

## 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 30/06/2020 08:41  
Date Of Accident 29/06/2020 18:15  
Exact Location Of Accident JLN BT MERAH INTO BT MERAH CENTRAL  
Country/State Of Loss SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number SHD1123G  
**Insured/Policyholder**  
Name Of Registered Owner PREMIER TAXIS PTE LTD  
Co Reg No 2XXXXX975H  
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 5107202885-01  
Cover Note Number

### Driver

Name of Driver MAK KAI WENG  
NRIC No SXXXX167B  
Date Of Birth 07/02/1959  
Occupation OUTDOOR  
Date Of Driving Pass 04/09/1982  
Driving Experience 37 YEARS AND 9 MONTHS  
Gender MALE  
Mobile Number (LOCAL) +65-92361682  
Fax Number  
Contact Number  
Email Address NOEMAIL

ISS  
 BLK 7 #07-136  
 BOON KENG ROAD  
 330007  
 Atcode  
 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 SIDE SWIPE  
 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

VEH. A - NO PAX VEH. B - 1 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 SGC6700A  
 Vehicle Make/Model/Colour HY ELANTRA  
 Details Of Properties VEH. B  
 Vehicle Category PRIVATE CAR  
 Name of Driver MALE CHINESE  
 NRIC/Passport Number  
 Contact Number  
 Address  
 Postcode  
 Insurance Company Name  
 Nature Of Damage  
 No. Of Passenger (Including Driver) 2



**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:

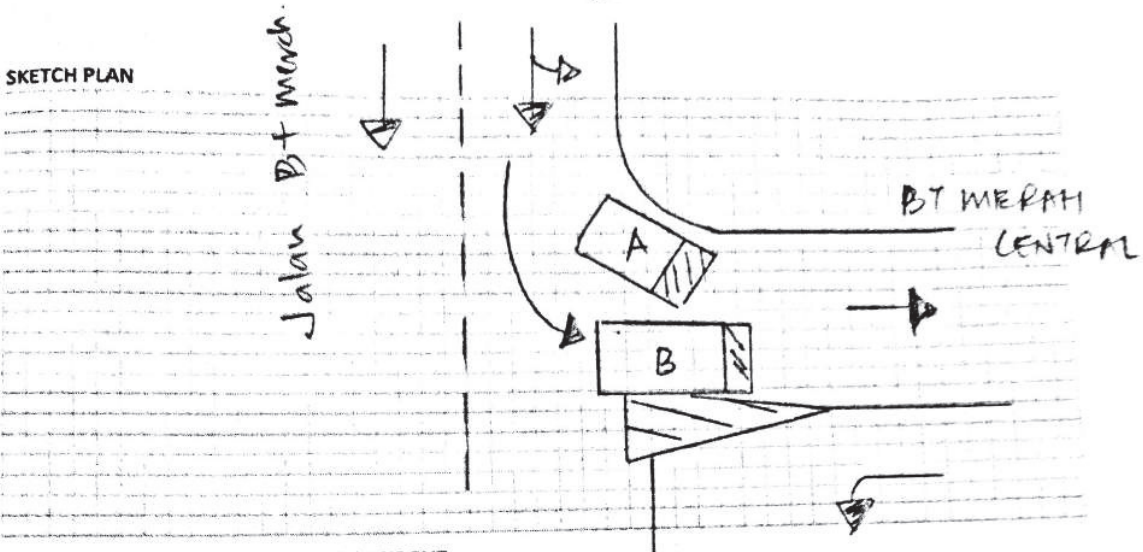
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

30 JUN 2020

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

X S1345167B  
Q SHD1123G

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

A: SHB 1123G

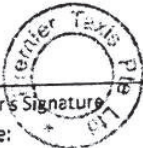
B: SGC 6700A

DECLARATION

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

30 JUN 2020

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.:

*[Signature]*



Describe Circumstance of the Accident.

ON 29/06/2020 @ 1815HRS, I WAS DRIVING MY TAXI ( SHD 1123 G ) - TRAVELLING ALONG JALAN BT MERAH INTO BT MERAH CENTRAL.

I SLOWED DOWN MY TAXI - TURNING INTO BT MERAH CENTRAL (AS A PASSENGER WAS FLAGGING FOR MY TAXI & INSTRUCTED HER TO WAIT FURTHER AHEAD) BUT SUDDENLY VEHICLE B ( SGC 6700 A - HY ELANTRA ) WHICH WAS INITIALLY BEHIND ME - ENCROACHED ONTO MY PATH ON MY FRONT RIGHT ABRUPTLY.

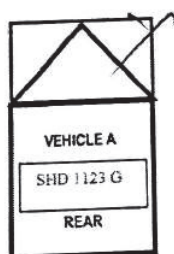
AS SUCH, THE LEFT PORTION OF VEHICLE B COLLIDED ONTO THE FRONT RIGHT PORTION OF MY TAXI.

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

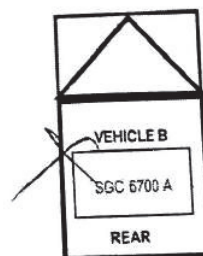
NO INJURY INVOLVED.

NO PASSENGERS ONBOARD MY TAXI & VEHICLE B HAD 1 PASSENGER ONBOARD.

DAMAGES FOUND ON VEHICLE A & VEHICLE B



PREMIER  
TAXI



THIRD PARTY  
VEHICLE

 S1345167/B

Driver's Signature & NRIC Number  
Tuesday, June 30, 2020 @ 9:04:26 AM

(attended by )