

# 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 .....	05/04/2021 15:03 (SGT)
Date of Accident .....	03/04/2021 13:30 (SGT)
Exact Location of Accident .....	Bukit Timah Rd, Singapore
Additional Location Information .....	BT TIMAH ROAD - FARRER ROAD
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SHD1723A
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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 .....	Hyundai
Model .....	Ioniq
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
Transmission .....	Auto
CC .....	1600

### INSURANCE COMPANY

Name of Insurance Company .....	NTUC Income Insurance Co-operative Ltd
Type of Coverage .....	ThirdParty
Fleet Policy .....	Yes
Policy Number .....	5107202885-02
Cover Note Number .....	-

### DRIVER

Name of Driver .....	YAP THIAM TENG STEPHEN
NRIC No .....	SXXXX515J

Date Of Birth .....	02/04/1962
Occupation .....	Outdoor
Date Of Driving Pass .....	04/09/1980
Driving experience .....	40 YEARS AND 7 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-92392526
Alt. Phone Number .....	-
Email Address .....	CLAIMS@PREMIERTAXI.COM
Address .....	BLK 220 #05-180
Address complement .....	PASIR RIS ST 21
Postcode .....	510220
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 - Head to Rear
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? .....	Yes
Was any injured conveyed to hospital by ambulance? .....	No
Was any other material or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	5
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### PASSENGER 1

Name .....	PAX IN THE FRONT SEAT - INDIAN
Gender .....	Male

#### PASSENGER 2

Name .....	PAX IN THE REAR SEAT - INDIAN
Gender .....	Male

#### PASSENGER 3

Name .....	PAX IN THE REAR SEAT - INDIAN
Gender .....	Male

#### PASSENGER 4

Name .....	PAX IN THE REAR SEAT - INDIAN
Gender .....	Female

#### 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

VEH. A - 4 PAX  
VEH. B - 1 PAX

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 ..... SJZ6233A  
 Vehicle Manufacturer ..... BMW  
 Vehicle Model ..... -  
 Vehicle Variant ..... -  
 Vehicle Colour ..... -  
 Vehicle Category ..... Private car  
 Name of Driver ..... MS ZHANG  
 NRIC No ..... GXXXX321Q  
 Contact Number ..... (Phone) +65-84556652  
 Address ..... -  
 Address complement ..... -  
 Postcode ..... -  
 Insurance Company Name ..... -  
 Nature Of Damage ..... -  
 Details of property damaged in accident ..... -  
 No. Of Passenger (Including Driver) ..... 2

#### INJURED PERSONS DETAILS

##### INJURED 1

Name of injured person ..... YAP THIAM TENG STEPHEN - DRIVER OF VEH. A  
 Address ..... -  
 Address Complement ..... -  
 Post Code ..... -  
 Approximate Age Years Old ..... -  
 Injuries Sustained ..... FELT SOME DISCOMFORT, WENT CLINIC & HAD 2 DAYS MC  
 Injured person in which vehicle? ..... SHD1723A  
 Were seat belts worn? ..... Yes  
 Was this injured conveyed to hospital by ambulance? ..... No

**SKETCH PLAN****IMPORTANT NOTICE**

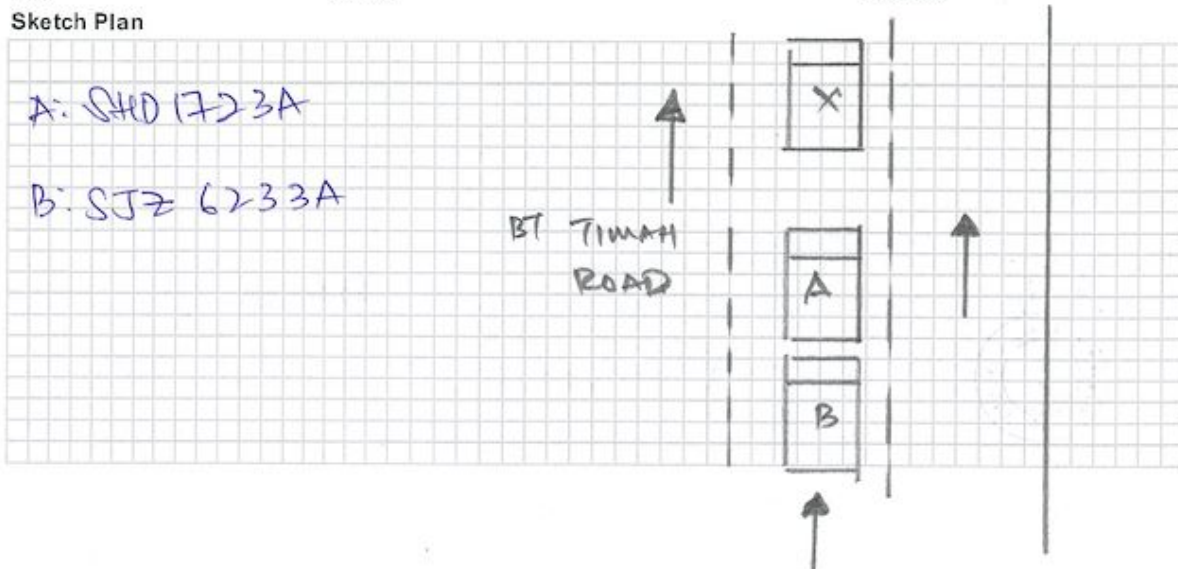
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7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**  
I understand, 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.



Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

**Sketch Plan**


Describe Circumstances of the Accident

Refer to sketch.

Declaration

We declare the foregoing particulars are true in every respect.

  
Policyholder's Signature / Date & Time

+  51541515J  
Driver's Signature (If driver is not the policyholder) / Date & Time

05 APR 2021   
Witnessed by Reporting Centre Personnel



## Describe Circumstance of the Accident.

ON 03/04/2021 @ 13:30HRS, I WAS DRIVING MY TAXI ( SHD 1723 A ) TRAVELLING ALONG BT TIMAH ROAD – FARRER ROAD WITH 4 PASSENGERS ONBOARD, ON LANE 2.

I SLOWED DOWN MY TAXI TO A COMPLETE STOP AS VEHICLES AHEAD OF ME STOPPED.

WHILE STATIONARY, SUDDENLY I FELT AN IMPACT FROM THE REAR.

WHEN INSPECTED, I DISCOVERED THAT VEHICLE B ( SJZ 6233 A – BMW ) WHICH WAS BEHIND ME, HAD COLLIDED ONTO THE REAR OF MY TAXI.

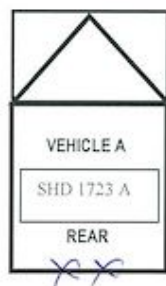
DUE TO THE IMPACT, MY TAXI HAD DAMAGES ON THE REAR PORTION & VEHICLE B HAD DAMAGES ON THE FRONT PORTION.

AS A RESULT, I FELT SOME DISCOMFORT, WENT TO CLINIC FOR MEDICAL TREATMENT & HAD 2 DAYS OF MEDICAL LEAVE. NO AMBULANCE AT SCENE.

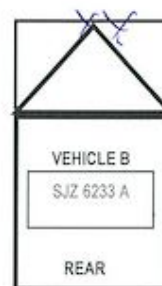
VEHICLE B HAD A PASSENGER ONBOARD.

\*VIDEO FOOTAGE CAPTURED.

## DAMAGES FOUND ON VEHICLE A &amp; VEHICLE B



PREMIER  
TAXI



THIRD PARTY  
VEHICLE

*Yap Thiam Teng Stephen*  
S1541515 J

Driver's Signature & NRIC Number  
Monday, April 05, 2021 @ 12:10:52 PM

( attended by *[Signature]* )



















