SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Contact Number EMail Address

- 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</u> and <u>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

Date Of Report 04/06/2019 13:17 Date Of Accident 03/06/2019 22:00 Exact Location Of Accident BALESTIER ROAD Country/State of Loss SINGAPORE DETAILS OF OWN VEHICLE Vehicle Registration Number SHC6256D Insured/Policyholder Name Of Registered Owner PREMIER TAXIS PTE LTD Co Reg No 200612929E Email Address NOEMAIL Mobile Phone No OFFICE-62148880 Alternative Phone No OFFICE-62148880 Vehicle Particulars Manufacturer KIA OPTIMA-1.7 D (A) Exact Purpose for which vehicle was being used at itme 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 NTUC INCOME INSURANCE CO-OPERATIVE LTD Type Of Coverage THIRD PARTY Fleet Policy YES Policy Number 5107202885 Cover Note Number THIRD PART	aforesaid.	
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Gender MALE Mobile Number (LOCAL) +65-81129700	Driving Experience	
Mobile Number (LOCAL) +65-81129700	Gender	
	Mobile Number	
	Fax Number	

NOEMAIL

Address

BLOCK 200B SENGKANG EAST ROAD

#15-28

Postcode

542200

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 TO REAR

Weather Conditions

DRIZZLING

Road Surface

WET

Other Information

Was any foreign vehicle involved in this accident?

Number of vehicles (including own vehicle)

NO

involved in the accident

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.

YES

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

NO

1

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

BOTH VEHICLES HAVE 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

FBK8082S

Vehicle Make/Model/Colour

Details Of Properties

MOTORCYCLE

Vehicle Category Name of Driver

ONG YONG SHENG

NRIC/Passport Number

S8631268I

Contact Number

91149491

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan Pg. 1

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 <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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.
- 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:
 - 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:
 - 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

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Sketch Plan Pg. 2

TCH PLAN	
-	
4	B ₀ A
-	630
->	
->	BALESTIER ROAD
الماساسا	
	A. SAC 6256 D
	A. She vest 9
	B. FBK 8082 D
	0, 11, 0, 0,

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:

toer Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Describe Circumstance of the Accident.

ON 03/06/2019 @ 2200 HRS, I WAS DRIVING MY TAXI (SHC 6256 D) TRAVELLING ALONG BALESTIER ROAD TOWARDS SERANGOON ROAD AT THE CENTRE LANE.

WHILE TRAVELING. I NOTICE A PASSENGER ON THE ROAD SIDE FLAGGED MY TAXI AND I TURN ON MY SIGNAL LIGHT, SLOWLY PROCEED TO FILTER IN WHEN THE TRAFFIC IS CLEAR AND STOP TO PICK UP THE PASSENGER. MY TAXI WAS ALREADY IN A STRAIGHT POSITION WHEN SUBSEQUENTLY, I FELT AN IMPACT FROM THE REAR. VEHICLE B (FBK 8082 D - MOTORCYCLE) COLLIDED ONTO MY TAXI'S REAR PORTION.

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

VEHICLE B HAS NO PILLION.

NO INJURY INVOLVED.

