

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	15/11/2018 14:29
Date Of Accident	14/11/2018 19:25
Exact Location Of Accident	RAFFLES QUAY/CROSS ST - NEAR TRAFFIC JUNCTION
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC6099R
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	TONY NG POH SENG
NRIC No	S1157651F
Date Of Birth	20/12/1949
Occupation	OUTDOOR
Date Of Driving Pass	12/08/1969
Driving Experience	49 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96367900
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 112 EDGEFIELD PLAINS, #06-392
Postcode	820112
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)	2
Passenger 1	NAME: : CHINESE FEMALE 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 TO THE 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	SHD4527E
Vehicle Make/Model/Colour	HYUNDAI SONATA - COMFORT TAXI
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	MALE CHINESE
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	UNKNOWN
No. Of Passenger (Including Driver)	

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RAFFLES QUAY /
CROSS STREET -
TRAFFIC JUNCTION

STATIONARY

A: SHC 6099 R

B: SHD 4527 E

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

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

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

SKETCH PLANIMPORTANT NOTICE

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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:

Signature S1157651F

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

Signature

Describe Circumstance of the Accident.

ON 14.11.18 @ 1925 HRS, I WAS DRIVING MY TAXI (SHC 6099 R), TRAVELING ALONG RAFFLES QUAY/CROSS STREET – TRAFFIC JUNCTION, WITH ONE FEMALE CHINESE PASSENGER ONBOARD, IN LANE 3.

TRAFFIC WAS HEAVILY CONGESTED AT THE TIME. MY TAXI WAS 3/4 INSIDE LANE 3, STATIONARY AT THE TIME AS VEHICLES AHEAD WERE SLOW MOVING. WHILE STATIONARY FOR A FEW SECONDS. I SUDDENLY FELT AN IMPACT FROM THE LEFT. I THEN REALIZED THAT VEHICLE B (SHD 4527 E / HYUNDAI SONATA – COMFORT TAXI), TRAVELLING ALONG LANE 3, HAD FAILED TO KEEP A PROPER LOOKOUT, HITTING ONTO MY TAXI REAR LEFT PORTION.

DUE TO THE IMPACT, MY TAXI SUSTAINED DAMAGES ON THE REAR LEFT PORTION. I WAS UNAWARE IF VEHICLE B SUSTAINED ANY DAMAGES AS THE DRIVER LEFT THE ACCIDENT SCENE IN A HURRY.

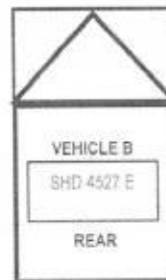
NO INJURY INVOLVED.
UNKNOWN PASSENGERS ONBOARD VEHICLE B.

NO AMBULANCE AT SCENE.

DAMAGES FOUND ON VEHICLE A & VEHICLE B



PREMIER
TAXI



THIRD PARTY
VEHICLE

 31157651F

Driver's Signature & NRIC Number
Thursday, November 15, 2018 @ 2:26:52 PM

(attended by)