

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	08/10/2019 14:25
Date Of Accident	08/10/2019 08:45
Exact Location Of Accident	WEST COAST RD BEF WEST COAST H/WAY & PENJURU RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD1214C
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	HYUNDAI
Model	I30 (FD)-1.6 DOHC (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	TOH CHIN CHYE (ZHUO JINCAI)
NRIC No	S7334633I
Date Of Birth	10/09/1973
Occupation	OUTDOOR
Date Of Driving Pass	25/01/1994
Driving Experience	25 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93822337
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 525 #05-445 WOODLANDS DRIVE 14
Postcode	730525
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	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)	2
Passenger 1	NAME: : PAX IN THE REAR SEAT - CHINESE 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

VEH. A - 1 PAX VEH. B - SOME 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	SMK6817J
Vehicle Make/Model/Colour	TOYOTA PRIUS
Details Of Properties	VEH. B
Vehicle Category	PRIVATE CAR
Name of Driver	MALE CHINESE
NRIC/Passport Number	
Contact Number	83224938
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

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.



Policyholder's Signature
Date & Time:

x

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

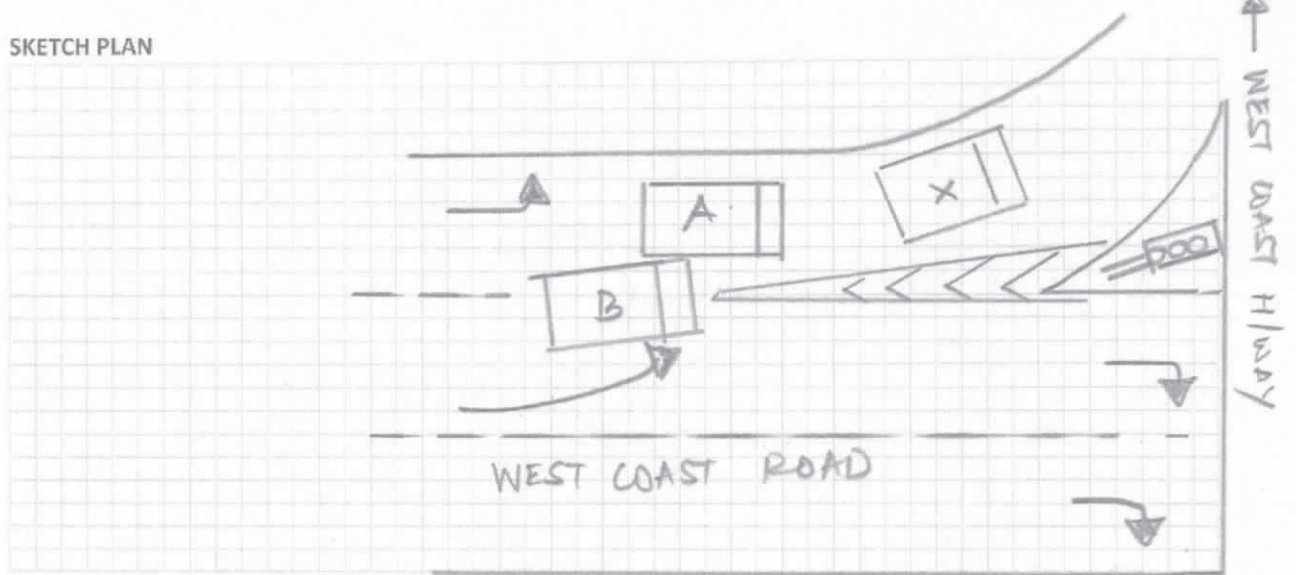
73346332
SHD 1214C

09 OCT 2019

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

Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

A: SHD 1214 C

B: SMK 6817 J

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:

x *[Signature]* 73346331

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

09 OCT 2019 *[Signature]*

Describe Circumstance of the Accident.

ON 08/10/2019 @ 0845HRS, I WAS DRIVING MY TAXI (SHD 1214 C) – TRAVELLING ALONG WEST COAST ROAD INTO THE SLIP ROAD OF WEST COAST HIGHWAY, WITH A PASSENGER ONBOARD IN THE EXTREME LEFT LANE.

I STOPPED MY TAXI AS VEHICLES AHEAD OF ME STOPPED – BEFORE TURNING LEFT INTO WEST COAST HIGHWAY.

WHILE STATIONARY, SUDDENLY I FELT AN IMPACT FROM MY RIGHT.

WHEN INSPECTED, I DISCOVERED THAT VEHICLE B (SMK 6817 J – TOYOTA PRIUS) WHICH WAS INITIALLY FROM THE MIDDLE LANE – FAILED TO KEEP FOR PROPER LOOK OUT & FAILED TO OBEY ROAD SIGNAGE, HAD ENCROACHED ONTO MY PATH ON MY RIGHT ABRUPTLY.

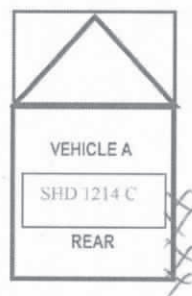
AS SUCH, THE LEFT FRONT OF VEHICLE B COLLIDED ONTO THE RIGHT REAR OF MY TAXI – BEFORE FILTERING INTO THE SLIP ROAD.

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

NO INJURY INVOLVED.
SOME PASSENGERS ONBOARD VEHICLE B.

*VIDEO FOOTAGE CAPTURED.

DAMAGES FOUND ON VEHICLE A & VEHICLE B



PREMIER
TAXI



THIRD PARTY
VEHICLE

 7334633 I

Driver's Signature & NRIC Number
Tuesday, October 08, 2019 @ 2:39:49 PM

(attended by )

Enquire Vehicle Information

Vehicle No.	
Vehicle No.:	SHD1214C
Vehicle Details	
Vehicle Type:	Public Transport Taxi (Motor Car)
Vehicle Scheme:	Taxi (Company)
Vehicle Attachment 1:	Air-Con (Taxi)
Make / Model:	HYUNDAI / I30 GDH 1.6 TCI 5DR DCT
Primary Colour:	Silver
Year of Manufacture:	2016
Maximum Laden Weight:	1940 kg
Unladen Weight:	1496 kg
No. Of Axles:	2
Engine No.:	D4FBGZ115774
Chassis No.:	TMAD281UVHJ125074
Engine Capacity:	1582 cc
Maximum Power Output:	100.0 kW (134 bhp)
IU Label No.:	1050700020
Propellant:	Diesel
Passenger Capacity:	4
Original Registration Date:	22 Mar 2017
First Registration Date:	22 Mar 2017
Open Market Value:	\$21,046.00
Additional Registration Fee Rate:	First \$20,000.00 (100%), next \$1,046.00 (140%)
Actual ARF Paid:	\$13,965.00
PARF Eligibility:	Yes
Minimum PARF Benefit:	\$8,379.00
PARF Eligibility Expiry Date:	21 Mar 2025
COE No.:	2017032201004197N
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Expiry Date:	21 Mar 2025
Lifespan Expiry Date:	21 Mar 2025
PQP Paid:	\$39,544.00
OPC Cash Rebate Eligibility:	No
QP during COE Bidding Exercise:	\$0.00
CO2 Emission:	127.00 (g/km)
CEV/VES Rebate Utilised Amount:	\$7,500.00
CO Emission:	-
HC Emission:	-
NOx Emission:	-
PM Emission:	-

Previous

OK