

## 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 ..... 11/02/2022 11:58 (SGT)  
Date of Accident ..... 10/02/2022 12:45 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... SLE EXITING TO TPE  
Country/State of Loss ..... Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SHD2568A

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... PRIME CAR RENTAL & TAXI SERVICES PTE LTD  
Company Reg No ..... 1XXXXX293Z  
Email Address ..... aliceleong@primeautoclaims.com  
Mobile Phone No ..... (Phone) +65-98184304  
Alternative Phone No ..... (Office) +65-68610908

### VEHICLE PARTICULARS

Manufacturer ..... Toyota  
Model ..... Camry  
Variant ..... -  
Exact purpose for which vehicle was being used at time of accident ..... Private hire  
Are you claiming under your own insurance policy for repair to your vehicle? ..... No - Claiming third party  
Vehicle Category ..... Taxi  
Transmission ..... Auto  
CC ..... 2497

### INSURANCE COMPANY

Name of Insurance Company ..... India International Insurance Pte Ltd  
Type of Coverage ..... ThirdPartyFireTheft  
Fleet Policy ..... Yes  
Policy Number ..... D20MFL0006372-01  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... YEO KUANG HUI  
NRIC No ..... SXXXX088F

Date Of Birth ..... 29/12/1972  
 Occupation ..... Outdoor  
 Date Of Driving Pass ..... 11/07/1996  
 Driving experience ..... 25 YEARS AND 7 MONTHS  
 Gender ..... Male  
 Mobile Number ..... (Phone) +65-97643399  
 Alt. Phone Number ..... -  
 Email Address ..... aliceleong@primeautoclaims.com  
 Address ..... BLK 300 CANBERRA ROAD #05-13  
 Address complement ..... -  
 Postcode ..... 750300  
 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 - Change/cross lane  
 Weather Conditions ..... DRIZZLING  
 Road Surface ..... Wet

#### 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? ..... Yes  
 Was any injured conveyed to hospital by ambulance? ..... No  
 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? ..... Yes  
 Police Station Name ..... Traffic Police  
 Police Station Phone No ..... (Phone) +65-65470000  
 Alt. Police Station Phone No ..... (Fax) +65-65474900  
 Police Station Address ..... 10 Ubi Avenue 3 Singapore 408865  
 Was notice of intended Prosecution given? ..... No  
 If yes, against whom? ..... -

#### CIRCUMSTANCES OF ACCIDENT

On 10.02.2022 @1245hrs, I was driving taxi SHD2568A with one female passenger on board along SLE exiting to TPE on the extreme left lane. Approaching to the exit all of sudden one car SMA7623Y came from my right lane loss control and collided to my moving taxi right front portion. The great collision impact pushed my car to the left road kerb damaged the left portion of my taxi.

Whereby the SMA7623Y could not stop and drove to the right side collided to the right side road kerb.

My in car camera recorded the occurring of the accident. My passenger claims she had a headache and she may consult doctor. My waist was in pain and I will consult doctor if pain persisted.

Myself & the driver of SMA7623Y exchanged particulars.

#### ATTACHMENT(S)

Are accident photos available for attachment? ..... Yes  
 Was there any video captured by Car Camera? ..... Yes  
 Was there any audio recorded? ..... No

# DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMA7623Y
Vehicle Manufacturer	Toyota
Vehicle Model	C-hr
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private hire
Name of Driver	NEO MENG HENG RAYMOND
NRIC No	SXXXX483C
Contact Number	(Phone) +65-84991108
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

## INJURED PERSONS DETAILS

### INJURED 1

Name of injured person	YEO KUANG HUI
Gender	Male
Phone No	(Phone) +65-97643399
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	46
Injuries Sustained	WAIST PAIN
Injured person in which vehicle?	SHD2568A
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

### INJURED 2

Name of injured person	PASSENGER IN SHD2568A
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	HEADACHE
Injured person in which vehicle?	SHD2568A
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

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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 this report being made available aforesaid.
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 making 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 envelope/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 shed outside of Singapore, for one or more of the above Purposes.



*Handwritten signature*

17.40

10/2/2022

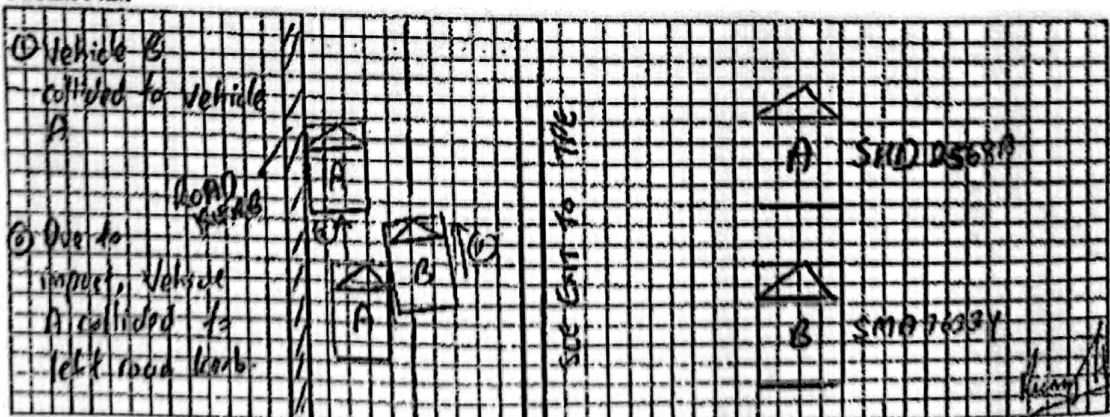
*Handwritten signature*

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

## Sketch Plan



On 10.02.2022 @1245hrs, I was driving taxi SHD2568A with one female passenger on board along SLE exiting to TPE on the extreme left lane. Approaching to the exit all of sudden one car SMA7623Y came from my right lane loss control and collided to my moving taxi right front portion. The great collision impact pushed my car to the left road kerb damaged the left portion of my taxi.

Whereby the SMA7623Y could not stop and drove to the right side collided to the right side road kerb.

My in car camera recorded the occurring of the accident. My passenger claims she had a headache and she may consult doctor. My waist was in pain and I will consult doctor if pain persisted.

Myself & the driver of SMA7623Y exchanged particulars.

Describe Circumstances of the Accident

Large lined area for describing the circumstances of the accident.

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

*Handwritten signature* 17.40 10/2/2022 *Handwritten signature*