

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	17/12/2018 08:53
Date Of Accident	16/12/2018 21:45
Exact Location Of Accident	RAFFLES QUAY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB8586T
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	CHUA LEONG CHOON VINCENT
NRIC No	S7817742Z
Date Of Birth	25/06/1978
Occupation	OUTDOOR
Date Of Driving Pass	16/11/2000
Driving Experience	18 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-98008791
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLOCK 83 REDHILL LANE #3-93
Postcode	1580083
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - RELIEF
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	RAINING
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
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)	4
Passenger 1	NAME: : UNKNOWN GENDER: : FEMALE
Passenger 2	NAME: : UNKNOWN GENDER: : FEMALE
Passenger 3	NAME: : UNKNOWN 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: 3 PAX VEH B: 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	SKG1532H
Vehicle Make/Model/Colour	BMW
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	PETER
NRIC/Passport Number	
Contact Number	96684952

Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

Sketch Plan

SKETCH PLAN

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8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

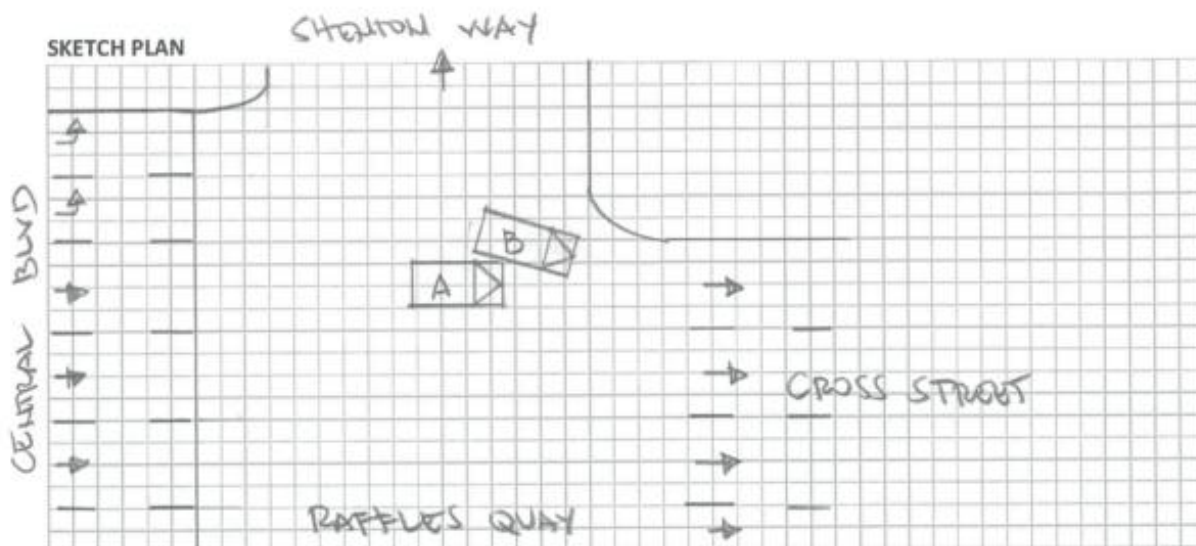
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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:


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

Sketch Plan #2



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

A: CHB 8580 T

B: SKG 1532 H

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.:

Individual Statement

Describe Circumstance of the Accident.

ON 16/12/2018 @ 2145 HRS, I WAS DRIVING MY TAXI (SHB 8586 T), TRAVELLING FROM CENTRAL BOULEVARD TOWARDS CROSS STREET AT THE CENTRE LANE.

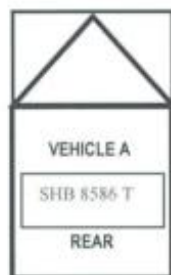
UPON REACHING THE JUNCTION OF RAFFLES QUAY, SUDDENLY I FELT AN IMPACT FROM MY LEFT. VEHICLE B (SKG 1532 H) WHICH WAS TRAVELLING ON MY LEFT SWERVED TOWARDS MY LANE.

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

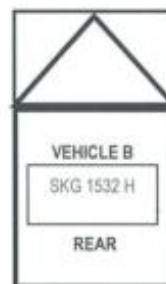
NO INJURY INVOLVED.

I HAVE THREE PASSENGERS ON BOARD AND VEHICLE B DO NOT HAVE PAX.

DAMAGES FOUND ON VEHICLE A & VEHICLE B



PREMIER
TAXI



THIRD PARTY
VEHICLE




Driver's Signature & NRIC Number

Monday, December 17, 2018 @ 9:15:03 AM

(attended by)

NRIC

 PREMIER TAXI	REDHILL / RELIEF / SUPER RELIEF <i>REDHILL</i>
VEHICLE NO.	<i>SHB8586T</i>
CONTACT NO.	<i>9800 8791</i>
NEW MAILING ADDRESS (if any)	<i>/</i>

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S7817742Z**



Name
**CHUA LEONG CHOON,
VINCENT
(CAI LONGCHUN, VINCENT)**
蔡 隆 春
Race
CHINESE
Date of birth **25-05-1975** Sex **M**
Country of birth
SINGAPORE

REPUBLIC OF SINGAPORE **DRIVING LICENCE**



Licence Number **S7817742Z**
Name
**CHUA LEONG CHOON,
VINCENT
(CAI LONGCHUN, VINCENT)**
Valid Date **25 Jun 1975**
Expiry Date **10 Dec 2012**




LICENCE No. **S7817742Z**

Date of issue **29-04-2006**
Address
**APT BLK 53 REDHILL LANE
#03-03
SINGAPORE 150053**

3881079

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES

EFFECTIVE DATE

- | | | |
|---------|--|-------------|
| Class 3 | Motor Cars < 2000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles <= 2500kg | 16 Nov 2000 |
| Class 4 | *Motor vehicles which are constructed to carry load or passengers and the unladen weight > 2500kg
*Motor vehicles which are not constructed to carry load and the unladen weight < 7250kg | 15 Jul 2004 |

NP 428A



Land Transport Authority
VOCATIONAL LICENCE
Licence No: **S781774 Z**
Name: **CHUA LEONG CHOON, VINCENT**
Issue Date: **4/11/2010**
Please visit www.lta.gov.sg to check the status of this vocational licence

Accident Photo



Accident Photo



Accident Photo



Accident Photo

