

(Draft)

MPAS19131252 / Premier Automotive Services Pte Ltd - HQ
 ENTRY DATE & TIME: 04/10/2019 09:08
 SUBMITTED BY: [To Be Confirmed]

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 04/10/2019 09:08
 Date Of Accident 04/10/2019 08:20
 Exact Location Of Accident KAKI BUKIT ROAD 3 // KAKI BUKIT AVE 4
 Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHB8933A
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 GOH ENG CHUAH
 NRIC No S1582274J
 Date Of Birth 24/06/1963
 Occupation OUTDOOR
 Date Of Driving Pass 01/10/1980
 Driving Experience 39 YEARS AND 0 MONTHS
 Gender MALE

Mobile Number	(LOCAL) +65-97939857
Fax Number	
Contact Number	
EMail Address	NOEMAIL
Address	BLK 572 #09-38 PASIR RIS ST 53
Postcode	510572
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 - CHANGE/CROSS LANE
Weather Conditions	AFTER RAIN
Road Surface	WET

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	GBF8307H
Vehicle Make/Model/Colour	LORRY
Details Of Properties	VEH. B
Vehicle Category	GOODS VEHICLE
Name of Driver	CHAN CHING WAH
NRIC/Passport Number	S2740422G
Contact Number	
Address	

10/4/2019

E-FILE

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

1

Sketch Plan

SKETCH PLANIMPORTANT NOTICE

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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:

- (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.



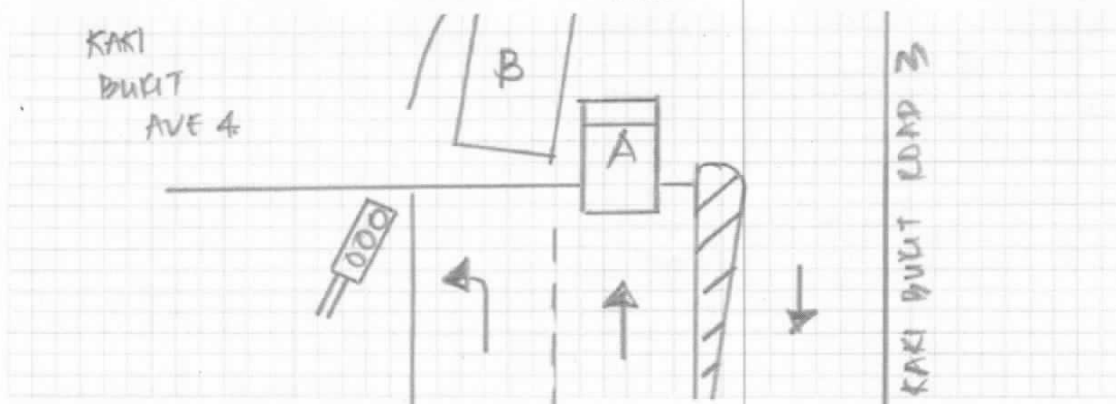
Policyholder's Signature
Date & Time:

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

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

FORM 10 (REVISED 2018)

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

A: SHIB 8933A

B: GBF 8307H.

DECLARATION

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

04 OCT 2019

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.:

Describe Circumstance of the Accident.

ON 04/10/2019 @ 0820HRS, I WAS DRIVING MY TAXI (SHB 8933 A) – TRAVELLING ALONG KAKI BUKIT ROAD 3 AT THE TRAFFIC LIGHT JUNCTION OF KAKI BUKIT AVE 4, IN THE RIGHT LANE (ARROW ON ROAD SURFACE SHOWS STRAIGHT AHEAD ONLY).

TRAFFIC LIGHT WAS GREEN ON MY ROUTE FAVOUR & I PROCEED STRAIGHT AHEAD (ACCORDING TO THE FLOW OF TRAFFIC) BUT SUDDENLY VEHICLE B (GBF 8307 H – LORRY) WHICH WAS INITIALLY IN THE LEFT LANE (ARROW ON ROAD SURFACE SHOWS LEFT TURN ONLY) – FAILED TO KEEP FOR PROPER LOOK OUT & FAILED TO OBEY ROAD SIGNAGE, HAD ENCROACHED ONTO MY PATH ON MY LEFT ABRUPTLY.

AS SUCH, THE RIGHT PORTION OF VEHICLE B COLLIDED ONTO THE LEFT FRONT OF MY TAXI – INSTEAD OF MAKING HIS LEFT TURN INTO KAKI BUKIT AVE 4.

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

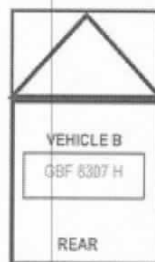
NO INJURY INVOLVED.

NO PASSENGERS ONBOARD BOTH VEHICLES.

DAMAGES FOUND ON VEHICLE A & VEHICLE B



PREMIER
TAXI



THIRD PARTY
VEHICLE

 1582274J
Driver's Signature & NRIC Number

Friday, October 04, 2019 @ 9:29:18 AM

(attended by )