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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding 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

aforesaid.		
	ACCIDENT STATEMENT	
Date Of Report	25/02/2019 09:14	
Date Of Accident	23/02/2019 21:20	
Exact Location Of Accident	OPEN CARPARK @ BEDOK NORTH AVE 2 (BLK 516)	
Country/State of Loss	SINGAPORE	
D	DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SHB8820S	
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 ime of accident	HIRED & REWARDS	
Are you claiming under your own insurance policy for repair to your vehicle?	NO	
f No, Please state action to be taken	THIRD PARTY	
/ehicle 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	TAN CHUNG (CHEN ZHONG) @MOHAMAD RAZIZ BIN ABDULLAH	
NRIC No	S7240502A	

NRIC No S7240502A

Date Of Birth 31/10/1972

Occupation OUTDOOR

Date Of Driving Pass 22/03/1996

Driving Experience 22 YEARS AND 11 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-94525665

Fax Number
Contact Number

EMail Address NOEMAIL

BLK 252 #03-486 Address **TAMPINES ST 21**

Postcode 520252

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

2

NO

NO

0

NO

General Information of the Accident

HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED Type Of Accident

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

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

YES Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

VEH. A - VACANT/PARKED

Attachment(s)

YES Are accident photos available for attachment? Was there any video captured by Car Camera? NO

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SH7642J

Vehicle Make/Model/Colour **COMFORT TAXI**

Details Of Properties VEH. B Vehicle Category TAXI

UNKNOWN Name of Driver

NRIC/Passport Number

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Page 2 of 12

Sketch Plan Pg. 1

SKETCH PLAN

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- 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:

- 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)
 - (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
- 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.
- 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.
- 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)

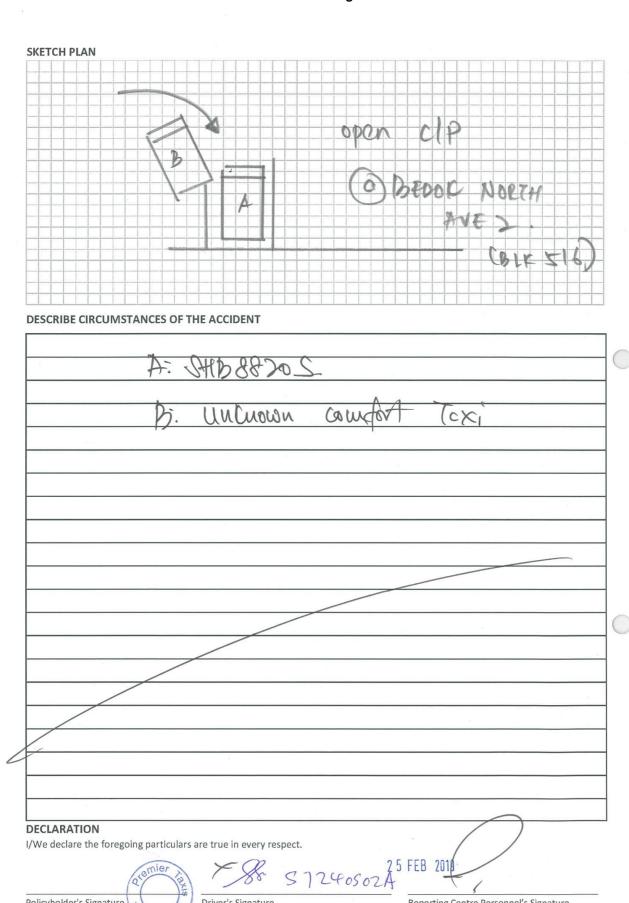
1240502A

25 FEB 2019

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

Sketch Plan Pg. 2



Policyholder's Signature Date & Time:

GIARMC SketchPlanForm_V3

Driver's Signature

Date & Time:

(If driver is not the policyholder)

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Describe Circumstance of the Accident

HIT & RUN

ON 24/02/2019 @ 0030HRS, WHEN I RETRIEVED MY TAXI (SHB 8820 S) @ MSCP RIVERSIDE POINT, I DISCOVERED THAT THE LEFT PORTION OF MY TAXI DAMAGED.

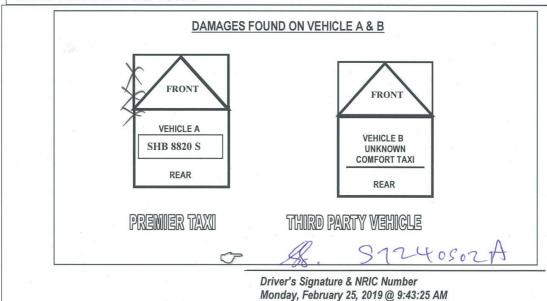
BASED ON THE VIDEO FOOTAGE CAPTURED.

ON 23/02/2019 @ 2120HRS, WHILE MY TAXI WAS PARKED IN AN OPEN CARPARK LOT @ BEDOK NORTH AVE 2 (BLK 516), VEHICLE B (UNKNOWN COMFORT TAXI) WHICH WAS REVERSING INTO THE PARKING LOT (ON MY LEFT) – HAD COLLIDED ONTO THE LEFT PORTION OF MY TAXI.

AS SUCH, THE LEFT PORTION OF MY TAXI GOT DAMAGED.

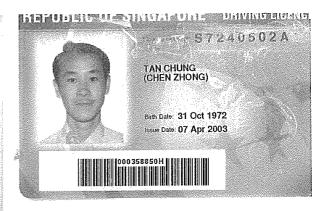
DRIVER OF VEHICLE B FAILED TO STOP & DROVE OFF AWAY.

*VIDEO FOOTAGE CAPTURED

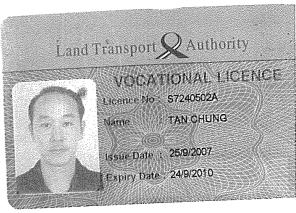


Sketch Plan Pg. 4

PREMIER	HIRER / RELIEF SOJER DELIEF
VEHICLE NO.	205889116
CONTACT NO.	94525665
JEW MAILING	
ADDRESS	No control of the con
(if any)	









ÚJU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(E: PASS DATE

Motorcycles not exceeding 200 cc Motorcycles between 201 cc and 400 cc Motorcycles exceeding 400 cc 27 Feb 1990 Class 2B 22 Feb 1992 Class 2A 18 Jan 1994 Class 2 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms 22 Mar 1996 Class 3 Heavy Motor Cars and Motor Tractors the 16 Sep 1996 Class 4 weight of which unladen exceeds 2500 kilograms Motor Vehicles which are not constructed 18 Mar 1997 Class 5 themselves to carry any load and the weight of which unladen exceeds 7250 kilograms

Licence No; S7240502A

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NP 428A

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 25/09/2007













Addendum Sheet Pg. 1



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

6 Raffles Quay #18-00 Singapore 048580 Tel (65) 6224 0010 Fax (65) 6224 0030 Operating Hours: Monday to Friday, 09:00 – 17:00 UEN: S66SS0020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the <u>same</u> Authorised Reporting Centre

with whom you submitted the Original Report. **ADDENDUM** (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS: Original Report No : MPAS 19025HH9 ____Vehicle Registration No: ___ PREMIER TAXIS PTE LTD NRIC/FIN/Passport No: Name(as shownin NRIC): (*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate 23 CHANGI SOUTH AVE 2, #01-02. S (486443) _Singapore(-Address 6214 8880 Mobile No.:_ Contact (Tel) **Email Address** 21:20 23 Feb 2019 Time of Accident: Date of Accident Worth Ave 2 BIK 516 Place of Accident NTUC INCOME INSURANCE CO-OPERATIVE LTD Insurance Company: (B) ADDITIONALINFORMATION / AMENDMENTS: $I have \, made \, a \, report \, on \, the \, above \, mentioned \, accident \, and \, would \, like \, to \, include \, additional \, information \, or \, all \, constants \, and \, constants$ make the following amendments: registration NO. -Z 543 FH2Zi

Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

Date:

GIARIVIC addendumform_V3