

# 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	20/04/2021 10:28 (SGT)
Date of Accident	16/04/2021 18:50 (SGT)
Exact Location of Accident	Bukit Batok East Ave 3, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC6975L
-----------------------------	----------

### 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
Transmission	Auto
CC	1700

### 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	SIM SONG KHAI
NRIC No	SXXXX611D

Contact Number	(Phone) +65-97121807
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	VEHICLE B
No. Of Passenger (Including Driver)	2

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	GBC3632S
Vehicle Manufacturer	Toyota
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	MALE CHINESE
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	VEHICLE C
No. Of Passenger (Including Driver)	-

#### DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	GBB8208G
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	MALE MALAY
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	VEHICLE D
No. Of Passenger (Including Driver)	-

#### INJURED PERSONS DETAILS

##### INJURED 1

Name of injured person	MR FUN - DRIVER OF VEH. B
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SHOULDER NUMB & WILL SEEK FOR MEDICAL TREATMENT
Injured person in which vehicle?	SMY5607G
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

##### INJURED 2

Name of injured person	PAX IN VEH. B - FEMALE CHINESE
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-

**SKETCH PLAN**

**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 willful 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. The 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.
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.



x *[Signature]* 501696110 20 APR 2021 *[Signature]*

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

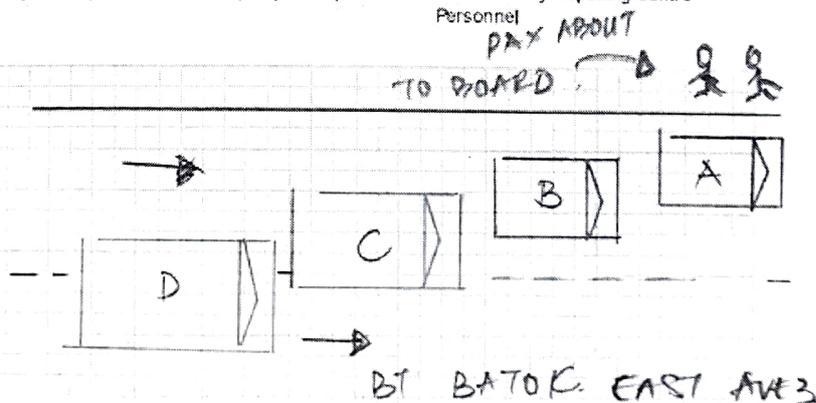
**Sketch Plan**

A: JHC 6975L

B: JMY 5607G

C: GBC 3632S

D: GBB 8208G



Describe Circumstance of the Accident.

**\* CHAIN COLLISION \***

ON 16/04/2021 @ 18:50HRS, I WAS IN MY TAXI ( SHC 6975 L ) STATIONARY ALONG BUKIT BATOK EAST AVE 3, ON THE LEFT LANE WITH HAZARD LIGHTS – TO BOARD 2 PASSENGERS.

WHILE STATIONARY – I NOTICED VEHICLE B ( SMY 5607 G – M/BENZ ) WHICH WAS BEHIND ME, STOPPED AS WELL, BUT SUDDENLY I FELT AN IMPACT FROM THE REAR.

WHEN INSPECTED, VEHICLE D ( GBB 8208 G – LORRY ) – HAD COLLIDED ONTO THE REAR OF VEHICLE C ( GBC 3632 S – TOYOTA LORRY ) & VEHICLE C HAD COLLIDED ONTO THE REAR OF VEHICLE B.

THE IMPACT FORCED VEHICLE B TO SURGE FORWARD & COLLIDED ONTO THE REAR OF MY TAXI.

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

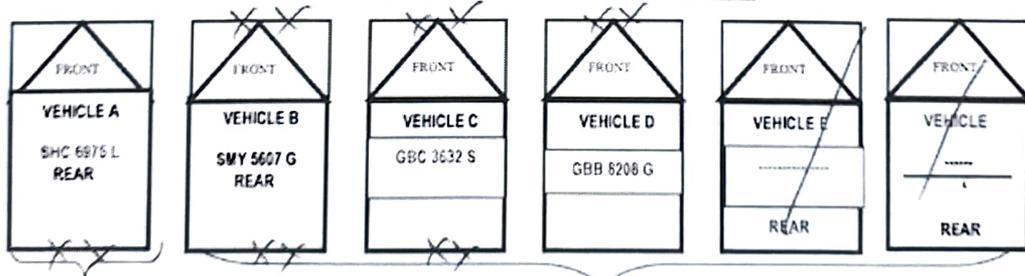
BOTH DRIVER & PASSENGER FROM VEHICLE B – HAD SOME PAIN ON THEIR SHOULDER, ATTENDED BY PARAMEDICS @ SCENE BUT NO ONE WAS CONVEYED TO HOSPITAL.

VEHICLE B HAD A PASSENGER ONBOARD. BOTH VEHICLE C & VEHICLE D HAD PASSENGERS ONBOARD.

\*SCENE PHOTOS TAKEN

**CHAIN COLLISION / MULTIPLE VEHICLES**

DAMAGES FOUND ON VEHICLE A, B, C, D, E & F



PREMIER TAXI

THIRD PARTY VEHICLES

50169611D

Driver's Signature & NRIC Number  
 Tuesday, April 20, 2021 @ 9:42:16 AM