SP01219M0002 / PREMIER AUTOMOTIVE SERVICES PTE LTD ENTRY DATE & TIME: 22/09/2021 11:48 (SGT) SUBMITTED BY: ARINAWATI BINTE AMAT VERSION: 1 (22/09/2021 11:48 (SGT))

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 witholding 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

Date of Accident

Exact Location of Accident Additional Location Information

Country/State of Loss

22/09/2021 11:48 (SGT)

21/09/2021 21:20 (SGT) Tampines North Drive 2, Singapore

TAMPINES NORTH DRIVE 2 - NEXT TO GIANT HYPERMARKET

Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SHD1155P

INSURED/POLICYHOLDER

Is company?

Name Of Registered Owner Company Reg No

Email Address

Mobile Phone No

Alternative Phone No

PREMIER TAXIS PTE LTD

2XXXXX975H

CLAIMS@PREMIERTAXI.COM

(Phone) +65-91550072 (Office) +65-62148880

VEHICLE PARTICULARS

Manufacturer

Model

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?

Vehicle Category

Transmission

CC

Hvundai 130

Employment

No - Claiming third party

Taxi

Auto

1600

INSURANCE COMPANY

Name of Insurance Company

Type of Coverage Fleet Policy

Policy Number

Cover Note Number

NTUC Income Insurance Co-operative Ltd

ThirdParty

Yes

5107202885-02

DRIVER

Name of Driver NRIC No

GOH HOCK HUAT SXXXX103F



Date Of Birth Occupation **Date Of Driving Pass**

Driving experience

Gender

Mobile Number Alt. Phone Number

Email Address

Address

Address complement

Postcode

Is the driver the policyholder?

If No, Relationship of the Driver with the Insured

Does Driver Own Other Vehicles?

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 Weather Conditions

Road Surface

OTHER INFORMATION

Was any foreign vehicle involved in the accident? Number of vehicles involved in the accident

Was anybody injured in the Accident?

Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged?

Number of Passengers (Including Driver)

Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?

DETAILS OF POLICE ACTION

Was the accident reported to the police? Was notice of intended Prosecution given?

If yes, against whom?

CIRCUMSTANCES OF ACCIDENT

REFER TO ATTACH

ATTACHMENT(S)

Are accident photos available for attachment? Was there any video captured by Car Camera?

Was there any audio recorded?

Yes

20/01/1957

41 YEARS AND 9 MONTHS

CLAIMS@PREMIERTAXI.COM

BEDOK RESEROIR ROAD

Collision - Major/Minor Rd

(Phone) +65-94501878

BLK 112 #08-260

470112

No

Nο

Hirer

Clear

Dry

No

No

Yes

No

No

No

Outdoor 22/12/1979

Nο

Nο

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

Vehicle Manufacturer Vehicle Model

Vehicle Variant Vehicle Colour

Vehicle Category

Name of Driver Contact Number

Address

Address complement

SNA563X

LandRover Discovery

Private car SAURABH

(Phone) +65-94247478



| Postcode | |
|---|-----|
| Insurance Company Name | - [|
| Nature Of Damage | |
| Details of property damaged in accident | - |
| No. Of Passenger (Including Driver) | 2 |

SKETCH PLAN

IMPORTANT NOTICE

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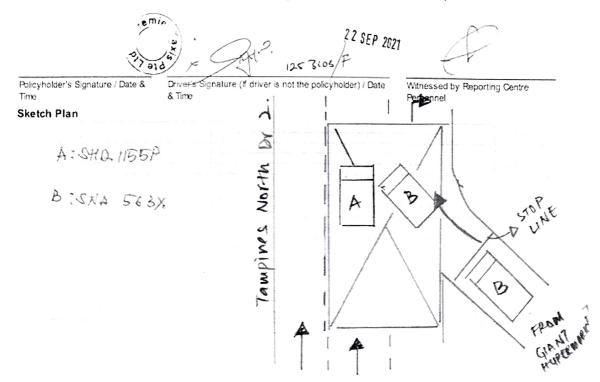
8. Consent under the Personal Data Protection Act (PDPA)

Lunderstand, 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 malling 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.



| Describe Circumstances of the Accident |
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Declaration

IWe declare the foregoing particulars are true in every respect.

axia ole

Policyholder's Signature / Date & Time

125 310 3/F.

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

< (C)

Witnessed by Reporting Centre Personnel Describe Circumstances of the Accident.

ON 21/09/2021 @21:20HRS, I WAS DRIVING MY TAXI (SHD 1155 P) TRAVELLING ALONG TAMPINES NORTH DRIVE 2 - ON THE MIDDLE LANE.

WHILE I WAS MOVING STRAIGHT AHEAD - SUDDENLY I FELT AN IMPACT FROM MY RIGHT.

WHEN INSPECTED, I DISCOVERED THAT VEHICLE B (SNA 563 X - LAND ROVER DISCOVERY) WHICH WAS EXITING FROM THE DRIVEWAY @ GIANT - FAILED TO KEEP FOR PROPER LOOK OUT & FAILED TO STOP AT THE STOP LINE - HAD ENCROACHED ONTO MY RIGHT ABRUPTLY & COLLIDED ONTO THE RIGHT PORTION OF MY TAXI.

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

NO INJURY INVOLVED.

NO PASSENGERS ONBOARD MY TAXI & VEHICLE B HAD A PASSENGER ONBOARD.

*SCENE PHOTOS CAPTURED.

