

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 21/07/2021 17:18 (SGT)
Date of Accident 20/07/2021 03:55 (SGT)
Exact Location of Accident Crawford St, Singapore
Additional Location Information CRAWFORD STREET // NORTH BRIDGE ROAD
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHC6420X

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 GAN WEE WAH
NRIC No SXXXX974G

Date Of Birth	18/07/1963
Occupation	Outdoor
Date Of Driving Pass	29/05/1990
Driving experience	31 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90990944
Alt. Phone Number	-
Email Address	CLAIMS@PREMIERTAXI.COM
Address	BLK 98 #12-162
Address complement	WHAMPOA DRIVE
Postcode	320098
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?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	1
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

BOTH VEH. - NO PAX

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	YN5607Y
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Goods vehicle
Name of Driver	RANNAH
Contact Number	(Phone) +65-84580714

Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

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

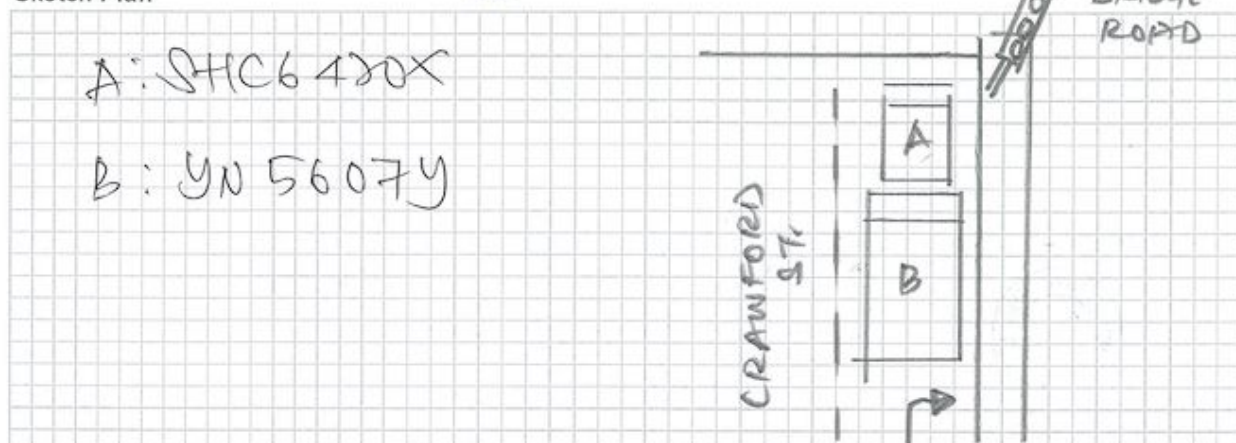
Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

21 JUL 2021

S1601974G

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

x

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

21 JUL 2021

Witnessed by Reporting Centre Personnel

Describe Circumstances of the Accident.

ON 20/07/2021 @ 03:55 HRS, I WAS DRIVING MY TAXI (SHC 6420 X) TRAVELLING ALONG CRAWFORD STREET AT THE TRAFFIC LIGHT JUNCTION OF NORTH BRIDGE ROAD – ON THE RIGHT LANE.

I STOPPED MY TAXI AS TRAFFIC LIGHT WAS RED AT THE POINT OF TIME.

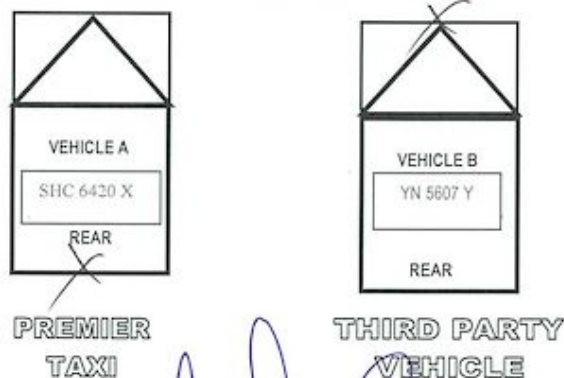
WHILE STATIONARY, SUDDENLY I FELT AN IMPACT FROM THE REAR.

WHEN INSPECTED, I DISCOVERED THAT VEHICLE B (YN 5607 Y – LORRY) 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.

NO INJURY INVOLVED. NO AMBULANCE AT SCENE
NO PASSENGERS ONBOARD BOTH VEHICLES.

DAMAGES FOUND ON VEHICLE A & VEHICLE B



Driver's Signature & NRIC Number
Wednesday, July 21, 2021 @ 4:59:22 PM

(attended by *[Signature]*)











