMFORT TAXI-HYUNDAI
Details Of Properties	VEH. B
Vehicle Category	TAXI
Name of Driver	ISMAIL SULAM
NRIC/Passport Number	S0082341D
Contact Number	
Address	

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver) 1

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SHD242C

Vehicle Make/Model/Colour TRANSCAB-RENAULT

Details Of Properties VEH. C

Vehicle Category TAXI

Name of Driver MALE CHINESE

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage DAMAGED ON THE REAR PORTION

No. Of Passenger (Including Driver) 1

DETAILS OF INJURED PERSON 1

Name CHUA ENG HWEE - DRIVER OF VEH. A

Approximate Age

Injuries Sustain FELT DISCOMFORT & WILL SEEK FOR MEDICAL TREATMENT

Injured person in which vehicle? SHC6025D

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

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.



[Signature]

29 SEP 2018

[Signature]

Policyholder's Signature
Date & Time:

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

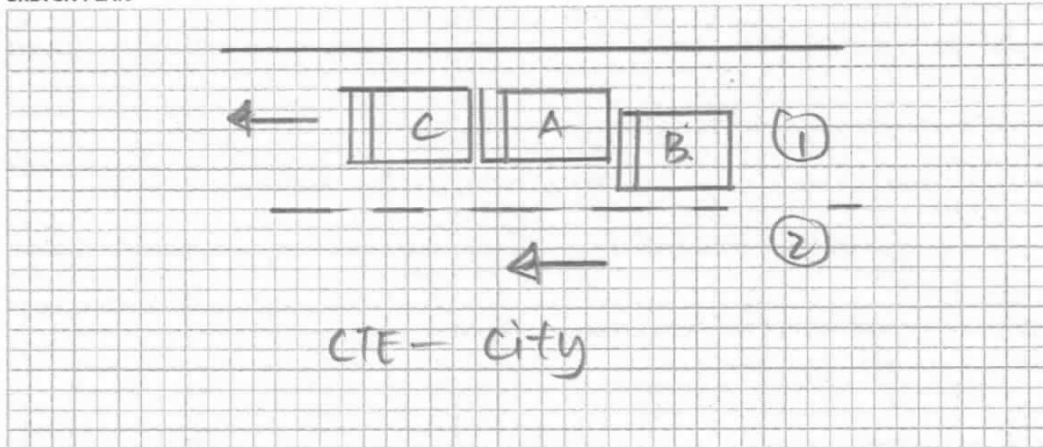
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

4 5682 1734 B

[Signature]

GIA RAC SketchPlanForm_V3

SKETCH PLAN

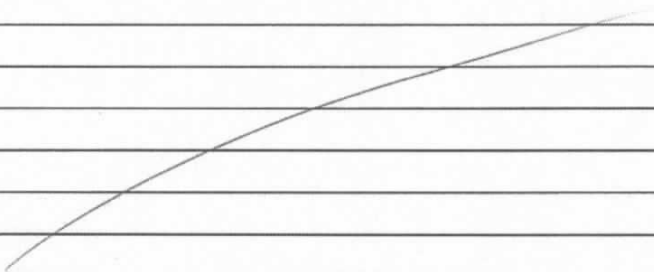


DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

A: SHC 6025B

B: SHD 6614Z

C: SHD 242C.

A hand-drawn curved line on lined paper, starting from the left and curving upwards towards the right.

DECLARATION

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

29 SEP 2018

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.:

GIARMC SketchPlanForm_V3

5682 1734 E

Describe Circumstance of the Accident.

*** CHAIN COLLISION ***

ON 28/09/2018 @ 1025 HRS, I WAS DRIVING MY TAXI (SHC 6025 D) TRAVELLING ALONG CTE – CITY (AFTER BRADDELL ROAD EXIT) WITH A PASSENGER ONBOARD, IN LANE 1.

I STOPPED MY TAXI AS VEHICLE C (SHD 242 C – TRANSCAB TAXI) WHICH WAS IN FRONT OF ME, STOPPED.

WHILE STATIONARY, SUDDENLY I FELT AN IMPACT FROM THE REAR AND SUBSEQUENTLY DUE TO THE GREAT IMPACT, IT FORCED MY TAXI TO SURGE FORWARD – CAUSING THE FRONT PORTION OF MY TAXI TO COLLIDE ONTO THE REAR OF VEHICLE C.

WHEN INSPECTED, I DISCOVERED THAT VEHICLE B (SHD 6614 Z – COMFORT TAXI) WHICH WAS BEHIND ME, HAD COLLIDED ONTO THE REAR OF MY TAXI.

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

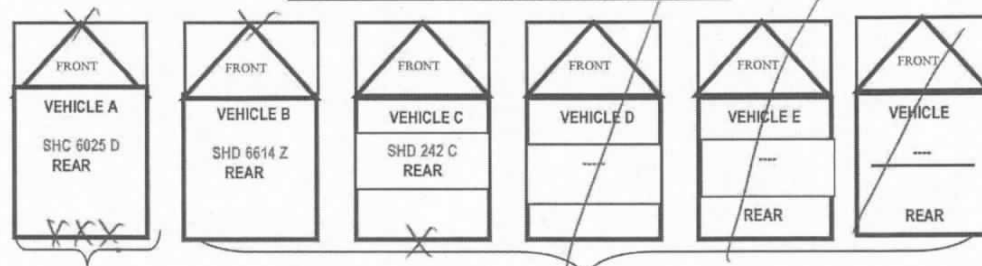
AS A RESULT, I FELT SOME DISCOMFORT & WILL SEEK FOR MEDICAL TREATMENT IF NECESSARY. NO AMBULANCE AT SCENE.

NO PASSENGERS ONBOARD OTHER VEHICLES.

*VIDEO FOOTAGE CAPTURED.

CHAIN COLLISION / MULTIPLE VEHICLES

DAMAGES FOUND ON VEHICLE A, B, C, D, E & F



PREMIER TAXI

THIRD PARTY VEHICLES

Driver's Signature & NRIC Number
Friday, September 28, 2018 @ 1:44:27 PM