

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	29/11/2021 13:42 (SGT)
Date of Accident	28/11/2021 14:55 (SGT)
Exact Location of Accident	CTE, Singapore
Additional Location Information	CTE - AYE (BEF JLN BT MERAH EXIT)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHD1176D

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	CHOI TUCK HON (CAI DIHONG)
NRIC No	SXXXX890J

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKR132C
Vehicle Manufacturer	Audi
Vehicle Model	A1
Vehicle Variant	-
Vehicle Colour	White
Vehicle Category	Private car
Name of Driver	MS OW WING CHING, JERMAINE
NRIC No	SXXXX116B
Contact Number	(Phone) +65-91806660
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	VEH. B
Details of property damaged in accident	2
No. Of Passenger (Including Driver)	
PASSENGER 1	
Name	-
Gender	Female

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SMT2894P
Vehicle Manufacturer	Honda
Vehicle Model	Jazz
Vehicle Variant	-
Vehicle Colour	White
Vehicle Category	Private car
Name of Driver	MALE CHINESE
Contact Number	(Phone) +65-96874484
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	1
No. Of Passenger (Including Driver)	

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	CHOI TUCK HON (CAI DIHONG) - DRIVER OF VEH. A
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	FELT SOME DISCOMFORT & WILL SEEK FOR MEDICAL TREATMENT
Injured person in which vehicle?	SHD1176D
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

WITNESS DETAILS

WITNESS 1

Name	MR RIZEN - PAX IN VEH. A
Phone	-

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:

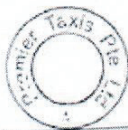
- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
- (ii) investigating the accident and/or my claims;
- (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
- (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.

29 NOV 2021



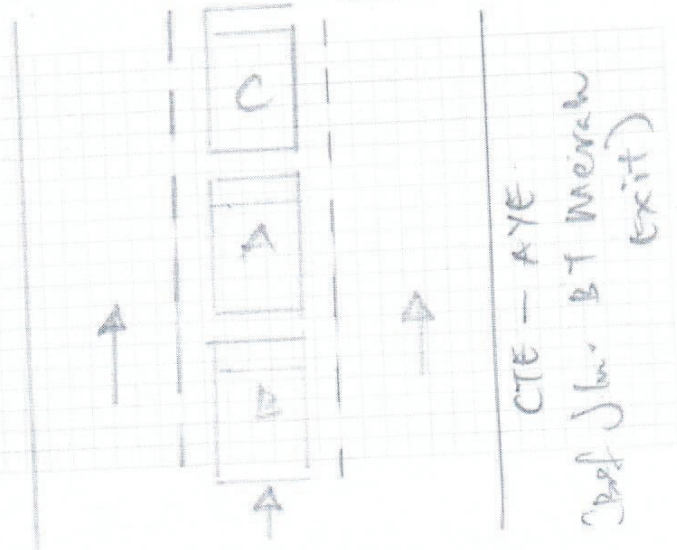
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

A: 9H1176B
B: 9KR 132C
C: 9MT 2894P



Describe Circumstances of the Accident.

*** CHAIN COLLISION ***

ON **28/11/2021 @14:55HRS**, I WAS DRIVING MY TAXI (**SHD 1176 D**), TRAVELLING ALONG CTE - AYE (BEFORE JALAN BUKIT MERAH EXIT) WITH 3 PASSENGERS ONBOARD (2 ADULTS & A CHILD - GRAB BOOKINGS) ON THE MIDDLE LANE.

I SLOWED DOWN MY TAXI TO A COMPLETE STOP AS VEHICLE C (SMT 2894 P - HONDA/WHITE) WHICH WAS IN FRONT OF ME, STOPPED - DUE TO SOME ROAD WORKS AHEAD.

WHILE STATIONARY, SUDDENLY I FELT AN IMPACT FROM THE REAR AND SUBSEQUENTLY DUE TO THE GREAT IMPACT, IT FORCED MY TAXI TO SURGE FORWARD & THE FRONT PORTION OF MY TAXI COLLIDED ONTO THE REAR OF VEHICLE C.

WHEN INSPECTED, I DISCOVERED THAT VEHICLE B (**SKR 132 C - AUDI**) WHICH WAS BEHIND ME, HAD COLLIDED ONTO THE REAR OF MY TAXI.

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

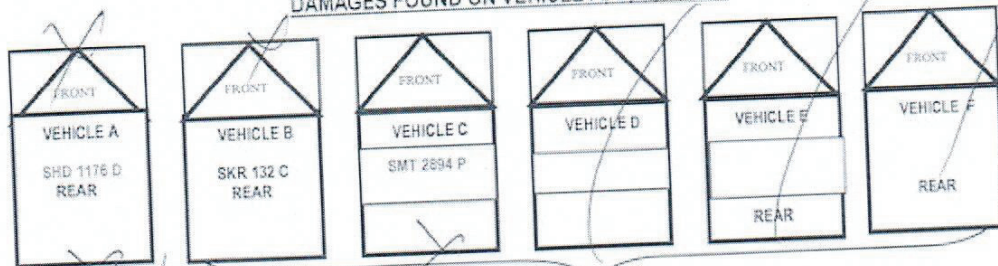
AS A RESULT, I FELT SOME DISCOMFORT & WILL SEEK FOR MEDICAL TREATMENT SOON. NO AMBULANCE AT SCENE.

VEHICLE B HAD A PASSENGER ONBOARD.
NO PASSENGERS ONBOARD VEHICLE C.

*SCENE PHOTOS

CHAIN COLLISION / MULTIPLE VEHICLES

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



PREMIER TAXI

THIRD PARTY VEHICLES

Driver's Signature & NRIC Number
Monday, November 29, 2021 @ 10:28:38 AM