

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	15/10/2018 11:12
Date Of Accident	14/10/2018 19:40
Exact Location Of Accident	TEMPLE ST
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC6007G
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	ANG SOON KHENG
NRIC No	S7302749G
Date Of Birth	07/01/1973
Occupation	OUTDOOR
Date Of Driving Pass	20/04/1993
Driving Experience	25 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82991269
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 45 #04-629 CIRCUIT ROAD
Postcode	370045
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

VEH. A - NO PAX VEH. B - 2-3 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	SGH916H
Vehicle Make/Model/Colour	KIA PICANTO / WHITE
Details Of Properties	VEH. B
Vehicle Category	PRIVATE CAR
Name of Driver	DARREN LOH KAR WAI
NRIC/Passport Number	S9518975Z
Contact Number	96422300
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	DAMAGED ON THE FRONT RIGHT PORTION
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	ANG SOON KHENG - DRIVER OF VEH.A
------	----------------------------------

Approximate Age	
Injuries Sustain	WILL SEEK FOR MEDICAL TREATMENT SOON.
Injured person in which vehicle?	SHC6007G
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.



Policyholder's Signature
Date & Time:

[Signature]

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

15 OCT 2018

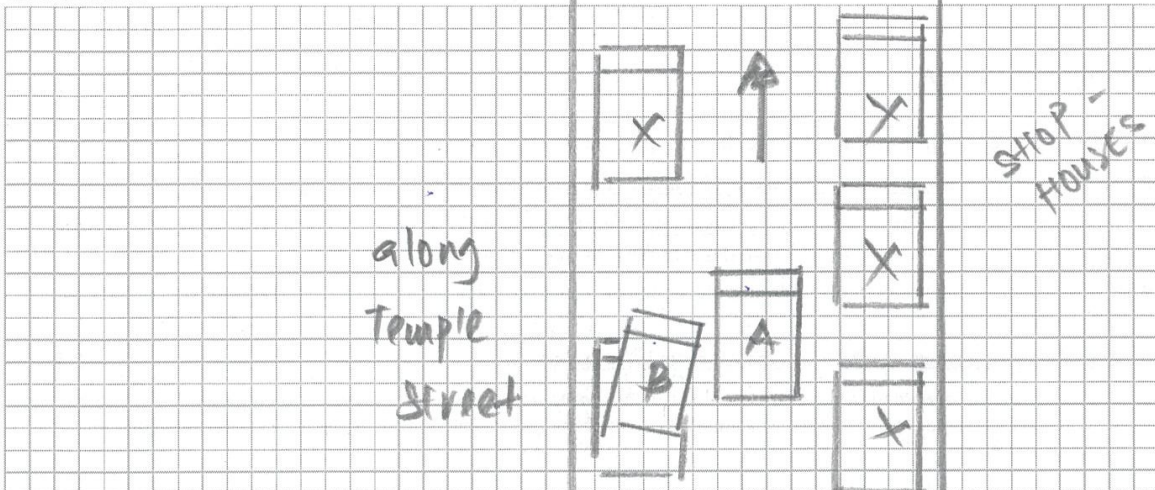
[Signature]

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

ST302749/G
SHC 6007 G

Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

A: SHC 60076

B: SGH 916H

DECLARATION

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

15 OCT 2018

Policyholder's Signature
Date & Time:



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

Signature: [Handwritten Signature]
NRIC/FIN No.: 87302749/G

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

Signature: [Handwritten Signature]

Describe Circumstance of the Accident.

ON 14/10/2018 AT ABOUT 1950HRS, I WAS DRIVING MY TAXI (SHC 6007 G)
TRAVELLING ALONG TEMPLE STREET – ON A SINGLE LANE OF ONE WAY ROUTE.

THERE WERE VEHICLES PARKED ALONG THE RIGHT & THE LEFT SIDE OF THE
ROAD.

WHILE I WAS MOVING STRAIGHT AHEAD, SUDDENLY I FELT AN IMPACT FROM THE
LEFT.

WHEN INSPECTED, I DISCOVERED THAT VEHICLE B (SGH 916 H – KIA
PICANTO/WHITE) WHICH WAS INITIALLY STATIONARY/PARKED ALONG THE
LEFT SIDE OF THE ROAD – HAD COLLIDED ONTO THE LEFT PORTION OF TAXI WHILE
HE WAS MOVING OFF AHEAD.

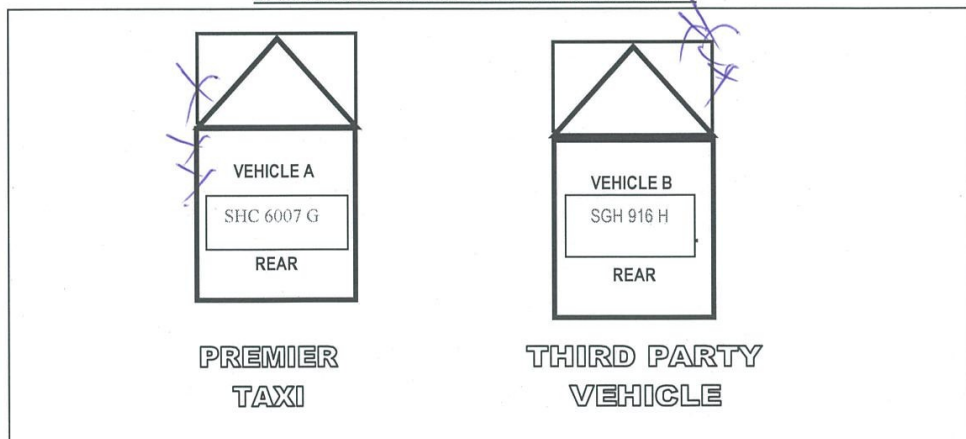
DUE TO THE IMPACT, MY TAXI HAD DAMAGES ON THE LEFT PORTION AND VEHICLE
B HAD DAMAGES ON THE RIGHT PORTION.

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

NO PASSENGERS ONBOARD MY TAXI & VEHICLE B HAD 2-3 PASSENGERS
ONBOARD.

*VIDEO FOOTAGE CAPTURED & SCENE PHOTOS TAKEN

DAMAGES FOUND ON VEHICLE A & VEHICLE B




Driver's Signature & NRIC Number
@ 11:24:42 AM

8730274919

(attended by)

Sketch Plan Pg. 4

 PREMIER TAXIS	HIRER / RELIEF / SUPER RELIEF
VEHICLE NO.	SHC 6007G
CONTACT NO.	8299 1289
NEW MAILING ADDRESS (if any)	

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7302749G




Name: **ANG SOON KHENG**
洪 順 庚
Race: **CHINESE**
Date of Birth: **07-01-1973** Sex: **M**
Country of Birth: **SINGAPORE**

REPUBLIC OF SINGAPORE DRIVING LICENCE


Licence Number: **S7302749G**
Name: **ANG SOON KHENG (HONG SHUNQING)**
Birth Date: **07 Jan 1973**
Issue Date: **05 May 2003**




3372193



NRIC No: **S7302749G**



Blood Group: **-** Date of issue: **21-07-2003**

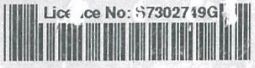
Address: **APT BLK 45 CIRCUIT ROAD #04-62 SINGAPORE 370045**

NRIC No: **S7302749G** Date: **05/10/2011** No: **6868213**

YOU ARE LICENCED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

Class	Weight	Pass Date
Class 4 Heavy M	weight of 2500 kilograms	20 Apr 1993
	tractors the weight of which unladen exceeds 2500 kilograms	15 Nov 1997

Licence No: **S7302749G**




NP 428A

Land Transport Authority

VOCATIONAL LICENCE

Licence No: **S7302749G**
Name: **ANG SOON KHENG**
Issue Date: **22/5/2007**



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



Accident Photo



Accident Photo

