

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	20/02/2019 08:35
Date Of Accident	20/02/2019 06:00
Exact Location Of Accident	GULLIEMARD ROAD // GEYLANG LOR 22
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SHC6279M
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	LEE ENG KENG
NRIC No	S1598077Z
Date Of Birth	06/07/1963
Occupation	OUTDOOR
Date Of Driving Pass	12/09/1983
Driving Experience	35 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84478077
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 41 #06-369 TELOK BLANGAH RISE
Postcode	090041
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	CHAIN 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	4
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

ALL 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	SHC7083D
Vehicle Make/Model/Colour	CITY CAB TAXI
Details Of Properties	VEH. B
Vehicle Category	TAXI
Name of Driver	MOHD AZMAN BIN ADRI
NRIC/Passport Number	S1488092E
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	DAMAGED ON THE FRONT RIGHT PORTION
No. Of Passenger (Including Driver)	1

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SLJ6069T
-----------------------------	----------

Vehicle Make/Model/Colour	TOYOTA
Details Of Properties	VEH. C
Vehicle Category	PRIVATE HIRE
Name of Driver	MARC YEO JIING YUAN
NRIC/Passport Number	S7611271A
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	DAMAGED ON THE FRONT & REAR PORTION
No. Of Passenger (Including Driver)	1

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	SLH5815Z
Vehicle Make/Model/Colour	HONDA GRACE/WHITE
Details Of Properties	VEH. D
Vehicle Category	PRIVATE HIRE
Name of Driver	MALE CHINESE
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	DAMAGED ON THE REAR PORTION
No. Of Passenger (Including Driver)	1

DETAILS OF INJURED PERSON 1

Name	LEE ENG KENG - DRIVER OF VEH. A
Approximate Age	
Injuries Sustain	ATTENDED BY PARAMEDICS & WILL SEEK FOR MEDICAL TREATMENT SOON.
Injured person in which vehicle?	SHC6279M
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 2

Name	MARC YEO JIING YUAN - DRIVER OF VEH. C
Approximate Age	
Injuries Sustain	ATTENDED BY PARAMEDICS & WILL SEEK FOR MEDICAL TREATMENT SOON.
Injured person in which vehicle?	SLJ6069T
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

SKETCH PLAN

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. The 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 lodgment 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.
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:

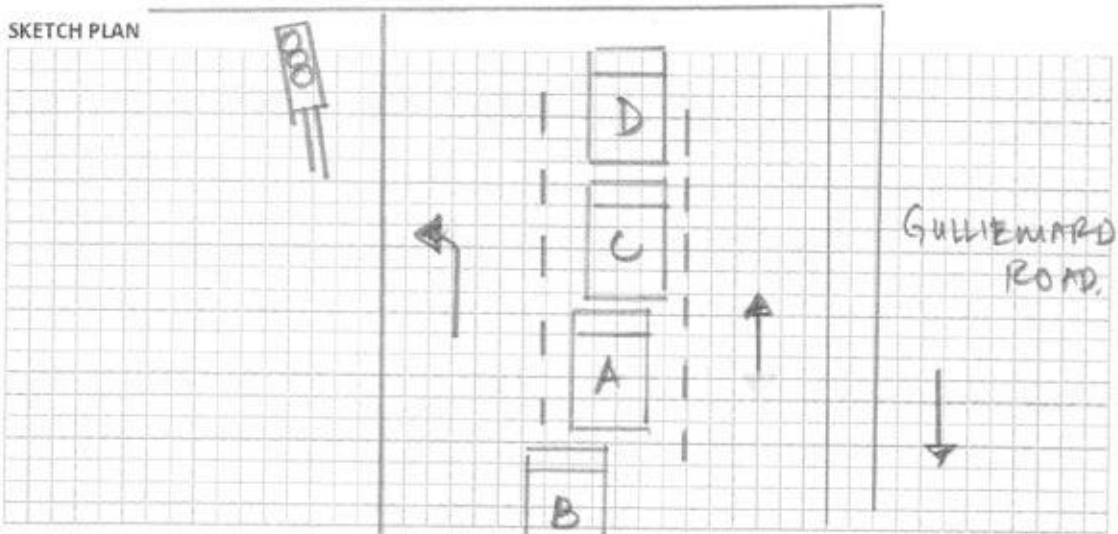
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

Sketch Plan Pg. 2

GEHUNGU LOR 22.

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

A: SHC 6279W

B: SHC 7083D

C: SLJ 6069T

D: SH 5815Z.

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.:

20 FEB 2013

X Lee 1598077/2

SH 2013/02/20/001/001

Describe Circumstance of the Accident.

*** CHAIN COLLISION ***

ON 20/02/2019 @ 0600HRS, I WAS DRIVING MY TAXI (SHC 6279 M), TRAVELLING ALONG THE TRAFFIC LIGHT JUNCTION OF GULLIEMARD ROAD & GEYLANG LOR 22, IN THE MIDDLE LANE.

I STOPPED MY TAXI AS VEHICLE C (SLJ 6069 T - TOYOTA) WHICH WAS IN FRONT OF ME STOPPED - AS TRAFFIC LIGHT WAS RED.

WHILE STATIONARY FOR ALMOST 10SECONDS, SUDDENLY I FELT AN IMPACT FROM THE REAR AND SUBSEQUENTLY DUE TO THE IMPACT, IT FORCED MY TAXI TO SURGE FORWARD - CAUSING THE FRONT OF MY TAXI TO COLLIDE ONTO THE REAR OF VEHICLE C.

WHEN INSPECTED, I DISCOVERED THAT VEHICLE B (SHC 7083 D - CITY CAB) WHICH WAS BEHIND ME, HAD COLLIDED ONTO THE REAR OF MY TAXI & VEHICLE D (SLH 5815 Z - HONDA GRACE) WHICH WAS IN FRONT OF VEHICLE C, WAS INVOLVED IN THE COLLISION AS WELL.

DUE TO THE IMPACT, MY TAXI HAD DAMAGES ON THE REAR LEFT PORTION, REAR PORTION, FRONT RIGHT PORTION AND REAR LEFT TYRE WAS PUNCTURED. VEHICLE B HAD DAMAGES ON THE FRONT PORTION. VEHICLE C HAD DAMAGES ON THE FRONT & REAR PORTION. VEHICLE C HAD DAMAGES ON THE REAR PORTION.

AS A RESULT, BOTH DRIVER OF VEHICLE C & MYSELF FELT SOME DISCOMFORT, ATTENDED BY PARAMEDICS AT SCENE BUT NO ONE WAS CONVEYED TO HOSPITAL AND WILL SEEK FOR MEDICAL TREATMENT SOON.

NO PASSENGERS ONBOARD ALL VEHICLES.

*VIDEO FOOTAGE CAPTURED & SCENE PHOTOS TAKEN

CHAIN COLLISION / MULTIPLE VEHICLES

DAMAGES FOUND ON VEHICLE A, B, C, D, E & F



PREMIER TAXI

THIRD PARTY VEHICLES

her 1598077/2

Driver's Signature & NRIC Number

Wednesday, February 20, 2019 @ 8:55:48 AM