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 witholding 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	30/10/2018 15:09
Date Of Accident	29/10/2018 15:30
Exact Location Of Accident	BEDOK NORTH ROAD TWDS BEDOK RESERVOIR ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC6418D
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	CHOW PENG KUAN
NRIC No	S0028809H
Date Of Birth	22/09/1951
Occupation	OUTDOOR
Date Of Driving Pass	05/12/1972
Driving Experience	45 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96246249
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 3 #22-28 TANJONG PAGAR PLAZA
Postcode	081003
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?	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)	3
Passenger 1	NAME: : PAX IN THE REAR SEAT - INDIANS GENDER: : FEMALE
Passenger 2	NAME: : PAX IN THE REAR SEAT - INDIANS 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 - 2 PAX VEH. B - 1 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	SHA2853S
Vehicle Make/Model/Colour	COMFORT TAXI/HY I40
Details Of Properties	VEH. B
Vehicle Category	TAXI
Name of Driver	MR CHUA
NRIC/Passport Number	
Contact Number	91468529
Address	
Postcode	

Insurance Company Name	
Nature Of Damage	DAMAGED ON THE RIGHT FRONT PORTION
No. Of Passenger (Including Driver)	2

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

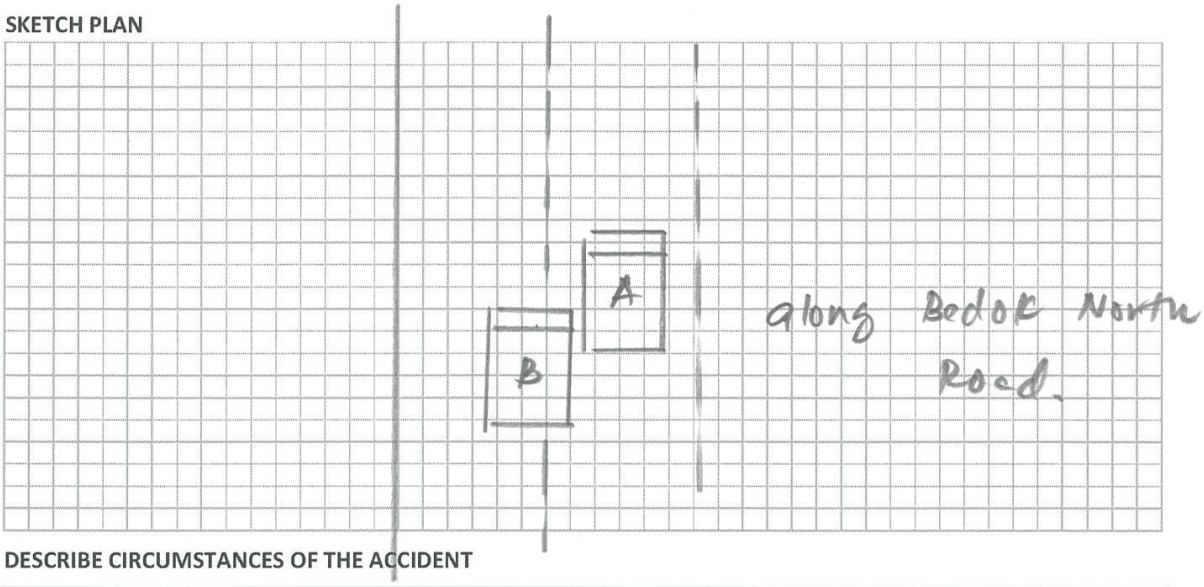
   (ii) for complying with requirements under any regulations, laws or court orders.

30 OCT 2018

Policyholder's Signature Date & Time:	Driver's Signature (If driver is not the policyholder) Date & Time: 30/10/18	Reporting Centre Personnel's Signature Name: NRIC/FIN No.:
	S0028809H SHC6418D	

Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

A: SHC 6418D

B: SHA 2853S.

DECLARATION

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

30 OCT 2018

Premier Taxis Pte Ltd

Policyholder's Signature Date & Time:	Driver's Signature (If driver is not the policyholder) Date & Time: 30/10/18 S0028809H SHC6418D	Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

GIARMC SketchPlanForm_V3

2

Describe Circumstance of the Accident.

ON 29/10/2018 @ 1530 HRS, I WAS DRIVING MY TAXI (SHC 6418 D), TRAVELLING ALONG BEDOK NORTH ROAD TWDS BEDOK RESERVOIR ROAD, WITH 2 PASSENGERS ONBOARD, IN THE MIDDLE LANE.

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

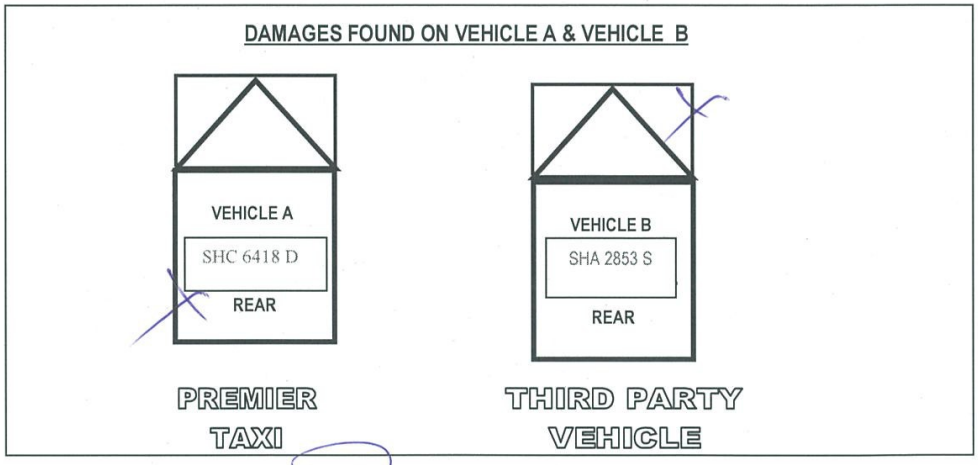
WHEN INSPECTED, I DISCOVERED THAT VEHICLE B (SHA 2853 S – COMFORT TAXI/I40) – WHICH WAS IN THE LEFT LANE, HAD ENCROACHED ONTO MY PATH ON MY LEFT ABRUPTLY.

AS SUCH, THE RIGHT FRONT PORTION OF VEHICLE B COLLIDED ONTO THE LEFT REAR OF VEHICLE B.

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

NO INJURY INVOLVED.
VEHICLE B HAD A PASSENGER ONBOARD.

***VIDEO FOOTAGE CAPTURED**



S0028809H

Driver's Signature & NRIC Number
Tuesday, October 30, 2018 @ 3:19:31 PM

(attended by)

Sketch Plan Pg. 4

PREMIER TAXIS	HIRER / RELIEF / SUPER RELIEF
VEHICLE NO.	SHC6418D
CONTACT NO.	96246249
NEW MAILING ADDRESS (if any)	/

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S0028809H
Name:
CHOW PENG KUAN
Birth Date: 22 Sep 1951
Issue Date: 20 Oct 2003
000954744G

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S0028809H

Name
CHOW PENG KUAN
周 炳 坤
Race
CHINESE
Date of Birth
22-09-1951
Sex
M
Country of Birth
SINGAPORE

Land Transport Authority

VOCATIONAL LICENCE
Licence No : S0028809H
Name : CHOW PENG KUAN
Issue Date : 31/3/2014
Please visit www.lta.gov.sg to check the status of this vocational licence

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

		PASS DATE
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	05 Dec 1972
Class 4	Heavy Motor Cars and Motor Tractors the weight of which unladen exceeds 2500 kilograms	09 Mar 1979

0782634

NRIC No. S0028809H

Blood Group
A+
Date of issue
19-02-1993

Address
APT BLK 3 TANJONG PAGAR PLAZA #22-28
SINGAPORE 081003

NRIC No: S0028809H Date: 19-06-2000 No: 3678222

Licence No: S0028809H

NP 428A

This card is not transferable and is the property of the Land Transpor Authority (LTA). It must be surrendered to the LTA on request. If founc please return to LTA, 10 Sin Ming Drive, Singapore 575701.

Type	Description	Issue Date
02	TAXI VL	10/04/2000

Accident Photo

Accident Photo

Accident Photo

Accident Photo

Accident Photo

Accident Photo

Accident Photo