

## 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 16:47
Date Of Accident	28/09/2018 13:00
Exact Location Of Accident	CHANCERY LANE & DUNEARN ROAD CROSS JUNCTION
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD2844C
<b>Insured/Policyholder</b>	
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	PRIUS-1.8 HYBRID CVT (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 CHEE KEONG
NRIC No	S1472366H
Date Of Birth	19/04/1961
Occupation	OUTDOOR
Date Of Driving Pass	14/01/1982
Driving Experience	36 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96755107
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 205 CHOA CHU KANG CENTRAL #08-56 SINGAPORE
Postcode	680205
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 - CROSS JUNCTION
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?	YES
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: : PASSENGER A GENDER: : FEMALE
Passenger 2	NAME: : PASSENGER B GENDER: : FEMALE
Passenger 3	NAME: : PASSENGER C GENDER: : FEMALE
Passenger 4	NAME: : PASSENGER D 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

REFER ATTACHED STATEMENT

#### 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	YN2139B
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	T.MURGAN

NRIC/Passport Number 031801842  
Contact Number  
Address  
Postcode  
Insurance Company Name LONPAC INSURANCE BHD  
Nature Of Damage  
No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1**

Name PASSENGER A  
Approximate Age  
Injuries Sustain  
Injured person in which vehicle? SHD2844C  
Were seat belts worn?  
Was this injured conveyed to hospital by ambulance? YES  
Address  
Postcode

**DETAILS OF INJURED PERSON 2**

Name PASSENGER B  
Approximate Age  
Injuries Sustain  
Injured person in which vehicle? SHD2844C  
Were seat belts worn?  
Was this injured conveyed to hospital by ambulance? YES  
Address  
Postcode

**DETAILS OF INJURED PERSON 3**

Name PASSENGER C  
Approximate Age  
Injuries Sustain  
Injured person in which vehicle? SHD2844C  
Were seat belts worn?  
Was this injured conveyed to hospital by ambulance? YES  
Address  
Postcode

**DETAILS OF INJURED PERSON 4**

Name PASSENGER D  
Approximate Age  
Injuries Sustain  
Injured person in which vehicle? SHD2844C  
Were seat belts worn?  
Was this injured conveyed to hospital by ambulance? YES  
Address  
Postcode

**DETAILS OF INJURED PERSON 5**

Name TAY CHEE KEONG  
Approximate Age  
Injuries Sustain

Injured person in which vehicle?

SHD2844C

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

BLK 205 CHOA CHU KANG CENTRAL #08-56 SINGAPORE

Postcode

680205

**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.

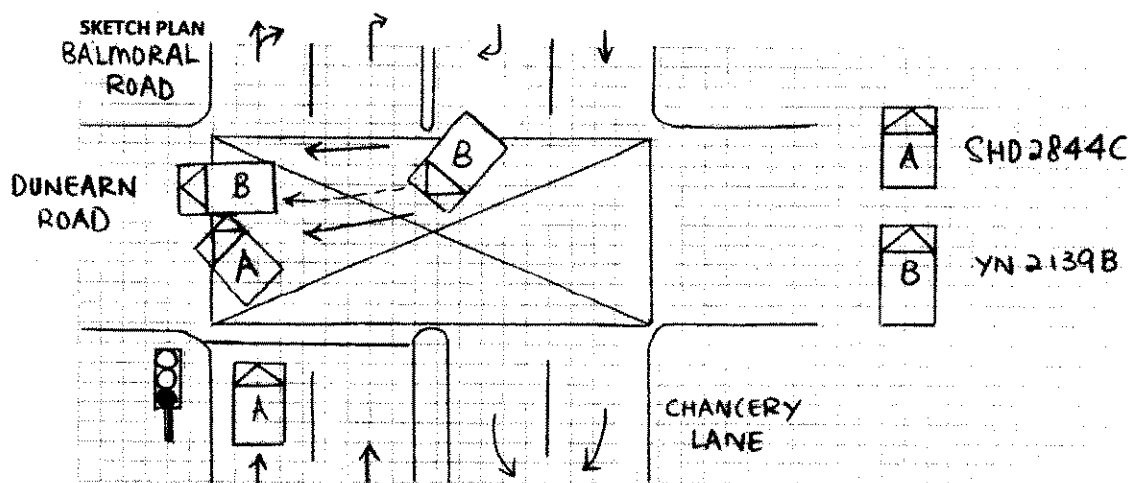


Policyholder's Signature  
Date & Time:

Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 15:58 PM

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

## Individual Statement Pg. 1



**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

Refer attached statement

## DECLARATION

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

Policyholder's Signature \_\_\_\_\_  
Date & Time \_\_\_\_\_

Driver's Signature 28/9/2018  
(If driver is not the policyholder)  
Date & Time: 15:58 PM

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

On 28.09.2018 @ approximately 1300 hrs, I was driving my taxi SHD2844C with 4 female passengers along Chancery Lane on left lane towards Balmoral Road and traffic light was in green in my favor. When my taxi reached the middle of the cross junction, one lorry YN2139B failed to keep proper lookout, make a sharp right turn came from the opposite traffic of the Balmoral Road. Upon seeing this, I attempted to swerve left to avoid the collision. However, YN2139B failed to stop in time then collided onto my taxi right front portion & etc. The great collision impact caused my taxi's airbags deployed out and my taxi seriously damaged.

After the accident, my passengers and I alighted from my taxi. I immediately called ambulance for assistance. After 5 minutes, ambulances and traffic police arrived to the accident scene. All my passengers were sent to hospital while I was waiting for the tow truck. I exchanged particulars with driver of YN2139B. I felt numbness on my right hand and I will consult doctor if my hand's numbness or other sickness persisted.



**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-18-150237  
Date of Request: 28/09/2018

Your Ref No: Online Purchase

Prime Auto Claims Service Pte Ltd  
6 Benoi Place  
Singapore 629927

Dear Sir/Madam,

Enquiry Date 28/09/2018  
Enquiry By Liu Pei Yee  
TP Vehicle No. YN2139B  
Accident Date 28/09/2018

**Enquiry Result**

TP Vehicle No.	Insurer	Period of Insurance	Insurer Tel. No.
YN2139B	Lonpac Insurance Bhd	05/06/2018-04/06/2019	+65 62507388

Thank You.

The images provided to you are taken from the original reports forwarded to the centre by the members of the General Insurance Association of Singapore and we take no responsibility for their accuracy or contents and shall be under no liability whatsoever for any loss or damage arising out of or in connection with the reports or their images.

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