

## 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	08/01/2019 10:48
Date Of Accident	07/01/2019 22:20
Exact Location Of Accident	HOUGANG AVE 9 // HOUGANG ST 91
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD1854E
<b>Insured/Policyholder</b>	
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	YEO KIAN SENG
NRIC No	S7703870A
Date Of Birth	08/01/1977
Occupation	OUTDOOR
Date Of Driving Pass	29/02/2000
Driving Experience	18 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94248388
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 296A #05-289 COMPASSVALE CRESCENT
Postcode	541296
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 - HEAD TO REAR
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)	2
Passenger 1	NAME: : PAX IN THE REAR SEAT - CHINESE 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 - 1 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 Witness 1

Name	MS LIN - PAX IN VEH. A
Phone Number	
Email Address	

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBG2904T
Vehicle Make/Model/Colour	VAN
Details Of Properties	VEH. B
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	YEO CHUN SER
NRIC/Passport Number	S7424877B
Contact Number	94889622

Address

Postcode

Insurance Company Name

Nature Of Damage DAMAGED ON THE FRONT PORTION

No. Of Passenger (Including Driver) 1

#### DETAILS OF INJURED PERSON 1

Name YEO KIAN SENG - DRIVER OF VEH. A

Approximate Age

Injuries Sustain WILL SEEK FOR MEDICAL TREATMENT SOON

Injured person in which vehicle? SHD1854E

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

#### DETAILS OF INJURED PERSON 2

Name FEMALE CHINESE - PAX IN THE REAR SEAT

Approximate Age

Injuries Sustain WILL SEEK FOR MEDICAL TREATMENT IF NECESSARY

Injured person in which vehicle? SHD1854E

Were seat belts worn?

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:

X

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

X 377038701A  
X SHD1854E

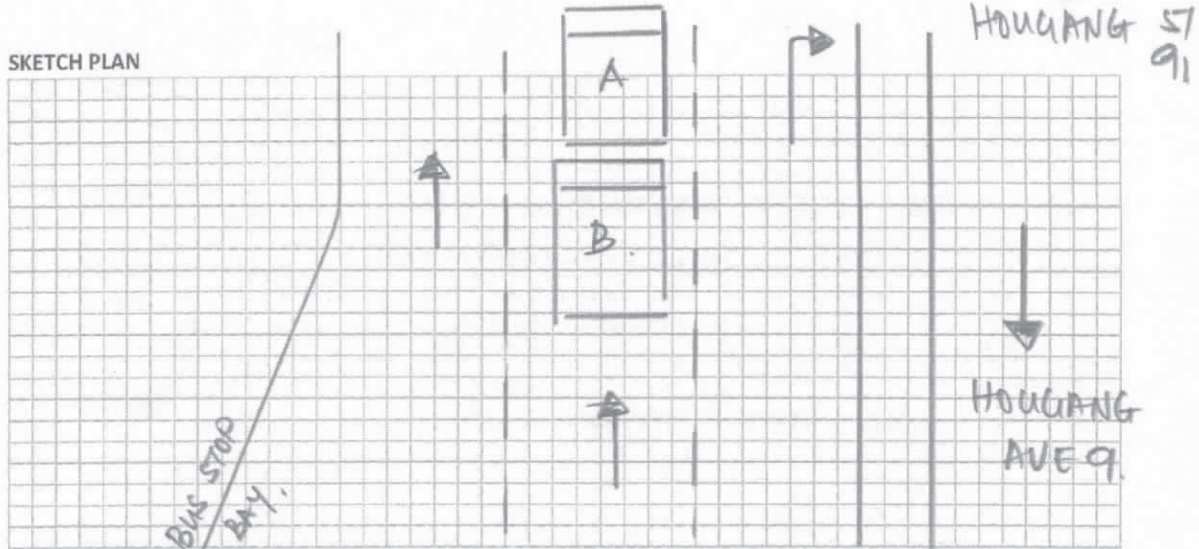
09 JAN 2019

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



# Sketch Plan Pg. 2

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

A: SHD 1854E

B: GBS 2904 T.

## DECLARATION

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

Policyholder's Signature  
Date & Time:



SIARMC Sketch Plan Form V3

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

577038701A  
SHD1854E

09 JAN 2019

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

2

Describe Circumstance of the Accident.

ON 07/01/2019 @ 2220HRS, I WAS DRIVING MY TAXI (SHD 1854 E), TRAVELLING ALONG HOUGANG AVE 9 AT THE TRAFFIC LIGHT JUNCTION OF HOUGANG ST 91, WITH A PASSENGER ONBOARD, IN THE MIDDLE LANE.

I SLOWED DOWN MY TAXI AS VEHICLES AHEAD WERE SLOWLY DOWN, BUT SUDDENLY I FELT AN IMPACT FROM THE REAR.

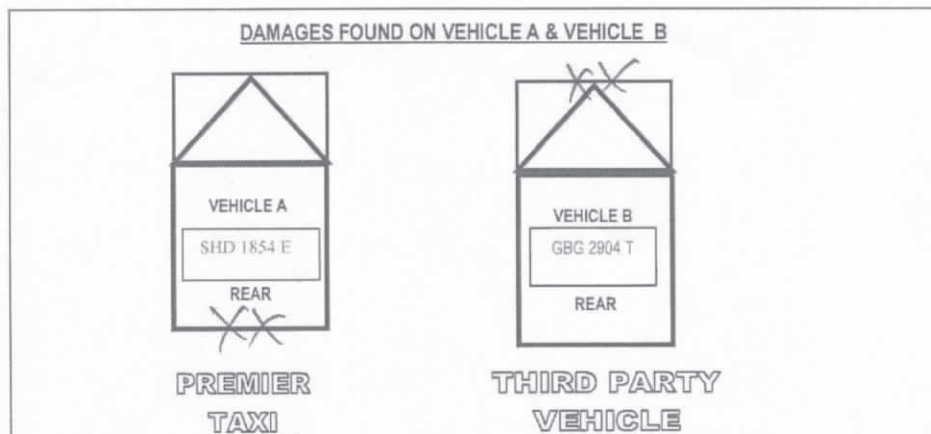
WHEN INSPECTED, I DISCOVERED THAT VEHICLE B (GBG 2904 T – VAN) WHICH WAS BEHIND ME, FAILED TO STOP IN TIME – HAD COLLIDED ONTO THE REAR OF MY TAXI.

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

AS A RESULT, I FELT SOME DISCOMFORT & WILL SEEK FOR MEDICAL TREATMENT SOON. MY PASSENGER WHO WAS IN THE REAR SEAT, WILL SEEK FOR MEDICAL IF NECESSARY. NO AMBULANCE AT SCENE.

NO PASSENGERS ONBOARD VEHICLE B.

\*VIDEO FOOTAGE CAPTURED



87703870A

Driver's Signature & NRIC Number  
Tuesday, January 08, 2019 @ 10:58:19 AM

( attended by )

**Enquire Transaction History****Transaction History Details**

Log Date/Time:	22 Oct 2013 / 09:19:43	Receipt No.:	AACCK001-AX239-131022-000004
Asset Type:	Vehicle	Transaction Amount:	\$73,800.00
Asset ID:	SHD1854E	Channel:	AA Counterless - CYCLE & CARRIAGE KIA PTE LTD
Transaction Type:	01.02 Register New Vehicle (AA)		
Business Transaction Reference No.:	20131022091943239191		
Vehicle No.:	SHD1854E		
Vehicle Type:	H10 - Public Transport Taxi (Motor Car)		
Vehicle Attachment 1:	Air-Con (Taxi)		
Vehicle Attachment 2:	-		
Vehicle Attachment 3:	-		
Vehicle Scheme:	Taxi (Company)		
First Registration Date:	22 Oct 2013		
Original Registration Date:	22 Oct 2013		
Vehicle Make:	KIA		
Vehicle Model:	OPTIMA 1.7(A) DIESEL		
Chassis No.:	KNAGM414ME5447671		
Engine No.:	D4FDDH308018		
Motor No.:	-		
Trailer Chassis No.:	-		
Propellant:	Diesel		
Passenger Capacity:	4		
Engine Capacity:	1685		
Power Rating:	-		
Unladen Weight:	1584		
Maximum Laden Weight:	2050		
Primary Color:	Silver		
Secondary Color:	-		
Manufacturing Year:	2013		
Open Market Value:	\$19,836.00		
Minimum PARF Benefit:	\$7,401.00		
PARF Eligibility:	Y		
No. of Transfer:	0		
Effective Ownership Date/Time:	22 Oct 2013 09:19:43		
COE No.:	2013102201000927K		
COE Expiry Date:	21 Oct 2021		
COE Bid Category:	-		
Actual QP/PQP Paid Amount:	\$61,324.00		
Lifespan Expiry Date:	21 Oct 2021		
Owner ID Type:	Company		