

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 Actual 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	12/01/2023 15:14 (SGT)
Reported by	Driver
Date of Accident	12/01/2023 12:50 (SGT)
Exact Location of Accident	Holt Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD1694A
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	-

VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	Ioniq
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	1600

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5125738511-001032

DRIVER

Name of Driver	TEO BOON HUAT PATRICK
NRIC No	SXXXX228B
Date Of Birth	26/07/1962
Occupation	Outdoor

Date Of Driving Pass	10/04/2007
Driving experience	15 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97287425
Alt. Phone Number	-
Email Address	CLAIMS@PREMIERTAXI.COM
Address	BLK 222 PASIR RIS ST 21, #05-120
Address complement	-
Postcode	510222
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)	4
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

PASSENGER 1

Name	PAX IN THE REAR SEAT - INDIANS (GRAB BOOKING)
Gender	Male

PASSENGER 2

Name	PAX IN THE REAR SEAT - INDIANS (GRAB BOOKING)
Gender	Female

PASSENGER 3

Name	PAX IN THE REAR SEAT - INDIANS/INFANT (GRAB BOOKING) - GENDER NOT SURE
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 ATTACH SKETCH PLAN & STATEMENT

ATTACHMENT(S)

Are accident photos available for attachment? Yes

Was there any video captured by Car Camera? No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBL9836J
Vehicle Manufacturer	Honda
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	White
Vehicle Category	Commercial vehicle
Name of Driver	MS VANESSA NEE HUI KWAN
NRIC No	SXXXX027D
Contact Number	(Phone) +65-96844119
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

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.



[Signature]

S15282283

12 JAN 2023

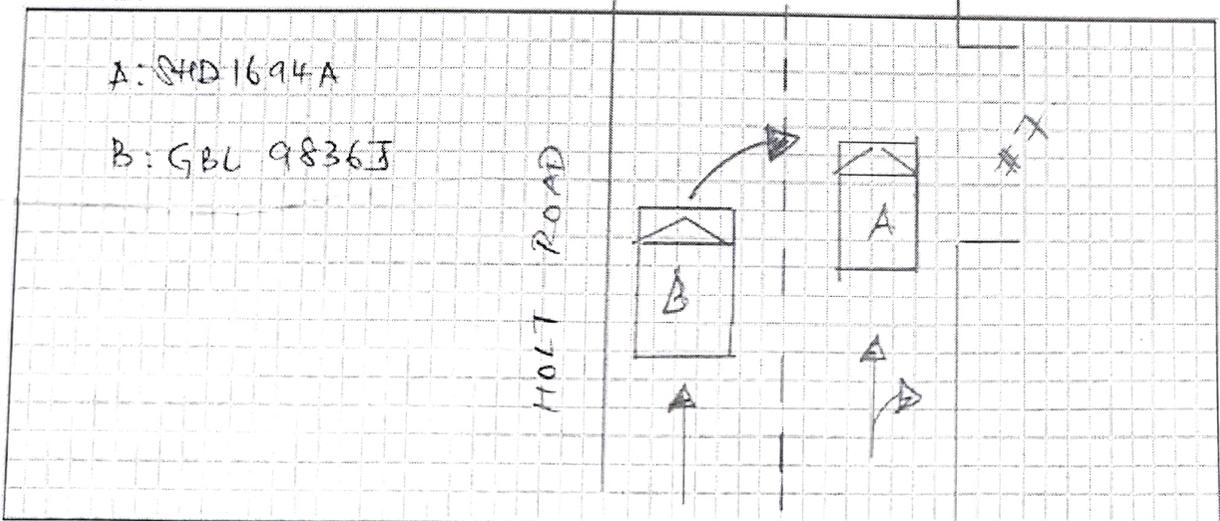
[Signature]

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

Sketch Plan



Describe Circumstances of the Accident.

ON 12/01/2023 @ 12:50 HRS, I WAS DRIVING MY TAXI (SHD 1694 A) TRAVELLING ALONG HOLT ROAD WITH 3 PASSENGERS ONBOARD (A COUPLE WITH AN INFANT) - ON THE RIGHT LANE OF A ONE WAY ROUTE (ARROW ON ROAD SURFACE SHOWS STRAIGHT AHEAD & RIGHT TURN).

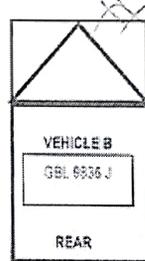
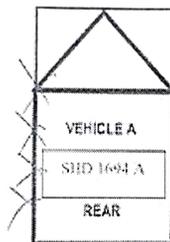
WHILE I WAS MOVING STRAIGHT AHEAD, SUDDENLY VEHICLE B (GBL 9836 J - HONDA VAN/WHITE) WHICH WAS INITIALLY ON THE LEFT LANE (ARROW ON ROAD SURFACE SHOWS STRAIGHT AHEAD ONLY), HAD ENCROACHED & COLLIDED ONTO THE LEFT PORTION OF MY TAXI WHILE MAKING HER ILLEGAL RIGHT TURN INTO UNIT #7 OF HOLT ROAD.

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

NO INJURY INVOLVED. NO AMBULANCE AT SCENE.
NO PASSENGERS ONBOARD VEHICLE B.

*VIDEO FOOTAGE CAPTURED

DAMAGES FOUND ON VEHICLE A & VEHICLE B



PREMIER
TAXI

THIRD PARTY
VEHICLE


51528228 B

Driver's Signature & NRIC Number
Thursday, January 12, 2023 @ 3:03:15 PM

(attended by)