

## 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	12/08/2020 09:06
Date Of Accident	12/08/2020 07:30
Exact Location Of Accident	OPEN CARPARK DRIVEWAY @ JURONG EAST ST 21(BLK 221)
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD1542E
<b>Insured/Policyholder</b>	
Name Of Registered Owner	PREMIER TAXIS PTE LTD
Co Reg No	2XXXXX975H
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-62148880
<b>Vehicle Particulars</b>	
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
<b>Insurance Company</b>	
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	
<b>Driver</b>	
Name of Driver	SEAH CHOO LING
NRIC No	SXXXX315A
Date Of Birth	11/09/1955
Occupation	OUTDOOR
Date Of Driving Pass	27/02/2002
Driving Experience	18 YEARS AND 5 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-94891485
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 421 #02-253 PASIR RIS DRIVE 6
Postcode	1851
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 - HEAD ON COLLISION
Weather Conditions	DRIZZLING
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	SKE3486E
Vehicle Make/Model/Colour	TOYOTA WISH
Details Of Properties	VEH. B
Vehicle Category	PRIVATE CAR
Name of Driver	MURUGA DAS S/O RAMALINGUM
NRIC/Passport Number	SXXXX742A
Contact Number	93267090
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	DAMAGED ON THE FRONT PORTION
No. Of Passenger (Including Driver)	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.



Policyholder's Signature  
Date & Time:

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

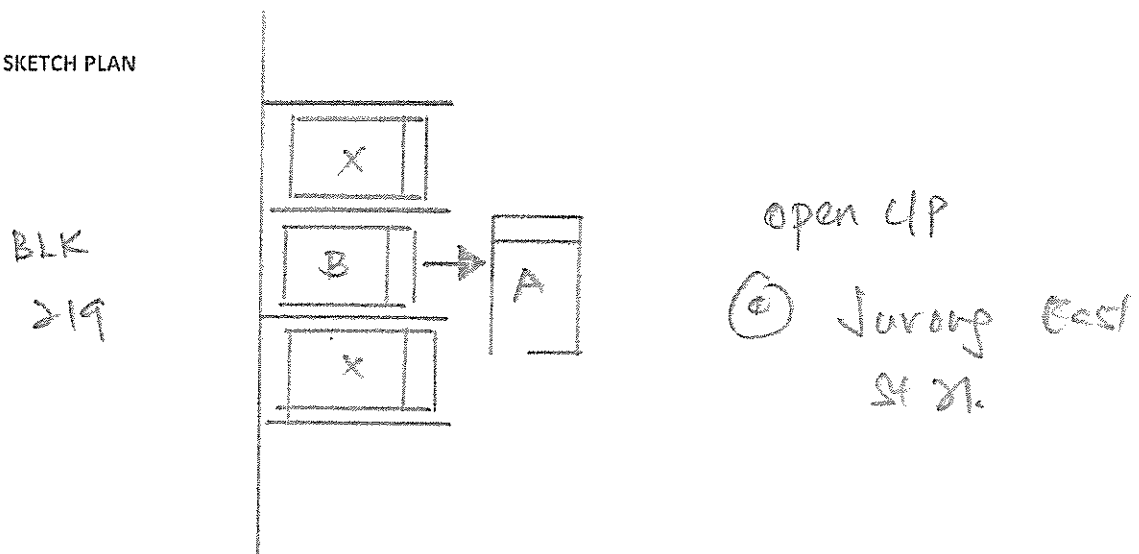
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

X S1148315/A  
X SHD 1542 E

12 AUG 2020

**Sketch Plan Pg. 2**

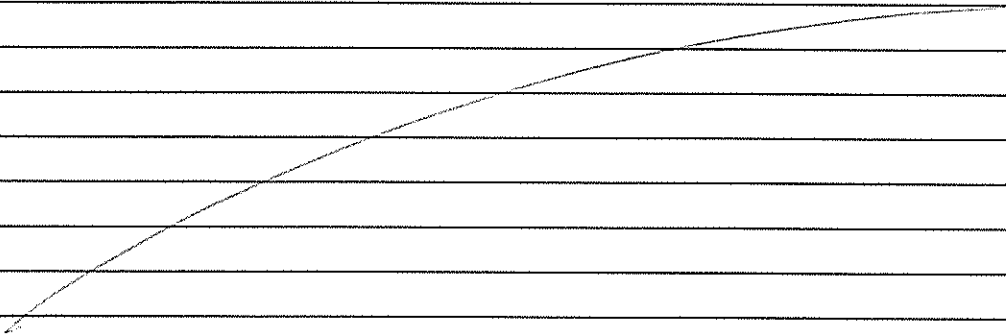
### SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

A: SID 1542E

B: SKE 3486E



12 AUG 2000

## DECLARATION

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

~~12 AUG 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.:

Describe Circumstance of the Accident.

ON 12/08/2020 @ 0730 HRS, I WAS DRIVING MY TAXI (SHD 1542 E) TRAVELLING ALONG THE OPEN CARPARK DRIVEWAY @ JURONG EAST ST 21 (NEARBY BLK 221).

WHILE I WAS HEADING TOWARDS THE EXIT GANTRY, SUDDENLY I FELT AN IMPACT FROM MY LEFT.

WHEN INSPECTED, I DISCOVERED THAT VEHICLE B ( SKE 3486 E – TOYOTA WISH/WHITE ) WHICH WAS MOVING OFF FROM THE VERTICAL CARPARK LOT (ON MY LEFT) – FAILED TO KEEP FOR PROPER LOOK OUT, HAD COLLIDED ONTO THE LEFT PORTION OF MY TAXI.

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

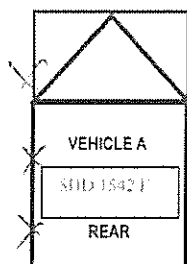
NO INJURY INVOLVED.

NO AMBULANCE AT SCENE.

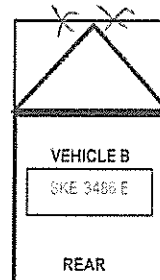
NO PASSENGERS ON BOARD BOTH VEHICLES.

\*VIDEO FOOTAGE CAPTURED.

DAMAGES FOUND ON VEHICLE A & VEHICLE B



PREMIER  
TAXI



THIRD PARTY  
VEHICLE



Driver's Signature & NRIC Number  
Wednesday, August 12, 2020 @ 9:11:25 AM

(attended by

)

**Enquire Vehicle Registration Details****Owner Particulars**

NRIC/Passport/Company Cert No.: 200304975H  
Owner ID Type: Company  
Owner Name: PREMIER TAXIS PTE. LTD.  
Registered Address: 23 CHANGI SOUTH AVENUE 2 #04-03 SINGAPORE 486443  
Mailing Address: -  
Birth Date: -

**Vehicle Particulars**

Vehicle No.: SHD1542E  
Previous Vehicle No.: -  
Effective Date of Ownership: 08 Nov 2017  
Original Regn Date: 08 Nov 2017  
Registration Date: 08 Nov 2017  
Year of Manufacture: 2017  
Vehicle Type: Public Transport Taxi (Motor Car)  
Vehicle Scheme: Taxi (Company)  
Vehicle Attachment 1: Air-Con (Taxi)  
Vehicle Attachment 2: -  
Vehicle Attachment 3: -  
Vehicle Make: HYUNDAI  
Vehicle Model: I30 GDH 1.6 TCI 5DR DCT  
Primary Colour: Silver  
Secondary Colour: -  
Passenger Capacity: 4  
Chassis No.: TMAD281UVHJ142103  
Engine No.: D4FBHZ173614  
Engine Capacity/Power Rating: 1582 cc / -  
Maximum Power Output: 100.0 kW (134 bhp)  
Propellant: Diesel  
Max Unladen Weight: 1496 kg  
Maximum Laden Weight: 1940 kg  
Open Market Value: \$20,236.00



RECORDS MANAGEMENT CENTRE

**GENERAL INSURANCE ASSOCIATION OF SINGAPORE  
RECORDS MANAGEMENT CENTRE**6 Raffles Quay #18-00, Singapore 048580  
Phone: +65 6224 0010 Fax: +65 6224 0030  
Operating Hours: Monday to Friday 9am to 5pm  
GST Registration No: M400017735**TAX INVOICE**

Our Ref No: GR-20-093418

Date of Request: 12/08/2020

Your Ref No:

Online Purchase

Premier Automotive Services Pte Ltd  
23 Changi South Ave 2  
#01-02  
Singapore 486443

Dear Sir/Madam,

Enquiry Date 12/08/2020  
Enquiry By LIEW HAI LEONG  
TP Vehicle No. SKE3486E  
Accident Date 12/08/2020

DESCRIPTION	AMOUNT (S\$)
TP Insurer Enquiry	1.87
GST Amount	0.13
Total Amount Due (GST Inclusive)	2.00

Thank You.

This is a computer generated document and requires no signature.

For GIARMC Official use:

Date:

☒ [X] GIRO ☐ [ ] Cash ☐ [ ] Cheque

**GENERAL INSURANCE ASSOCIATION OF SINGAPORE  
RECORDS MANAGEMENT CENTRE**

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GST Registration No: M400017735

RECORDS MANAGEMENT CENTRE

**Third Party Insurer Enquiry**

Our Ref No: GR-20-093418

Date of Request: 12/08/2020

Your Ref No:

Online Purchase

Premier Automotive Services Pte Ltd  
23 Changi South Ave 2  
#01-02  
Singapore 486443

Dear Sir/Madam,

Enquiry Date 12/08/2020  
Enquiry By LIEW HAI LEONG  
TP Vehicle No. SKE3486E  
Accident Date 12/08/2020

**Enquiry Result**

TP Vehicle No.	Insurer	Period of Insurance	Insurer Tel. No.
SKE3486E	China Taiping Insurance (Singapore) Pte. Ltd.	05/03/2020-04/09/2020	6389 6111

Thank You.

The images provided to you are taken from the original reports forwarded to the centre by the members of the General Insurance Association of Singapore and we take no responsibility for their accuracy or contents and shall be under no liability whatsoever for any loss or damage arising out of or in connection with the reports or their images.

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