

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	09/09/2019 09:03
Date Of Accident	09/09/2019 07:00
Exact Location Of Accident	CHANGI SOUTH ST 1
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC6202J
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	TEO SIAK BENG
NRIC No	S0209731A
Date Of Birth	17/07/1954
Occupation	OUTDOOR
Date Of Driving Pass	21/11/1972
Driving Experience	46 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91710108
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 429A #03-348 YISHUN AVE 11
Postcode	761429
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 - MAJOR/MINOR RD
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	GBA2757H
Vehicle Make/Model/Colour	FIAT DOBLO VAN
Details Of Properties	VEH. B
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	VEERAN RENGAN
NRIC/Passport Number	G7038327L
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	DAMAGED ON THE RIGHT PORTION
No. Of Passenger (Including Driver)	1

Sketch Plan Pg. 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.



Handwritten signature of the driver

09 SEP 2019

Handwritten signature of reporting centre personnel

Policyholder's Signature
Date & Time:

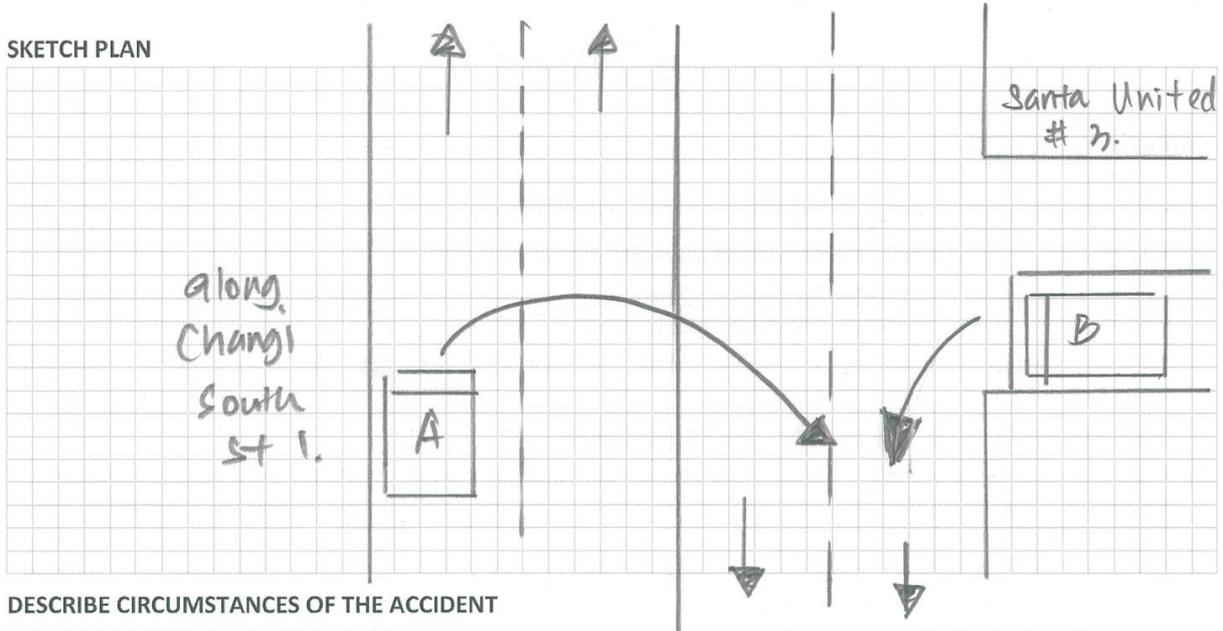
Driver's Signature
(If driver is not the policyholder)
Date & Time: 9/9/2019

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

Handwritten number: 25 0209731A

Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

A: SHC 6202J

B: GDA 2757H.

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: 9/9/2019
 0209731A

09 SEP 2019

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

Sketch Plan Pg. 3

Describe Circumstance of the Accident.

ON 09/09/2019 @ 0700HRS, I WAS DRIVING MY TAXI (SHC 6202 J) – TRAVELLING ALONG CHANGI SOUTH ST 1 – IN THE LEFT LANE.

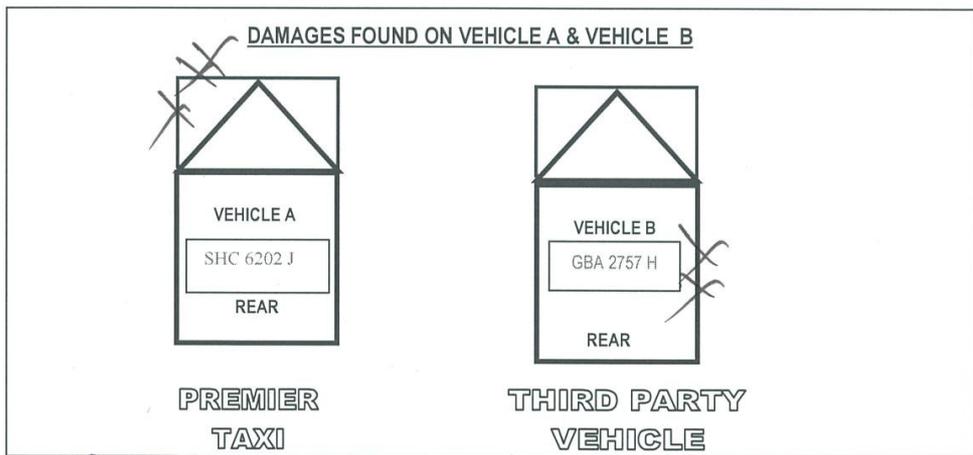
AFTER CHECKING FOR CLEARANCE FROM MY RIGHT, I PROCEED AHEAD – MAKING MY U-TURN BUT SUDDENLY VEHICLE B (GBA 2757 H – FIAT DUBLO VAN) WHICH WAS EXITING FROM UNIT #3 SANTA UNITED INTERNATIONAL – FAILED TO KEEP FOR PROPER LOOK OUT, HAD MOVED OFF AHEAD INTO THE MAIN ROAD & COLLIDED ONTO THE LEFT FRONT OF MY TAXI.

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

NO INJURY INVOLVED.

NO PASSENGERS ONBOARD BOTH VEHICLES.

*VIDEO FOOTAGE CAPTURED.



S0209731A



Driver's Signature & NRIC Number
Monday, September 09, 2019 @ 9:12:07 AM

(attended by )

Sketch Plan Pg. 4

PREMIER TAXIS	HIRER / RELIEF SUPER RELIEF
VEHICLE NO.	SH C6202J
CONTACT NO.	9171 0108
NEW MAILING ADDRESS (if any)	

REPUBLIC OF SINGAPORE DRIVING LICENCE

Portrait of Teo Siak Beng

Licence Number: **S0209731A**
 Name: **TEO SIAK BENG**
 Birth Date: **17 Jul 1954**
 Issue Date: **28 Nov 2003**

Barcode: 001024462C

REPUBLIC OF SINGAPORE
 IDENTITY CARD NO. **S0209731A**

Portrait of Teo Siak Beng

Name: **TEO SIAK BENG**
 張錫明
 Race: **CHINESE**
 Date of Birth: **17-07-1954** Sex: **M**
 Country of Birth: **SINGAPORE**

Land Transport Authority

VOCATIONAL LICENCE

Portrait of Teo Siak Beng

Licence No: **S0209731A**
 Name: **TEO SIAK BENG**
 Issue Date: **13/7/2012**
 Please visit www.lta.gov.sg to check the status of this vocational licence

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(E)

Class	Description	PASS DATE
Class 2B	Motorcycles not exceeding 200 cc	22 Oct 1975
Class 2	Motorcycles > 400 CC	22 Oct 1975
Class 2A	Motorcycles between 201 CC and 400 CC	22 Oct 1975
Class 2S	Motorcycles <= 200 CC	22 Oct 1975
Class 3	Motor cars <= 3000 kg with <= 7 passengers, exclusive of the driver; and motor tractors/vehicles <= 2500 kg	21 Nov 1972

Barcode

12922

Portrait of Teo Siak Beng

NRIC No: **S0209731A**

Blood Group: **B+** Date of Issue: **17-09-1993**

APT BLK 429A YISHUN AVENUE 11 #03-348
 SINGAPORE 761429

NRIC No: **S0209731A** Date: **25/11/2015**

S0209731A

S / No 9000297530

NP 428A

Barcode

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	07/08/2006



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

