

## 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	04/01/2021 10:51 (SGT)
Date of Accident	31/12/2020 15:55 (SGT)
Exact Location of Accident	Woodlands Drive 72, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC6229H
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#### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	PREMIER TAXIS PTE LTD
Company Reg No	2XXXXX975H
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	TEO CHEE SHING
NRIC No	SXXXX535C
Date Of Birth	06/02/1960
Occupation	Outdoor

Date Of Driving Pass	21/11/1980
Driving experience	40 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-98383438
Alt. Phone Number	-
Email Address	CLAIMS@PREMIERTAXI.COM
Address	BLK 858 #04-543
Address complement	TAMPINES AVE 5
Postcode	520858
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	Side Swipe
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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	PAX IN THE REAR LEFT SEAT - INDIAN
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Woodlands Division Headquarters
Police Station Phone No	(Phone) +65-18004660000
Police Station Address	1 Woodlands St 12 Singapore 738622
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO ATTACH POLICE REPORT

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	SLL783T
Vehicle Manufacturer	Honda
Vehicle Model	Veziel
Vehicle Variant	-
Vehicle Colour	-

Vehicle Category	Private car
Name of Driver	YEO CHEE MENG
Contact Number	(Phone) +65-91193430
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

**SKETCH PLAN**

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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.
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.



*Handwritten signature: 45853512*

04 JAN 2021

*Handwritten signature*

Policyholder's Signature / Date & Time

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

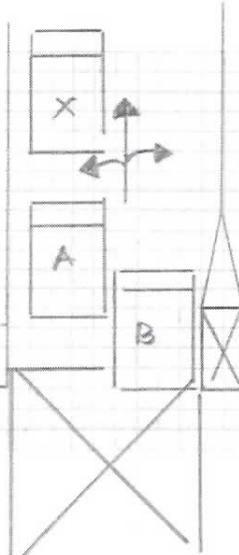
Witnessed by Reporting Centre Personnel

**Sketch Plan**

A: SHC 6229H

B: SU 7837

WOODSVALE CONDOMINIUM



WOODSVALE DR. 72

**Describe Circumstances of the Accident**

defer to attach police report

**Declaration**

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

*[Signature]*  
04 JAN 2021

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

*[Signature]*

Witnessed by Reporting Centre Personnel



**SINGAPORE  
POLICE FORCE**



L/20210101/7016

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**POLICE REPORT (NP299)**

Report No. L/20210101/7016

Police Station Of Origin  
Woodlands Division HQ  
1 Woodlands Street 12 SINGAPORE 738622  
Tel No: 1800-4660000

Date/Time Report Made 01/01/2021 17:12	Vide Report No.	Station Diary No.
Name Of Informant TEO CHEE SHING	Address 858 TAMPINES AVENUE 5 #04-543 SINGAPORE 520858	
ID Type / ID No. NRIC NO / S1456535C	Contact No. Home/Office:	Mobile: 98383438
Nationality SINGAPORE CITIZEN	Email Address REGISZHANG@GMAIL.COM	
Occupation Taxi driver	Sex Male	Age 60
Institution/School Name	Date of Birth 06/02/1960	Race Chinese
Date/Time Of Incident 31/12/2020 15:55 - 31/12/2020 16:00	Location Of Incident 11 WOODLANDS DRIVE 72 WOODSVALE SINGAPORE 738094	

**Brief details.**

On the above mentioned date, time and place, I was stationary at a single lane traffic light; waiting for the green light and my right of way. A champagne colored Honda Vezel car brushed against my rear right bumper. I wished to add that there was a passenger in my taxi and he did not inform of any injuries sustained. There was also no injuries reported by the driver of Honda Vezel. I am not injured. No government property is damaged in this incident.

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 01/01/2021 17:12
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp



SINGAPORE  
POLICE FORCE



L/20210101/7016

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. L/20210101/7016

The details of the involved vehicles are as follows:

Taxi: SHC 6229H  
~~Prima Silver Cab~~  
*Premier*  
and

Driver name: Yeo Chee Meng  
Contact number: 91193430  
Vehicle Number: SJJ 783T  
Model: Honda Vezel

Details of the weather as follows:

Traffic: Light  
Weather: Clear

*Premier*  
I was advised by Grab and ~~Prima~~ *Premier* SOS office to lodge a police report. The other mentioned driver informed that he will be proceeding with insurance claim. The cost of damage sustained to my taxi is pending assessment by ~~Prima~~ *Premier* Office.

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 01/01/2021 17:12
Officer In-Charge Of Case:	Classification Of Case:
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