

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	22/03/2021 14:54 (SGT)
Date of Accident	19/03/2021 22:03 (SGT)
Exact Location of Accident	Geylang Road, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC6155L
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	PREMIER TAXIS PTE LTD
Company Reg No	200304975H
Email Address	claims@premiertaxi.com
Mobile Phone No	(Phone) +65-62148880
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	-
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	5107202885-01
Cover Note Number	-

DRIVER

Name of Driver	ALLAN GOH TOK WAH
NRIC No	S1237018J

Date Of Birth	01/11/1957
Occupation	Outdoor
Date Of Driving Pass	06/09/1977
Driving experience	43 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90055534
Alt. Phone Number	-
Email Address	claims@premiertaxi.com
Address	BLK 64 MARINE DRIVE, #12-150
Address complement	-
Postcode	440064
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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	FEMALE CHINESE
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 the attached statement

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	EE555E
Vehicle Manufacturer	Lexus
Vehicle Model	Es250
Vehicle Variant	-
Vehicle Colour	White
Vehicle Category	Private car

Name of Driver	MALE CHINESE
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	REAR RIGHT PORTION
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

WITNESS DETAILS

WITNESS 1

Name	FEMALE CHINESE
Phone	-
Email	-

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:

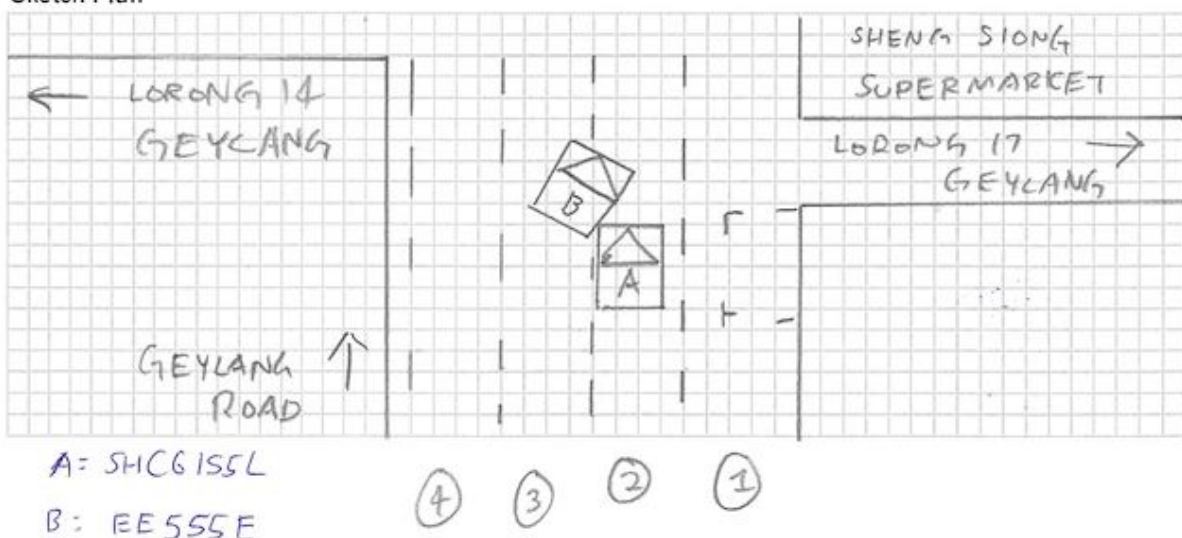
- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (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.



Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

Refer to the attached
statement

We declare the foregoing particulars are true in every respect.

512370185 X

on 22/03/2021
X

Describe Circumstance of the Accident.

ON 19/03/2021 @ 22:03 HRS, I WAS DRIVING MY TAXI (SHC 6155 L – KIA OPTIMA/SILVERCAB) TRAVELLING ALONG GEYLANG ROAD, IN LANE 2, WITH ONE FEMALE PASSENGER ONBOARD.

I WAS MOVING STRAIGHT AHEAD WITHIN MY OWN LANE, INTENDING TO PROCEED FURTHER DOWN ALONG GEYLANG ROAD. WHILE MOVING AHEAD, I SUDDENLY, FELT AN IMPACT FROM THE LEFT. VEHICLE B (EE 555 E – LEXUS/WHITE) WHICH WAS INITIALLY, TRAVELLING IN LANE 3, HAD FILTERED RIGHT ABRUPTLY, WITHOUT RIGHT INDICATOR INTO MY LANE, HITTING ONTO MY TAXI'S FRONT LEFT PORTION.

DUE TO THE IMPACT, MY TAXI SUSTAINED DAMAGES ON THE FRONT LEFT PORTION WHILE VEHICLE B SUSTAINED DAMAGES ON THE REAR RIGHT PORTION.

NO INJURY INVOLVED.

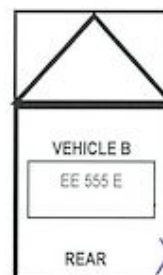
NO PASSENGERS ONBOARD VEHICLE B.

NO AMBULANCE AT SCENE.

DAMAGES FOUND ON VEHICLE A & VEHICLE B



PREMIER
TAXI



THIRD PARTY
VEHICLE



512370183



Driver's Signature & NRIC Number
Monday, March 22, 2021 @ 11:12:01 AM

(attended by)











