

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 ability
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 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 Report	14/08/2015 11:55
Date Of Accident	13/08/2015 12:45
Exact Location Of Accident	NEW BRIDGE ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC6194Z
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Insured/Policyholder

Name Of Registered Owner	PREMIER TAXIS PTE TLD
Co Reg No	200304975H
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	Office-62148880

Vehicle Particulars

Manufacturer	KIA
Model	OPTIMA-1.7 D (A)
Exact Purpose for which vehicle was being used at time of accident	HIRED & REWARDS
Are you claiming under your own insurance policy for repair to your vehicle?	No
If No, Please state action to be taken	Third Party
Vehicle Category	Taxi

Insurance Company

Name of Insurance Company	India International Insurance Pte Ltd
Type Of Coverage	Third Party
Fleet Policy	Yes
Policy Number	MPRE0003
Cover Note Number	

Driver

Name of Driver	LOW SWEE KUAN
NRIC No	S7221970H
Date Of Birth	29/05/1972
Occupation	Outdoor
Date Of Driving Pass	12/11/1993
Driving Experience	21 Years And 9 Months
Gender	Male
Mobile Number	(Local) +65-93895193
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 890B #07-329 TAMPINES AVE 1
Postcode	522890
Was driver an employee of the Insured's Company	No
If No, Relationship of the Driver with the Insured	Other - HIRER
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

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 this accident?	No
Was any body injured in the Accident?	No
Was any other material or property damaged?	Yes
Was there any video captured by Car Camera?	No
Number of Passengers (Including Driver)	3

Details of Police Action

Was the accident reported to the police?	No
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	No
If Yes, against whom?	

Circumstances of Accident

VEH. A - 3 PAX (FEMALES - 2 MALAYS & 1 CHINESE) VEH. B - 1 PAX (FEMALE)

Are accident photos available for attachment?	Yes
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DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHD943M
Vehicle Make/Model/Colour	TRANSCAB / TOYOTA WISH
Details Of Properties	VEH. B
Name of Driver	MALE CHINESE
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	2

Details of Witness

Name	
Phone Number	
Email Address	

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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

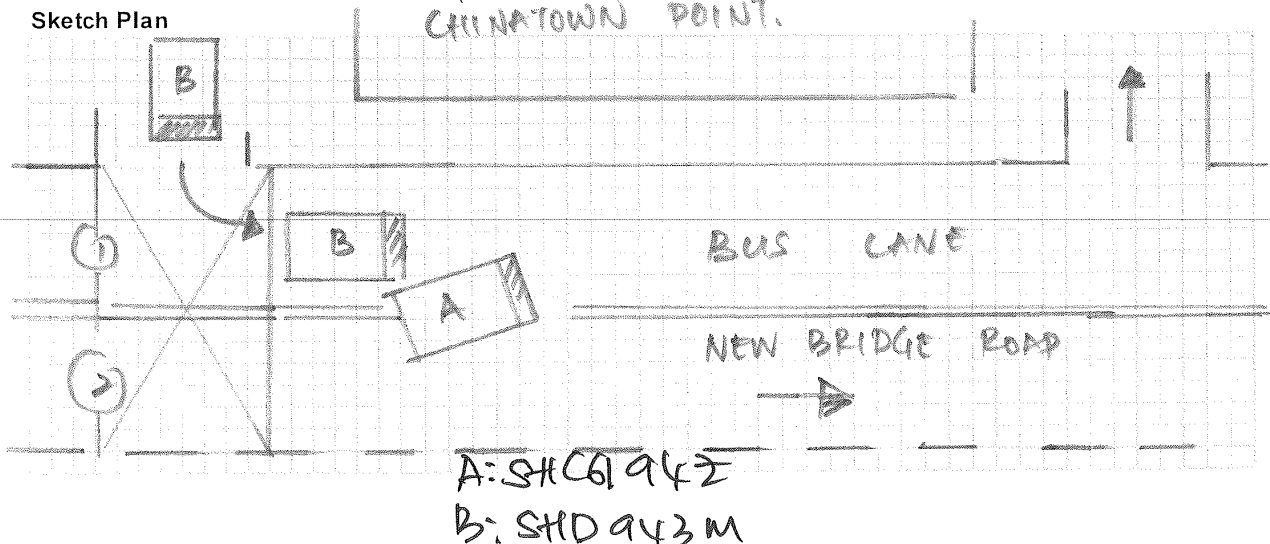


Policyholder's Signature / Date & Time

Law Sme from S/221970H
 14 AUG 2015
 Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

Describe Circumstance of the Accident.

ON 13/08/2015 @ 1245 HRS I WAS DRIVING MY TAXI (SHC6194Z) TRAVELLING ALONG NEW BRIDGE ROAD (IN FRONT OF CHINATOWN POINT) WITH 3 PASSENGERS ONBOARD (FEMALES – 2 MALAYS & A CHINESE) – IN LANE 2 (NEXT TO THE BUS LANE).

I SLOWED DOWN MY TAXI WITH MY LEFT INDICATOR ON BEFORE FILTERING INTO THE BUS LANE – AS I WAS HEADING TOWARDS CHINATOWN POINT DROP OFF/TAXI STAND.

I THEN NOTICED VEHICLE B (SHD943M – TRANSCAB) WHICH WAS EXITING FROM CHINATOWN POINT – STOPPED & GIVING WAY TO ME (GIVING HAND SIGNAL TO PROCEED).

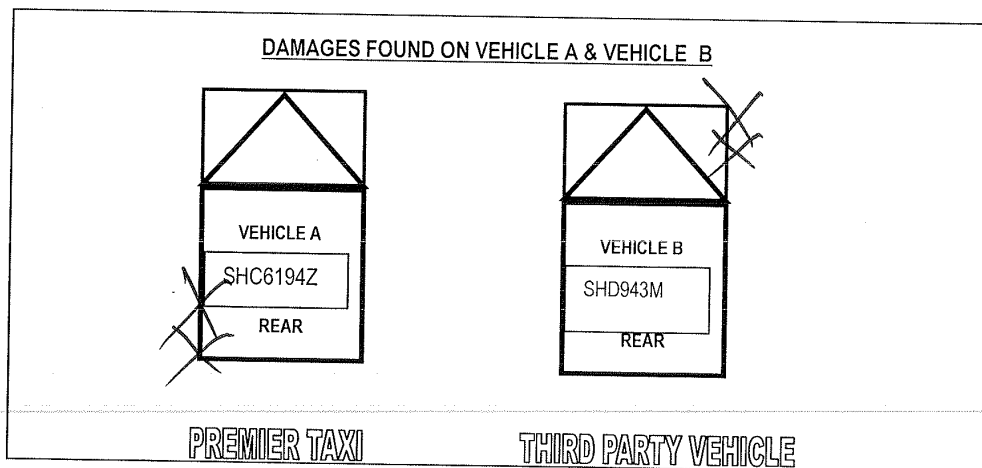
WHILE I WAS FILTERING IN THE EXTREME LEFT LANE (BUS LANE), SUDDENLY I FELT AN IMPACT FROM MY LEFT AND DISCOVERED THAT VEHICLE B WAS MOVING OFF AHEAD (BEFORE I MANAGED TO FILTER COMPLETELY) THUS CAUSING THE FRONT RIGHT PORTION OF VEHICLE B TO COLLIDE ONTO THE LEFT PORTION OF MY TAXI.

DUE TO THE IMPACT, MY TAXI WAS DAMAGE ON THE LEFT REAR PORTION & VEHICLE B WAS DAMAGE ON THE FRONT RIGHT PORTION.

NO INJURIES INVOLVED.

VEHICLE B HAD A FEMALE PASSENGER ONBOARD.

DAMAGES FOUND ON VEHICLE A & VEHICLE B



[Signature]
Driver's Signature
 Friday, August 14, 2015 @ 12:16:17 PM
 (attended by *[Signature]*)

Declaration

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

[Signature]
 Policyholder's Signature / Date & Time

[Signature] 14 AUG 2015 07:21:470H
 Driver's Signature (If driver is not the policyholder) / Date & Time

[Signature]
 Witnessed by Reporting Centre Personnel

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

