

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	03/03/2022 16:37 (SGT)
Date of Accident	03/03/2022 09:31 (SGT)
Exact Location of Accident	Temasek Blvd, Singapore
Additional Location Information	NEAR TOWER 4 TEMASEK AVENUE EXIT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMR2387Y
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	DRAGON LIMOUSINE PTE LTD
Company Reg No	2XXXXX300G
Email Address	peiye@primeautoclaims.com
Mobile Phone No	(Phone) +65-68628878
Alternative Phone No	(Office) +65-68610908

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Shuttle
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?	No - Claiming third party
Vehicle Category	Private hire
Transmission	Auto
CC	1497

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	ThirdParty
Fleet Policy	Yes
Policy Number	5119535335-01-000019
Cover Note Number	-

DRIVER

Name of Driver	ABDUL HAI IM BIN ABDUL AZIZ
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Date Of Birth	18/04/1990
Occupation	Outdoor
Date Of Driving Pass	05/01/2013
Driving experience	9 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97226823
Alt. Phone Number	-
Email Address	peiye@primeautoclaims.com
Address	BLK 874D TAMPINES STREET 85 #03-46 SINGAPORE
Address complement	-
Postcode	524874
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	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 ATTACHED STATEMENT

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	SHB5876B
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	WONG SENG FOOK
NRIC No	SXXXX963C
Contact Number	(Phone) +65-83396891
Address	

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

SKETCH PLAN**IMPORTANT NOTICE**

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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

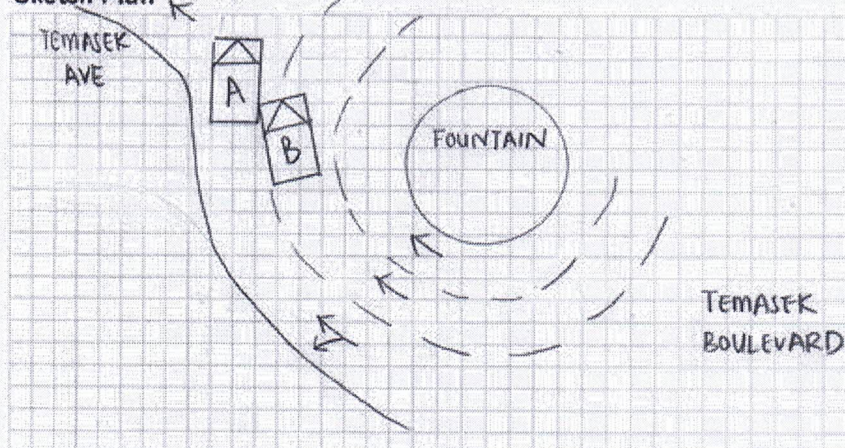
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.



Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

SMR 2387Y



SHB5876B

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Describe Circumstances of the Accident

On 03.03.2022 @ 0931 hrs, I was driving my car SMR2387Y along Temasek Boulevard on most left lane (Lane 3). While negotiating the roundabout, one Strides Taxi SHB5876B on my right lane all of sudden changed lane from Lane 2 into my lane in order to exit to Temasek Avenue. ^(Lane 2 is strictly for going straight only) As a result, SHB5876B left front portion collided into my car right rear portion.

After the accident, we alighted from our vehicles to check on the damages. We exchanged particulars. I proposed to driver of SHB5876B whether to compensate my car's repair cost, due to the repair cost exceeded his budget he advised to report the accident respectively. Nobody injured in this accident.

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

As 03 MAR 2022 1606
Driver's Signature (If driver is not the policyholder) / Date & Time

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Witnessed by Reporting Centre Personnel