

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	19/12/2018 15:42
Date Of Accident	19/12/2018 14:30
Exact Location Of Accident	EU TONG SEN ST//PARK CRES - IN FRT PEOPLES PK CPLX
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD1404X
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	HYUNDAI
Model	I30 (FD)-1.6 DOHC (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	TOH TIONG KHENG
NRIC No	S7107400E
Date Of Birth	03/03/1971
Occupation	OUTDOOR
Date Of Driving Pass	19/02/2014
Driving Experience	4 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91222823
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 442B #10-853 BT BATOK WEST AVE 8
Postcode	652442
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 - MAJOR/MINOR RD
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) 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

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	SBU5C
Vehicle Make/Model/Colour	HONDA CRV
Details Of Properties	VEH. B
Vehicle Category	PRIVATE CAR
Name of Driver	MALE CHINESE
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

DETAILS OF INJURED PERSON 1

Name	TOH TIONG KHENG - DRIVER OF VEH. A
------	------------------------------------

Approximate Age

Injuries Sustain

WILL SEEK FOR MEDICAL IF NECESSARY

Injured person in which vehicle?

SHD1404X

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]

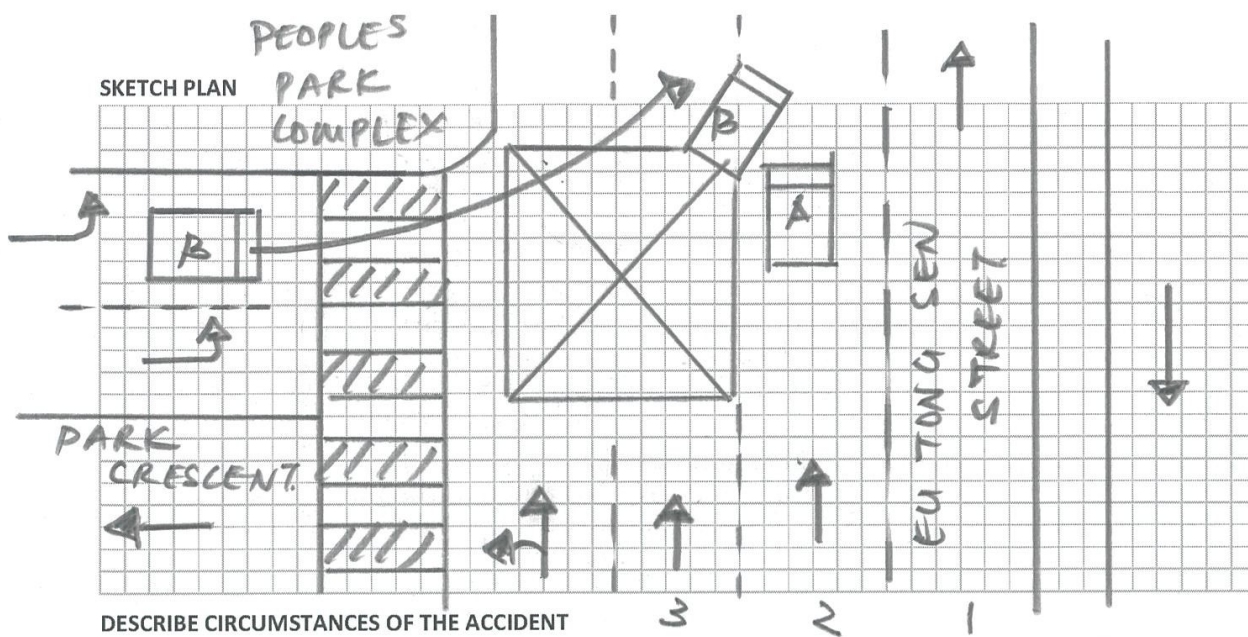
Driver's Signature
(If driver is not the policyholder)
Date & Time:

[Signature] 19 DEC 2018
[Signature] 57107400E
[Signature] SHD 1404X

[Signature]

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

Sketch Plan Pg. 2



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

A: SHD 1404X

B: SBU SC.

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:

19 DEC 2018

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

GIARMC SketchPlanForm_V3

→ 57107400E.

2

Describe Circumstance of the Accident.

ON 19/12/2018 @ 1430HRS, I WAS DRIVING MY TAXI (SHD 1404 X),
TRAVELLING ALONG EU TONG SEN STREET IN LANE 2.

WHILE I WAS MOVING STRAIGHT AHEAD – WITHIN MY LANE, SUDDENLY VEHICLE B
(SBU 5 C – HONDA CRV) WHICH WAS EXITING FROM PARK CRESCENT –
FAILED TO KEEP FOR PROPER LOOK OUT & FAILED TO OBSERVE FOR CLEARANCE
FROM MY ROUTE – HAD ENCROACHED ONTO MY PATH ON MY LEFT ABRUPTLY.

AS SUCH, THE RIGHT REAR OF VEHICLE B COLLIDED ONTO THE FRONT LEFT OF MY
TAXI – WHILE HE WAS TURNING LEFT INTO EU TONG SEN STREET (WHILE
CROSSING OVER THE YELLOW BOX JUNCTION).

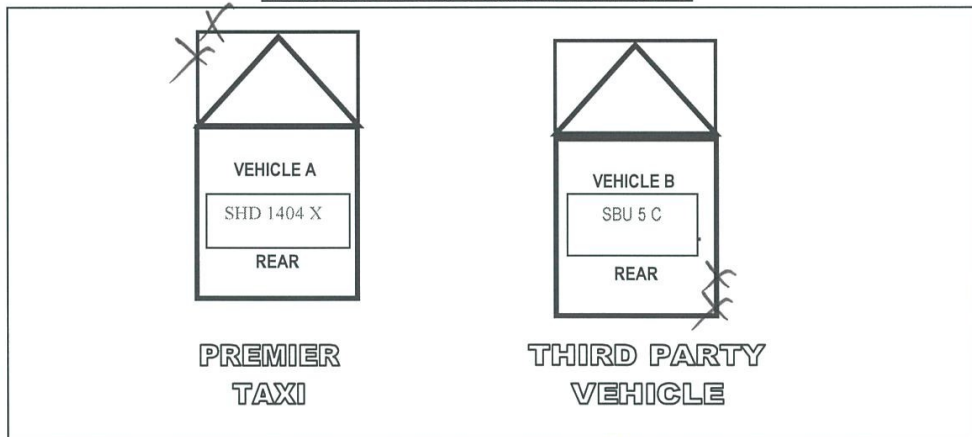
DUE TO THE IMPACT, MY TAXI HAD DAMAGES ON THE LEFT FRONT PORTION AND
VEHICLE B HAD DAMAGES ON THE RIGHT REAR PORTION.

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

NO PASSENGERS ONBOARD BOTH VEHICLES.

*VIDEO FOOTAGE CAPTURED.

AMAGES FOUND ON VEHICLE A & VEHICLE B



Driver's Signature & NRIC Number

@ 3:51:15 PM

(attended by

Sketch Plan Pg. 4

PREMIER TAXIS	HIRER / RELIEF / SUPER RELIEF
VEHICLE NO.	SMB 1404X
CONTACT NO.	9122 2823
NEW MAILING ADDRESS (if any)	

REPUBLIC OF SINGAPORE DRIVING LICENCE

Portrait photo of TOH TIONG KHENG

Licence Number: **S7107400E**
Name: **TOH TIONG KHENG**
Birth Date: **03 Mar 1971**
Issue Date: **19 Feb 2014**

Barcode: 002275244A

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S7107400E**

Portrait photo of TOH TIONG KHENG

Name: **TOH TIONG KHENG**
Race: **CHINESE**
Date of birth: **03-03-1971** Sex: **M**
Country of birth: **SINGAPORE**

Chinese characters: 卓忠盛

Small portrait photo and S7107400E

Land Transport Authority

VOCATIONAL LICENCE

Portrait photo of TOH TIONG KHENG

Licence No: **S7107400E**
Name: **TOH TIONG KHENG**
Card Issue Date: **01/02/2018**
Please visit www.lta.gov.sg to check the status of this vocational licence

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

EFFECTIVE DATE
Class 3 Motor Cars=< 3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg 19 Feb 2014

4254378

Barcode

Portrait photo of TOH TIONG KHENG

NRIC No. **S7107400E**
Date of issue: **25-07-2008**
APT BLK 442B BUKIT BATOK WEST AVENUE 8 #10-853 SINGAPORE 652442
NRIC No: **S7107400E** Date: **30/09/2018**

NP 428A

Barcode: Licence No: S7107400E

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

Type	Description	Issue Date
12	TAXI VL	03/11/2015
03	BUS VL	01/02/2018
04	BUS ATTENDANT	01/02/2018



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

