

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 | 19/03/2019 14:26 |
| Date Of Accident | 16/03/2019 22:55 |
| Exact Location Of Accident | 8 DEMPSEY ROAD |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------|
| Vehicle Registration Number | SKL9588T |
|-----------------------------|----------|

Insured/Policyholder

| | |
|--------------------------|----------------------|
| Name Of Registered Owner | KH LEASING PTE. LTD. |
| Co Reg No | 201611813C |
| Email Address | NOEMAIL |
| Mobile Phone No | |
| Alternative Phone No | OFFICE-97884000 |

Vehicle Particulars

| | |
|--|-----------------------|
| Manufacturer | TOYOTA |
| Model | COROLLA ALTIS-1.6 (A) |
| Exact Purpose for which vehicle was being used at time of accident | WORK PURPOSE |

| | |
|--|----|
| 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 | PRIVATE HIRE |
|------------------|--------------|

Insurance Company

| | |
|---------------------------|--|
| Name of Insurance Company | NTUC INCOME INSURANCE CO-OPERATIVE LTD |
| Type Of Coverage | THIRD PARTY |
| Fleet Policy | NO |
| Policy Number | 5106446598 |
| Cover Note Number | |

Driver

| | |
|----------------------|------------------------------|
| Name of Driver | TAN SEONG HUI (CHEN SONGHUI) |
| NRIC No | S71039911 |
| Date Of Birth | 28/01/1971 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 22/08/1990 |
| Driving Experience | 28 YEARS AND 6 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-97884000 |

| | |
|------------|--|
| Fax Number | |
|------------|--|

| | |
|----------------|--|
| Contact Number | |
|----------------|--|

Address BLK 301 ANG MO KIO AVE 3 #03-1824
SINGAPORE
Postcode 560301
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 SIDE SWIPE
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: : MR LEE
GENDER: : MALE
Passenger 2 NAME: : MS LIM
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

REFER ATTACHED

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 SHA8850K
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category TAXI
Name of Driver HO CHUEN ZAN WINSTON IVAN
NRIC/Passport Number
Contact Number

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

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.

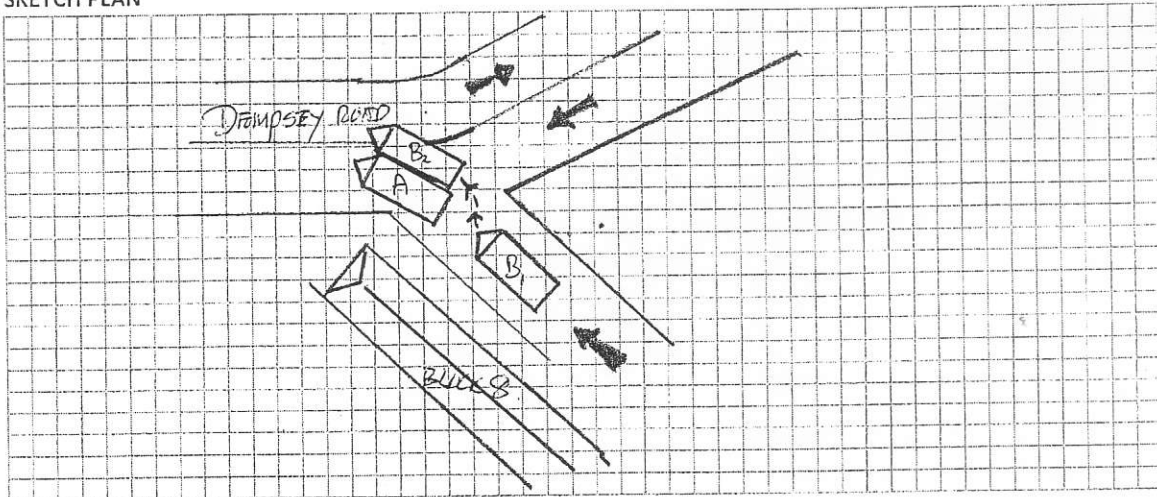


Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN

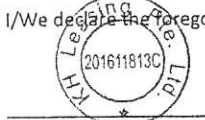


DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON THE 16TH MARCH 2019 (SATURDAY) AT APPROXIMATELY 10:45PM, I WAS TRAVELLING ALONG DEMPSEY ROAD WITH 2 PASSENGERS ONBOARD, MR LEE (HP) 96461141 AND MS LIM (HP) 9832246. THEY WERE HEADING TO BLOCK 7 DEMPSEY ROAD. UPON REACHING THE END OF BLOCK 8, I SLOWED DOWN TO MAKE A LEFT TURN IN ORDER TO GET TO MY PASSENGERS' DROP OFF POINT. OUT OF A ~~SUDDEN~~ SUDDEN, A COMFORT YELLOW TAXI ('SHA 8850K') OVERTOOK ME FROM BEHIND AND HIT THE RIGHT SIDE OF MY VEHICLE (DRIVER'S SIDE). THE IMPACT WAS VERY IMMENSE THAT IT LEFT ME AND MY 2 PASSENGERS IN SHOCK MOMENTARILY. AS THE ACCIDENT LOCATION IS IN A NARROW SINGLE PILE ROAD, THE TAXI DRIVER HAD TO MOVE HIS VEHICLE AWAY FROM THE ACCIDENT AREA. AS MY BACK AND RIGHT ARM ARE STILL IN PAIN DUE TO THE IMPACT, I WAS STILL IN THE VEHICLE WHEN MY 2 PASSENGERS GOT OUT OF THE VEHICLE TO CONFRONT THE TAXI DRIVER OVER HIS RECKLESS ACTION. THIS ACCIDENT CAN BE EASILY AVOIDED IF THE TAXI DRIVER OBSERVES SOME PATIENCE AND CARE BY NOT OVERTAKING A VEHICLE AT A T JUNCTION WITHOUT KEEPING A PROPER LOOKOUT OF TRAFFIC FLOW. THIS IS EVEN MORE DANGEROUS WHEN THE LANE IS NARROW AND CONGESTED WITH TRAFFIC.

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.: