

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 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. 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	05/10/2018 13:14
Date Of Accident	05/10/2018 12:00
Exact Location Of Accident	TOWNSHEND ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC6581P
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	FOO FOOK KEE
NRIC No	S0883516J
Date Of Birth	10/05/1948
Occupation	OUTDOOR
Date Of Driving Pass	04/03/1972
Driving Experience	46 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90180387
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 618 #08-70 SENJA ROAD
Postcode	670618
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)	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	SJW6893K
Vehicle Make/Model/Colour	AUDI
Details Of Properties	VEH. B
Vehicle Category	PRIVATE CAR
Name of Driver	MR KOH
NRIC/Passport Number	
Contact Number	81333213
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

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.

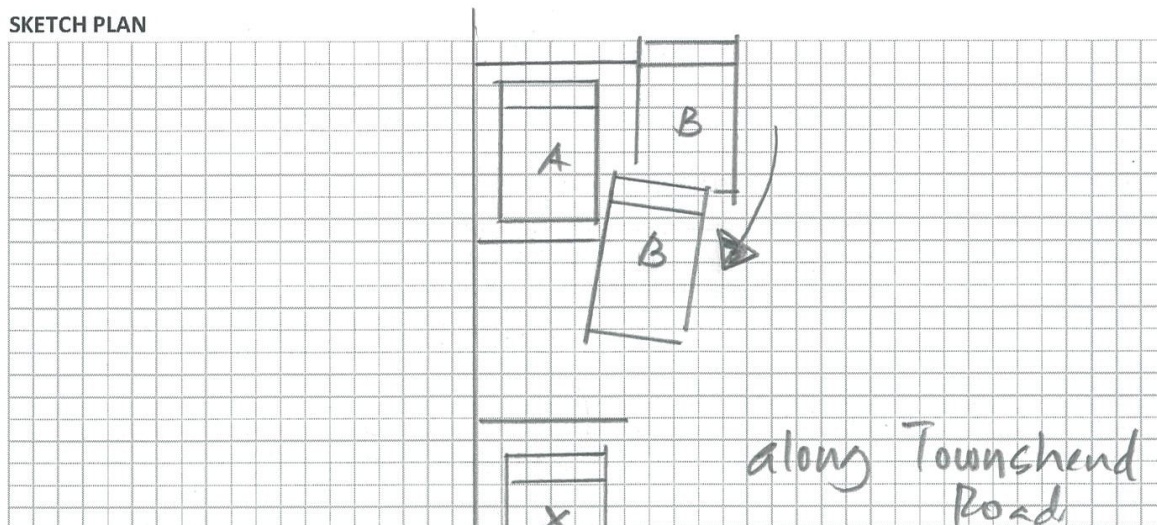
Policyholder's Signature
Date & Time:

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

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

Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

A-CHC 6581P

B: SW 6893/C

DECLARATION

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

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

2

Describe Circumstance of the Accident.

ON 05/10/2018 @ 1200HRS, I WAS IN MY TAXI (SHC 6581 P),
STATIONARY/PARKED ALONG THE PARALLEL PARKING LOT @ TOWNSHEND ROAD.

WHILE I WAS STILL IN MY TAXI, SUDDENLY VEHICLE B (SJW 6893 K – AUDI) WHICH
WAS REPOSITIONING HIS CAR (ON MY RIGHT) – FAILED TO KEEP FOR PROPER LOOK
OUT, HAD COLLIDED ONTO THE RIGHT REAR OF MY TAXI.

AS SUCH, THE LEFT FRONT OF VEHICLE B HAD COLLIDED ONTO THE RIGHT REAR
OF MY TAXI WHILE HE WAS REVERSING TO PARK IN THE PARKING LOT (BEHIND MY
TAXI).

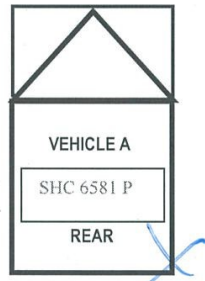
DUE TO THE IMPACT, MY TAXI HAD DAMAGES ON THE RIGHT REAR PORTION AND
VEHICLE B HAD DAMAGES ON THE LEFT FRONT PORTION.

NO INJURY INVOLVED.

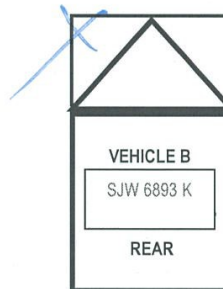
NO PASSENGERS ONBOARD BOTH VEHICLES.

*VIDEO FOOTAGE CAPTURED.

DAMAGES FOUND ON VEHICLE A & VEHICLE B



PREMIER
TAXI



THIRD PARTY
VEHICLE




Driver's Signature & NRIC Number

Friday, October 05, 2018 @ 1:27:50 PM



(attended by)

Sketch Plan Pg. 4

 PREMIER TAXIS	HIRERY RELIEF / SUPER RELIEF
VEHICLE NO.	SHC6581P
CONTACT NO.	9018 0387
NEW MAILING ADDRESS (if any)	—



REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S0883516J

Name: FOO FOOK KEE
符福基
Race: CHINESE
Date of Birth: 10-05-1948 Sex: M
Country of Birth: SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S0883516J
Name: FOO FOOK KEE
Birth Date: 10 May 1948
Issue Date: 22 Apr 2004





1826987

NRIC No. S0883516J

Blood Group: B+ Date of Issue: 27-03-1994

APT BLK 618 SENJA ROAD #08-70
SINGAPORE 670618
NRIC No: S0883516J Date: 08-02-2001 No: 3869334




YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

CLASS	VEHICLE CLASS	PASS DATE
Class 2B	Motorcycles =< 200 CC	23 Dec 1975
Class 2A	Motorcycles between 201 CC and 400 CC	23 Dec 1975
Class 2	Motorcycles > 400 CC	23 Dec 1975
Class 3	Motor cars =< 3000 kg with =< 7 passengers, exclusive of the driver; and motor tractors/vehicles =< 2500 kg	04 Mar 1972


S0883516J S / No. 9000166093

NP 428A



Land Transport Authority

VOCATIONAL LICENCE
Licence No : S0883516J
Name : FOO FOOK KEE
Card Issue Date : 20/04/2018
Please visit www.lta.gov.sg to check the status of this vocational licence



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

