

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	18/02/2019 14:39
Date Of Accident	18/02/2019 14:10
Exact Location Of Accident	GEYLANG SERAI MARKET - MULTI STOREY CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC6202J
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	5107202885
Cover Note Number	

Driver

Name of Driver	TEO SIAK BENG
NRIC No	S0209731A
Date Of Birth	17/07/1954
Occupation	OUTDOOR
Date Of Driving Pass	21/11/1972
Driving Experience	46 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91710108
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 429A #03-348 YISHUN AVE 11
Postcode	761429
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 ON COLLISION
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?	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 - MALAY GENDER: : MALE
Passenger 2	NAME: : PAX IN THE REAR SEAT - MALAY 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 - UNKNOWN PAX ONBOARD

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	SH7403H
Vehicle Make/Model/Colour	COMFORT TAXI
Details Of Properties	VEH. B
Vehicle Category	TAXI
Name of Driver	MALE MALAY
NRIC/Passport Number	
Contact Number	
Address	
Postcode	

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

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.

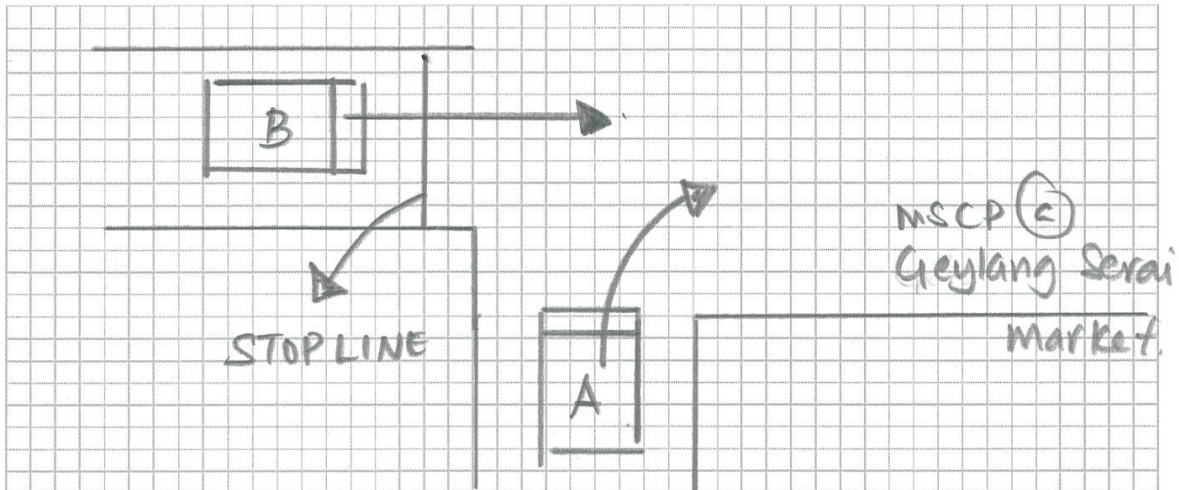


Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

A: SHC 6202J

B: SH 7403H

[A large diagonal line is drawn across the remaining lines of this section.]

DECLARATION

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

Policyholder's Signature
Date & Time:

GIARMC SketchPlanForm_V3

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

0209731A

19 FEB 2013

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

Describe Circumstance of the Accident.

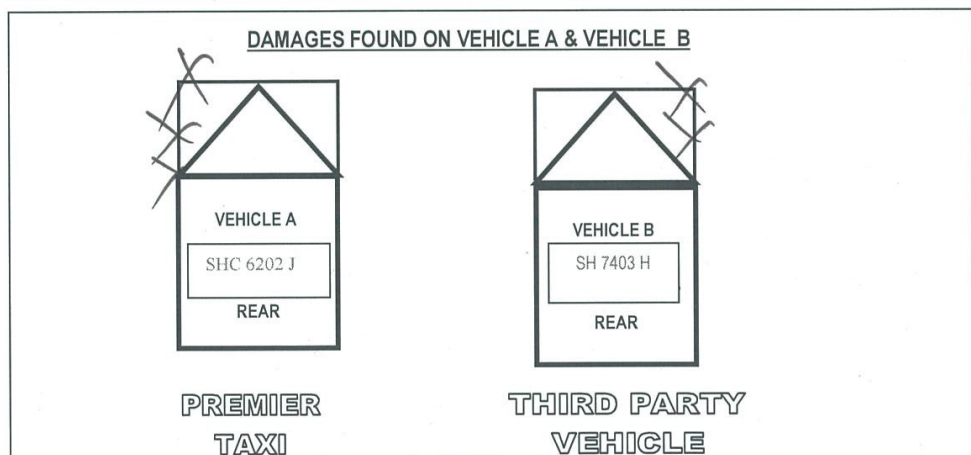
② 1410HRS.
ON 18/02/2019, I WAS DRIVING MY TAXI (SHC 6202 J) ALONG THE MULTI STOREY CARPARK DRIVEWAY @ GEYLANG SERAI WITH 2 PASSENGERS ONBOARD.

WHILE I WAS GOING UPWARDS TO LEVEL 3, SUDDENLY VEHICLE B (SH 7403 H – COMFORT TAXI) WHICH WAS APPROACHING FROM THE LEFT SIDE OF THE DRIVEWAY (COMING DOWNWARDS), FAILED TO KEEP FOR PROPER LOOK OUT & FAILED TO STOP AT THE STOP LINE – HAD MOVED OFF FORWARD & ENCROACHED ONTO MY PATH ON MY LEFT ABRUPTLY.

AS SUCH, THE FRONT RIGHT OF VEHICLE B COLLIDED ONTO THE LEFT FRONT OF MY TAXI.

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

NO INJURY INVOLVED.
UNKNOWN PASSENGERS ONBOARD VEHICLE B.





 0209731/A


Driver's Signature & NRIC Number
Monday, February 18, 2019 @ 2:47:17 PM


(attended by )

Sketch Plan Pg. 4

PREMIER TAXIS	HIRER / RELIEF / SUPER RELIEF
VEHICLE NO.	SHC6 202J
CONTACT NO.	9171 0108
NEW MAILING ADDRESS (if any)	

	Licence Number: S0209731A
	Name: TEO SIAK BENG
	Birth Date: 17 Jul 1954 Issue Date: 28 Nov 2003
	


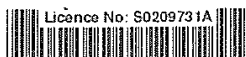
REPUBLIC OF SINGAPORE	
IDENTITY CARD NO. S0209731A	
	Name: TEO SIAK BENG
	張錫明
	Race: CHINESE
	Date of Birth: 17-07-1954 Sex: M
	Country of Birth: SINGAPORE

Land Transport Authority	
	VOCATIONAL LICENCE
	Licence No: S0209731A
	Name: TEO SIAK BENG
	Issue Date: 13/7/2012
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):

	PASS DATE
Class 2B Motorcycles not exceeding 200 cc	22 Oct 1975
Class 2A Motorcycles between 201 cc and 400 cc	22 Oct 1975
Class 2 Motorcycles exceeding 400 cc	22 Oct 1975
Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	21 Nov 1972
Class 4 Heavy Motor Cars and Motor Tractors the weight of which unladen exceeds 2500 kilograms	10 Jul 1976
Class 5 Motor Vehicles which are not constructed themselves to carry any load and the weight of which unladen exceeds 7250 kilograms	04 Feb 1977

	
NRIC No: S0209731A	
	Blood Group: B+
	Date of issue: 17-09-1993
APT BLK 429A YISHUN AVENUE 11 #03-348 SINGAPORE 761429	
NRIC No: S0209731A	Date: 25/11/2015

	Licence No: S0209731A
	
This card is not transferable and is the property of the Land Transport Authority (LTA). It must be surrendered to the LTA on request. If found, please return to LTA, 10 Sin Ming Drive, Singapore 575701.	

Type	Description	Issue Date
02	TAXI VL	07/08/2006



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

