

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 Submission 28/12/2020 11:52 (SGT)
Date of Accident 25/12/2020 17:45 (SGT)
Exact Location of Accident Upper Serangoon Rd, Singapore
Additional Location Information UPPER SERANGOON ROAD BEF HOUGANG ST 31
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHC6955U

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner PREMIER TAXIS PTE LTD
Company Reg No 5XXXXXXX5-01
Email Address CLAIMS@PREMIERTAXI.COM
Mobile Phone No (Phone) +65-91550072
Alternative Phone No (Office) +65-62148880

VEHICLE PARTICULARS

Manufacturer Kia
Model Optima
Variant -
Exact purpose for which vehicle was being used at time of accident Employment
Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party
Vehicle Category Taxi

INSURANCE COMPANY

Name of Insurance Company NTUC
Type of Coverage ThirdParty
Fleet Policy Yes
Policy Number 5107202885-01
Cover Note Number -

DRIVER

Name of Driver LIM SIEW ANN
NRIC No SXXXX586J
Date Of Birth 02/10/1952
Occupation Outdoor

Date Of Driving Pass	12/06/1979
Driving experience	41 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90508700
Alt. Phone Number	-
Email Address	CLAIMS@PREMIERTAXI.COM
Address	BLK 215A #04-506
Address complement	COMPASSVALE DRIVE
Postcode	541215
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

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 the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO ATTACH SKETCH PLAN & STATEMENT

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	SJX7963E
Vehicle Manufacturer	Hyundai
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	HSU ZHIQIANG SAMEON
Contact Number	(Phone) +65-97990711
Address	-
Address complement	-

Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	2

SKETCH PLAN**IMPORTANT NOTICE**

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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.



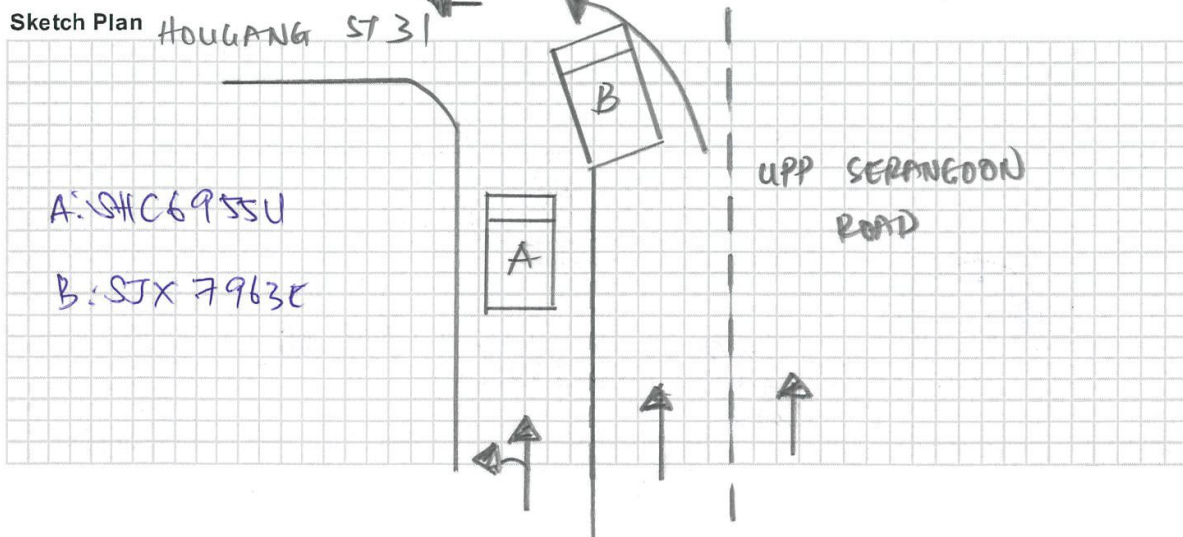
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28 DEC 2020

Policyholder's Signature / Date & Time

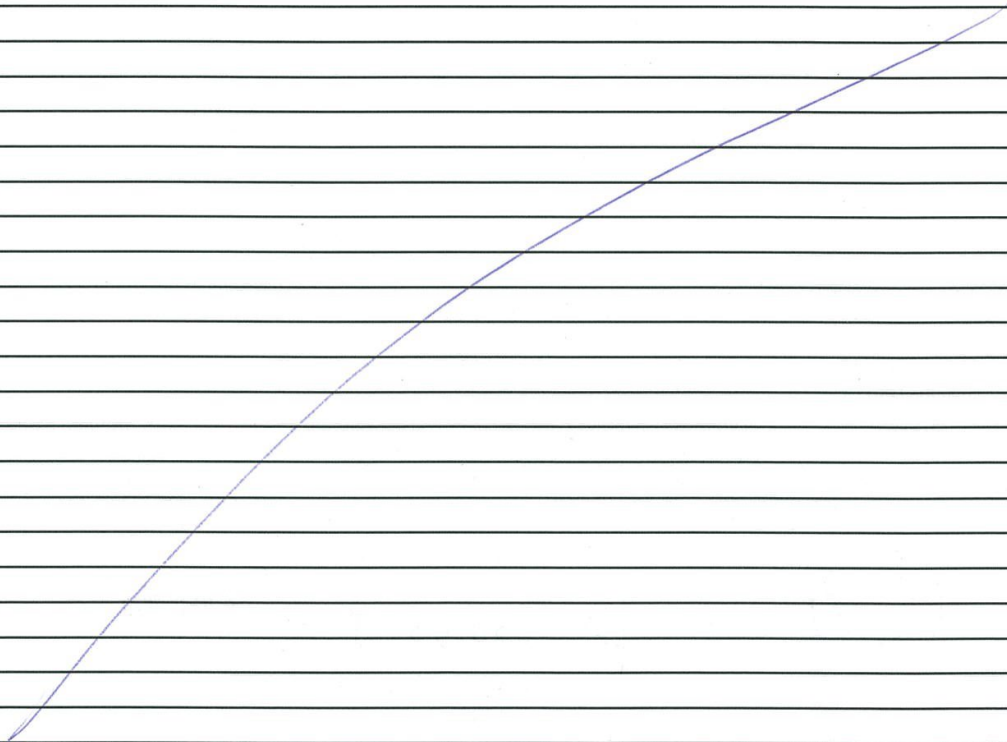
Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel



Describe Circumstances of the Accident

refer to attach



Declaration

We declare the foregoing particulars are true in every respect.

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0241586T

28 DEC 2020



Policyholder's Signature / Date &
Time

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

Witnessed by Reporting Centre
Personnel

Describe Circumstance of the Accident.

ON 25/12/2020 @ 17:45HRS, I WAS DRIVING MY TAXI (**SHC 6955 U**) TRAVELLING ALONG UPPER SERANGOON ROAD BEFORE HOUGANG ST 31 – ON THE LEFT LANE.

WHILE I WAS MOVING STRAIGHT AHEAD – SUDDENLY VEHICLE B (**SJX 7963 E – HYUNDAI**) WHICH WAS INITIALLY IN THE MIDDLE LANE, FAILED TO KEEP FOR PROPER LOOK OUT & FAILED TO OBEY ROAD SIGNAGE – HAD CUTS & ENCROACHED ONTO MY PATH ON MY RIGHT ABRUPTLY BEFORE MAKING HIS ILLEGAL LEFT TURN INTO HOUGANG ST 31.

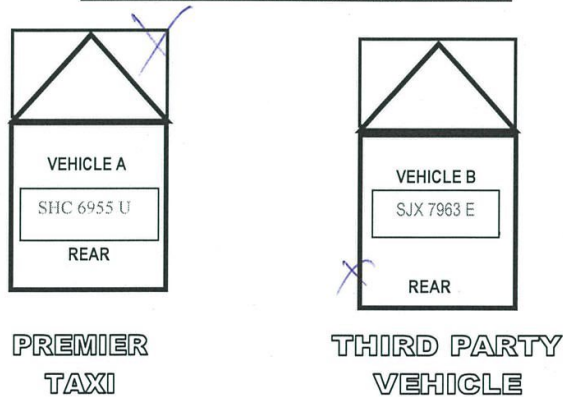
AS SUCH, THE LEFT PORTION OF VEHICLE B COLLIDED ONTO THE RIGHT FRONT OF MY TAXI.

WHEN INSPECTED, MY TAXI HAD DAMAGES ON THE RIGHT FRONT PORTION & VEHICLE B HAD DAMAGES ON THE LEFT REAR PORTION.

NO INJURY INVOLVED.
NO AMBULANCE AT SCENE.
NO PASSENGERS ONBOARD MY TAXI.
VEHICLE B HAD A PASSENGER ONBOARD.

*VIDEO FOOTAGE CAPTURED.

DAMAGES FOUND ON VEHICLE A & VEHICLE B



Driver's Signature & NRIC Number
Monday, December 28, 2020 @ 11:39:42 AM

(attended by )







