

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	12/07/2021 09:13 (SGT)
Date of Accident	11/07/2021 15:30 (SGT)
Exact Location of Accident	Lengkong Tiga, Singapore
Additional Location Information	OPEN CARPARK @ LENGKOK TIGA (BLK 102)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD1623E
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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	LIM SZE GUAN (LIN SIYUAN)
NRIC No	SXXXX359C

Date Of Birth	09/04/1973
Occupation	Outdoor
Date Of Driving Pass	25/04/1991
Driving experience	30 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91559060
Alt. Phone Number	-
Email Address	CLAIMS@PREMIERTAXI.COM
Address	BLK 271A #13-513
Address complement	PUNGGOL WALK
Postcode	821271
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	Hit and run / Vandalism / Damaged whilst parked
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 vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	0
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

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	SMU630S
Vehicle Manufacturer	Kia
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	MRS JACQUELINE MARY CHAIN
NRIC No	SXXXX343F
Contact Number	(Phone) +65-97451310
Address	-

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

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SKETCH PLAN

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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.



[Signature]

S7312359C

12 JUL 2021

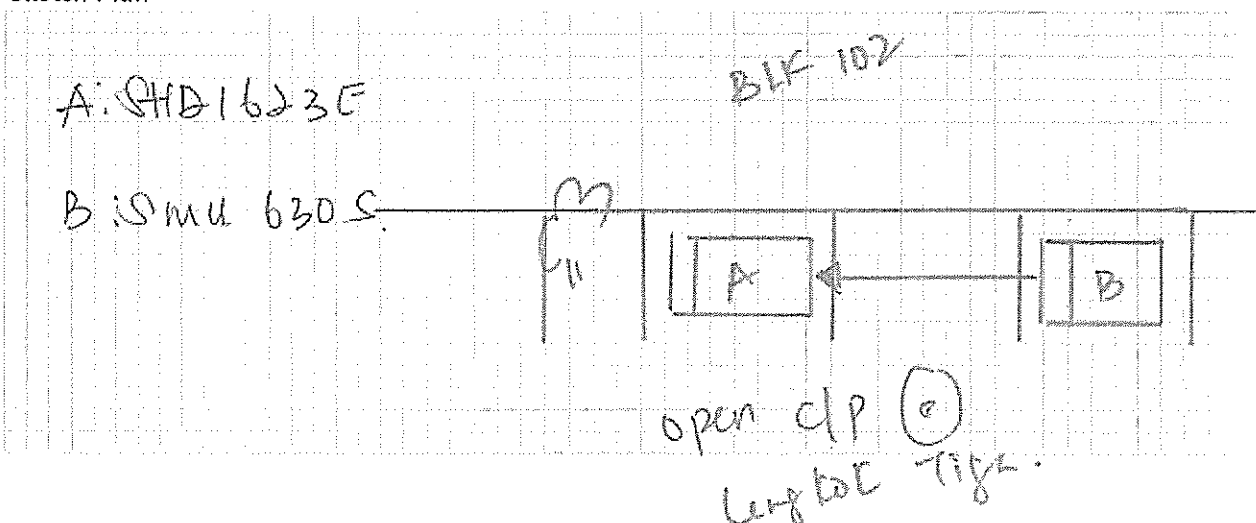
[Signature]

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident


Defn for effect.

Declaration

I/We declare the foregoing particulars are true in every respect.




Policyholder's Signature / Date &
Time

x 

S7312359C

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

12 JUL 2021



Witnessed by Reporting Centre
Personnel

Describe Circumstances of the Accident.

ON 10/07/2021 @ 20:55 HRS, I PARKED MY TAXI (SHD1623E) INTO A VACANT PARALLEL PARKING LOT @ LENGKOK TIGA (NEXT TO BLK 102). AFTER I HAD LOCKED & SECURED MY TAXI, I THEN HEAD HOME.

THIS MORNING - 12/07/2021 @ 0555HRS, WHEN I RETRIEVED MY TAXI, I DISCOVERED THAT MY TAXI HAD MOVED SLIGHTLY AHEAD & BEYOND THE PARKING LOT. I ALSO DISCOVERED THAT THE REAR PORTION OF MY TAXI DAMAGED. AS I SUSPECTED, IT WAS A HIT & RUN, I THEN CALLED FOR THE POLICE. SHORTLY AROUND 7AM, THE POLICE CAME. WHILE I WAS EXPLAINING THE SITUATION TO THE POLICE OFFICER, A LADY APPROACHED ME, CLAIMED THAT SHE WAS DRIVER OF SMU 630 S - KIA, WHOM HAD COLLIDED ONTO THE REAR OF MY TAXI.

THE POLICE OFFICER THEN ADVISED US TO PROCEED TO REPORT THE INSURANCE FOR THE NECESSARY CLAIMS.

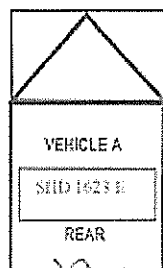
BASED ON THE VIDEO FOOTAGE VIEWED, THE INCIDENT OCCURRED ON 11/07/2021 @ 1530HRS.

THE FRONT PORTION OF VEHICLE B (SMU 630 S - KIA) HAD COLLIDED ONTO THE REAR OF MY TAXI - CAUSING MY TAXI TO SURGE FORWARD.

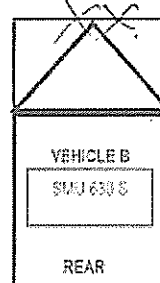
DUE TO THE IMPACT, MY TAXI HAD DAMAGES ON THE REAR PORTION & VEHICLE B HAD DAMAGES ON THE FRONT PORTION.

* VIDEO FOOTAGE CAPTURED.


DAMAGES FOUND ON VEHICLE A & VEHICLE B




PREMIER
TAXI



THIRD PARTY
VEHICLE

 57312359C

Driver's Signature & NRIC Number
Monday, July 12, 2021 @ 8:56:44 AM

(attested by )