

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 | 18/03/2019 10:28 |
| Date Of Accident | 18/03/2019 09:10 |
| Exact Location Of Accident | KHEAM HOCK ROAD // BT TIMAH ROAD |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|-----------------------|
| Vehicle Registration Number | SHD1169A |
| 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 | GOH CHIEW KOK |
| NRIC No | S1708218C |
| Date Of Birth | 22/09/1965 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 21/12/1995 |
| Driving Experience | 23 YEARS AND 2 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-84999055 |
| Fax Number | |
| Contact Number | |
| Email Address | NOEMAIL |

| | |
|---|-------------------------------------|
| Address | BLK 87 #01-21 COMMONWEALTH CLOSE |
| Postcode | 140087 |
| Was driver an employee of the Insured's Company | NO |
| If No, Relationship of the Driver with the Insured | OTHER - RELIEF DRIVER |
| Vehicle Registration Number of Driver's Own Vehicle | - |
| | - |
| | - |
| Insurance Company of Driver's Own Vehicle | - |
| | - |
| | - |

General Information of the Accident

| | |
|--------------------|----------------------------|
| Type Of Accident | COLLISION - CROSS JUNCTION |
| 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) | 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 | SLG2070E |
| Vehicle Make/Model/Colour | HONDA |
| Details Of Properties | VEH. B |
| Vehicle Category | PRIVATE CAR |
| Name of Driver | MS CHEN ZHUO |
| NRIC/Passport Number | S7984679A |
| Contact Number | |
| Address | |
| Postcode | |
| Insurance Company Name | |
| Nature Of Damage | DAMAGED ON THE LEFT FRONT |
| No. Of Passenger (Including Driver) | 1 |

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 Goh

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

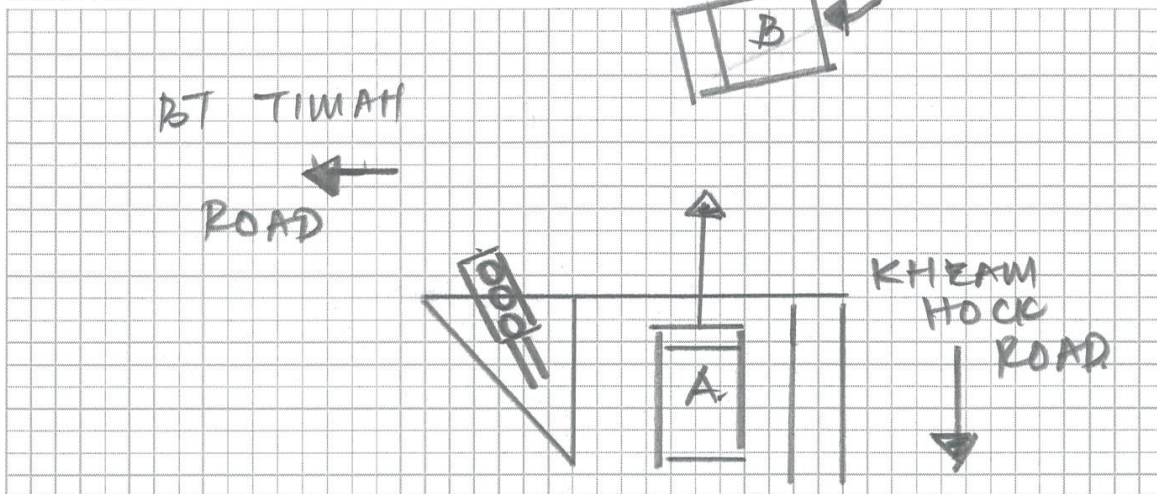
S #17082181C
SHD 1169A

18 MAR 2013

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

Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

A: SHD 1169 A

B: SLG 2070E

DECLARATION

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

18 MAR 2019

Policyholder's Signature _____
Date & Time: _____

GIARMC SketchPlanForm_V3

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

Date & Time: 5/17/2018

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

Describe Circumstance of the Accident.

ON 18/03/2019 @ 0910HRS, I WAS DRIVING MY TAXI (SHD 1169 A), TRAVELLING ALONG KHEAM HOCK ROAD TOWARDS THE TRAFFIC LIGHT JUNCTION OF BT TIMAH ROAD, ON A SINGLE LANE OF DUAL CARRIAGE WAY.

TRAFFIC LIGHT WAS GREEN ON MY ROUTE FAVOUR & I PROCEED AHEAD INTO THE JUNCTION BUT SUDDENLY VEHICLE B (SLG 2070 E – HONDA VEZEL) WHICH WAS APPROACHING FROM THE OPPOSITE DIRECTIONS, FAILED TO KEEP FOR PROPER LOOK OUT – HAD ENCROACHED ONTO MY PATH ON MY FRONT ABRUPTLY WHILE MAKING HER RIGHT TURN INTO BT TIMAH ROAD.

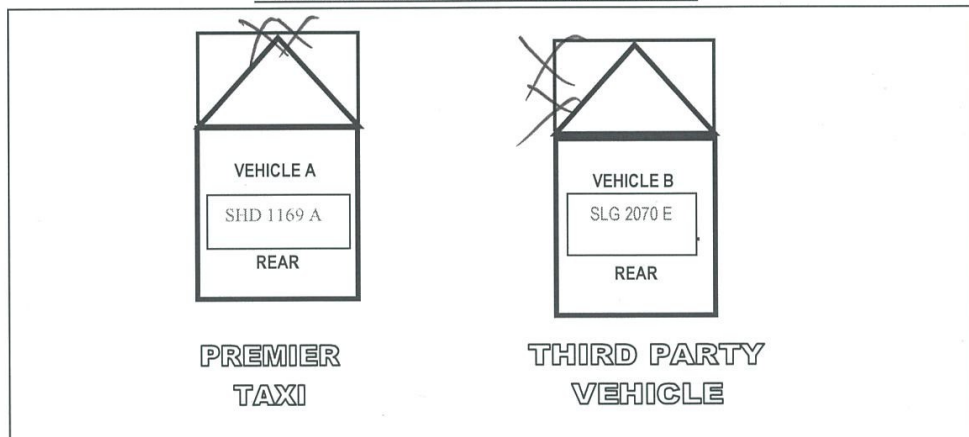
DUE TO THE IMPACT, MY TAXI HAD DAMAGES ON THE FRONT PORTION & VEHICLE B HAD DAMAGES ON THE LEFT FRONT PORTION.

NO INJURY INVOLVED.

NO PASSENGERS ONBOARD BOTH VEHICLES.

* VIDEO FOOTAGE CAPTURED.

DAMAGES FOUND ON VEHICLE A & VEHICLE B



Goh S1708218/C

Driver's Signature & NRIC Number

@ 10:36:51 AM

(attended by

EG)

Sketch Plan Pg. 4

| | |
|------------------------------|--|
| PREMIER TAXIS | HIRER / RELIEF / SUPER RELIEF |
| VEHICLE NO. | SHD 1169A |
| CONTACT NO. | 84999055 |
| NEW MAILING ADDRESS (if any) | 87 #01-21 COMMONWEALTH CLOSE 140087 |

DRIVING LICENCE

Licence Number: **S1708218C**
Name: **GOH CHIEW KOK**

Birth Date: 22 Sep 1965
Issue Date: 15 Oct 2003

000923988G

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S1708218C**

Name: **GOH CHIEW KOK**

Race: **CHINESE**
Date of Birth: **22-09-1965**
Country of Birth: **SINGAPORE**

Sex: **M**

S1708218C

Land Transport Authority

VOCATIONAL LICENCE

Licence No: **S1708218C**
Name: **GOH CHIEW KOK**
Issue Date: **4/2/2006**

Please visit www.lta.gov.sg to check the status of this vocational licence

13746

NRIC No. **S1708218C**

Blood Group: **B+** Date of issue: **15-10-1993**

Address: **87 #01-21 COMMONWEALTH CLOSE #01-21 SINGAPORE 140087**

NRIC No: **S1708218C** Date: **15-10-1993** No: **1944325**

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS:

| | | |
|----------|--|------------------------|
| Class 25 | Motorcycles not exceeding 200 cc | PASS DATE: 13 Apr 1993 |
| Class 3 | Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms | 21 Dec 1995 |

NP 428A

Licence No: **S1708218C**

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 | 28/04/1998 |



Accident Photo



Accident Photo



Accident Photo



Accident Photo

