

## 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	10/06/2019 09:54
Date Of Accident	10/06/2019 09:10
Exact Location Of Accident	KALLANG AVE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC6334L
<b>Insured/Policyholder</b>	
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	RAYMOND YEO MUI CHONG
NRIC No	S1625466E
Date Of Birth	20/06/1963
Occupation	OUTDOOR
Date Of Driving Pass	28/07/1983
Driving Experience	35 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97781607
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address:	BLK 476A #16-500 UPPER SERANGOON VIEW
Postcode	531476
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 - U-TURN
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	SHC1371L
Vehicle Make/Model/Colour	COMFORT TAXI/TOYOTA
Details Of Properties	VEH. B
Vehicle Category	TAXI
Name of Driver	MALE CHINESE
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	DAMAGED ON THE FRONT RIGHT PORTION
No. Of Passenger (Including Driver)	1

SKETCH PLANIMPORTANT NOTICE

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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:

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

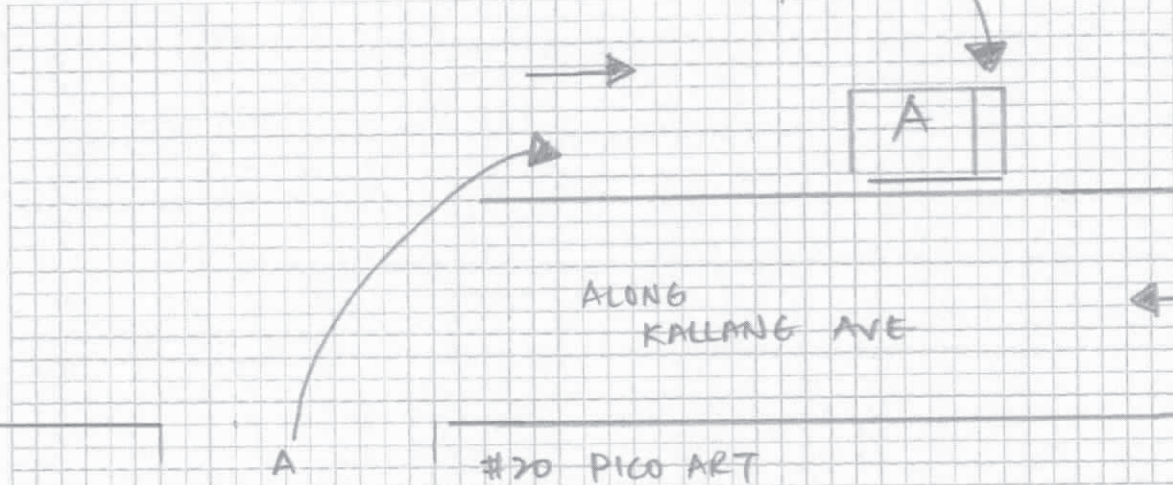
10 JUN 2019

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

1625466E  
SHC6334L



SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

A: SHC 6734L

B: SHC 1371L.

DECLARATION

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



Policyholder's Signature  
Date & Time:

X UR

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

10 JUN 2019

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

A 1625466E

Describe Circumstance of the Accident.

ON 10/06/2019 @ 0910 HRS, I WAS DRIVING MY TAXI ( SHC 6334 L) EXITING FROM NO 20, PICO ART INTO KALLANG AVE.

AFTER CHECKING FOR CLEARANCE FROM THE MAIN ROAD, I PROCEED AHEAD – MAKING MY RIGHT TURN INTO KALLANG AVE, BUT SUDDENLY VEHICLE B ( SHC 1371 L – COMFORT TAXI ) WHICH WAS INITIALLY STATIONARY/STOPPED ALONG THE LEFT SIDE OF KALLANG AVE – FAILED TO KEEP FOR PROPER LOOK OUT - HAD ENCROACHED ONTO MY PATH ON MY LEFT ABRUPLTY.

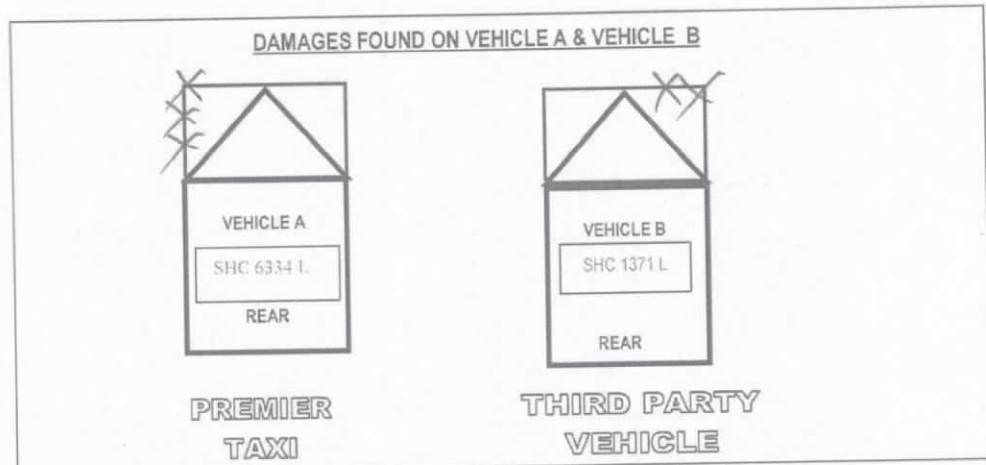
AS SUCH, THE FRONT RIGHT OF VEHICLE B COLLIDED ONTO THE LEFT FRONT OF MY TAXI – WHILE MAKING HIS ILLEGAL U-TURN.

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

NO INJURY INVOLVED.

NO PASSENGERS ONBOARD BOTH VEHICLES

\*VIDEO FOOTAGE CAPTURED.



1625466E

Driver's Signature & NRIC Number  
Monday, June 10, 2019 @ 10:07:41 AM

( attended by )

Text size + -

**Enquire Transaction History****Transaction History Details**

Log Date/Time: 12 Jan 2015 / 09:25:53

Asset Type: Vehicle

Receipt No.:

AACCK001-AX239-150112-000009

Asset ID: SHC6334L

Transaction Amount:

\$65,919.00

Transaction Type: 01.02 Register New Vehicle (AA)

Channel:

AA Counterless - CYCLE &  
CARRIAGE KIA PTE LTDBusiness Transaction  
Reference No.: 20150112092553538449

Vehicle No.: SHC6334L

Vehicle Type: H10 - Public Transport Taxi (Motor Car)

Vehicle Attachment 1: Air-Con (Taxi)

Vehicle Attachment 2: -

Vehicle Attachment 3: -

Vehicle Scheme: Taxi (Company)

First Registration Date: 12 Jan 2015

Original Registration  
Date: 12 Jan 2015

Vehicle Make: KIA

Vehicle Model: OPTIMA 1.7(A) DIESEL

Chassis No.: KNAGM414MF5575040

Engine No.: D4FDEH313270

Motor No.: -

Trailer Chassis No.: -

Propellant: Diesel

Passenger Capacity: 4

Engine Capacity: 1685

Power Rating: -

Unladen Weight: 1584

Maximum Laden  
Weight: 2050

Primary Color: Silver

Secondary Color: -

Manufacturing Year: 2014

Open Market Value: \$20,566.00

Minimum PARF Benefit: \$7,975.00

PARF Eligibility: Y

No. of Transfer: 0

Effective Ownership  
Date/Time: 12 Jan 2015 09:25:53

COE No.: 2015011201001438M

COE Expiry Date: 11 Jan 2023

COE Bid Category: -

Actual QP/PQP Paid  
Amount: \$52,486.00

Lifespan Expiry Date: 11 Jan 2023