

# 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 .....	29/04/2022 15:36 (SGT)
Date of Accident .....	29/04/2022 13:58 (SGT)
Exact Location of Accident .....	Near Changi Airport Skytrain, Singapore
Additional Location Information .....	Along Changi Airport Terminal 1 Departure Crescent
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SHC6841P
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### 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 .....	-
Are you claiming under your own insurance policy for repair to your vehicle? .....	No - Claiming third party
Vehicle Category .....	Taxi
Transmission .....	Auto
CC .....	1598

### INSURANCE COMPANY

Name of Insurance Company .....	NTUC Income Insurance Co-operative Ltd
Type of Coverage .....	ThirdParty
Fleet Policy .....	Yes
Policy Number .....	5125738511-000446
Cover Note Number .....	-

### DRIVER

Name of Driver .....	WONG CHEE SIN
NRIC No .....	SXXXX769H

Date Of Birth .....	05/03/1957
Occupation .....	Outdoor
Date Of Driving Pass .....	17/08/1977
Driving experience .....	44 YEARS AND 8 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-98384112
Alt. Phone Number .....	-
Email Address .....	claims@premiertaxi.com
Address .....	BLK 647 JURONG WEST STREET 61, #12-150
Address complement .....	-
Postcode .....	640647
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 .....	After Rain
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? .....	No
Was any injured conveyed to hospital by ambulance? .....	-
Was any other vehicle or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### PASSENGER 1

Name .....	MALE CAUCASIAN
Gender .....	Male

#### 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 THE 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 .....	PA9796H
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Bus

Name of Driver .....	KARUPPAIYAN MURUGESAN
Passport No/FIN .....	GXXXX510T
Contact Number .....	(Phone) +65-87612305
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	FRONT RIGHT PORTION
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	1

## SKETCH PLAN

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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 the 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 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.

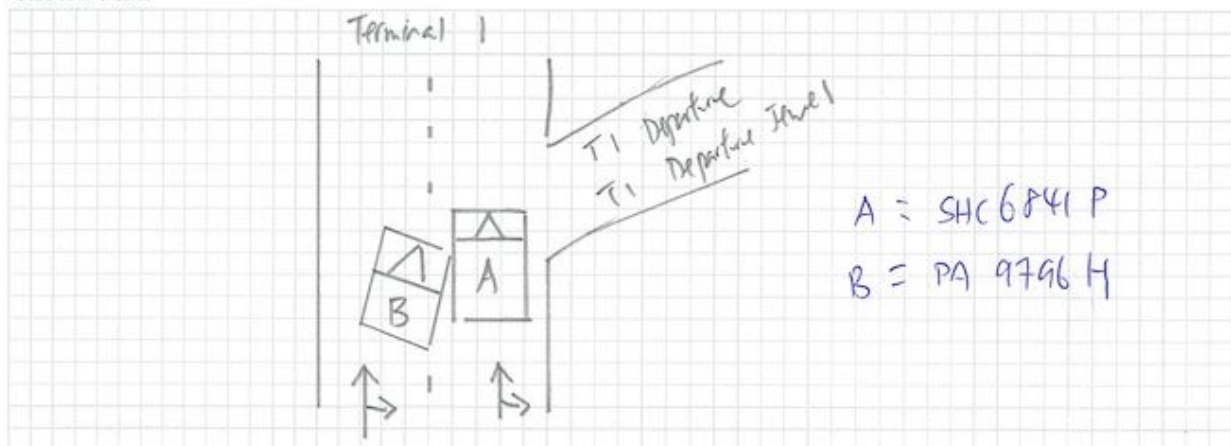


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

## Sketch Plan



## Describe Circumstances of the Accident.

ON 29/04/2022 @ 13:58 HRS, I WAS DRIVING MY TAXI ( SHC 6841 P – KIA OPTIMA/SILVERCAB ), TRAVELLING ALONG CHANGI AIRPORT TERMINAL 1 DEPARTURE CRESCENT, IN THE RIGHT LANE, WITH 1 MALE PASSENGER ONBOARD.

I WAS PROCEEDING STRAIGHT AHEAD, AS THE WAY WAS CLEAR, SUDDENLY, I FELT AN IMPACT FROM THE LEFT. VEHICLE B ( PA 9796 H – BUS ) WHICH WAS INITIALLY TRAVELLING IN THE LEFT LANE, HAD FILTERED RIGHT ABRUPTLY AND ENCROACHED INTO MY LANE, GRAZING AGAINST MY TAXI'S LEFT PORTION.

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

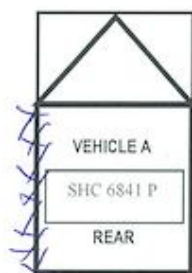
NO INJURY INVOLVED.

NO PASSENGERS ONBOARD VEHICLE B.

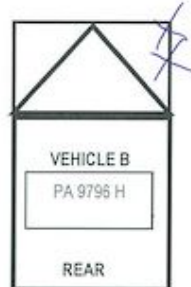
NO AMBULANCE AT SCENE.

\*VIDEO FOOTAGE CAPTURED\*

## DAMAGES FOUND ON VEHICLE A &amp; VEHICLE B



PREMIER  
TAXI



THIRD PARTY  
VEHICLE



51233769-14 X

Driver's Signature & NRIC Number  
Friday, April 29, 2022 @ 3:30:47 PM

( attended by )





































