

## 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 ..... 16/01/2023 11:23 (SGT)  
Reported by ..... Driver  
Date of Accident ..... 16/01/2023 04:27 (SGT)  
Exact Location of Accident ..... TPE, Singapore  
Additional Location Information ..... AFTER TAMPINES AVENUE 12 TOWARDS SLE  
Country/State of Loss ..... Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SHD2368K

#### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... PRIME CAR RENTAL & TAXI SERVICES PTE LTD  
Company Reg No ..... 199606293Z  
Email Address ..... chrissy@primeautoclaims.com  
Mobile Phone No ..... (Phone) +65-68982000  
Alternative Phone No ..... -

#### VEHICLE PARTICULARS

Manufacturer ..... Toyota  
Model ..... Vellfire  
Variant ..... HYBRID 2.5X 4WD CVT  
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 ..... 2493

#### INSURANCE COMPANY

Name of Insurance Company ..... India International Insurance Pte Ltd  
Policy Number / Cover Note Number ..... D20MFL0006372\_02

#### DRIVER

Name of Driver ..... LAI TOW GIM  
NRIC No ..... S1539833G  
Date Of Birth ..... 11/12/1962  
Occupation ..... Outdoor

|  |   |
|--|---|
| Date Of Driving Pass .....   | 26/03/1983                                      |
| Driving experience .....   | 39 YEARS AND 10 MONTHS                          |
| Gender .....   | Male  |
| Mobile Number .....  | (Phone) +65-97649136                            |
| Alt. Phone Number .....  | -   |
| Email Address .....  | chrissy@primeautoclaims.com                     |
| Address .....  | APT BLK 891A TAMPINES AVENUE 8 #13-76 SINGAPORE |
| Address complement .....   | -   |
| Postcode .....   | 521891  |
| 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 .....   | Side Swipe |
| 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) .....   | 6   |
| 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 .....   | PASSENGER A (ADULT) |
| Gender ..... | Male                |

#### PASSENGER 2

|              |                     |
|--------------|---------------------|
| Name .....   | PASSENGER B (ADULT) |
| Gender ..... | Female              |

#### PASSENGER 3

|              |                     |
|--------------|---------------------|
| Name .....   | PASSENGER C (ADULT) |
| Gender ..... | Female              |

#### PASSENGER 4

|              |                     |
|--------------|---------------------|
| Name .....   | PASSENGER D (CHILD) |
| Gender ..... | Male                |

#### PASSENGER 5

|              |                     |
|--------------|---------------------|
| Name .....   | PASSENGER E (CHILD) |
| Gender ..... | Female              |

#### 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 ATTACHED STATEMENT

## ATTACHMENT(S)

Are accident photos available for attachment? ..... Yes  
Was there any video captured by Car Camera? ..... Yes

## DETAILS OF OTHER VEHICLE PROPERTY 1

|   |                          |
|---|--------------------------|
| Vehicle Registration Number .....             | FBA8635L                 |
| Vehicle Manufacturer .....                    | -                        |
| Vehicle Model .....                           | -                        |
| Vehicle Variant .....                         | -                        |
| Vehicle Colour .....                          | -                        |
| Vehicle Category .....                        | Motorcycle               |
| Name of Driver .....                          | DARIUS YER HWEE LONG     |
| NRIC No .....                                 | S9022683E                |
| Contact Number .....                          | (Phone) +65-87183606     |
| Address .....                                 | -                        |
| Address complement .....                      | -                        |
| Postcode .....                                | -                        |
| Insurance Company Name .....                  | Income Insurance Limited |
| Nature Of Damage .....                        | -                        |
| Details of property damaged in accident ..... | -                        |
| No. Of Passenger (Including Driver) .....     | 0                        |

# 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.

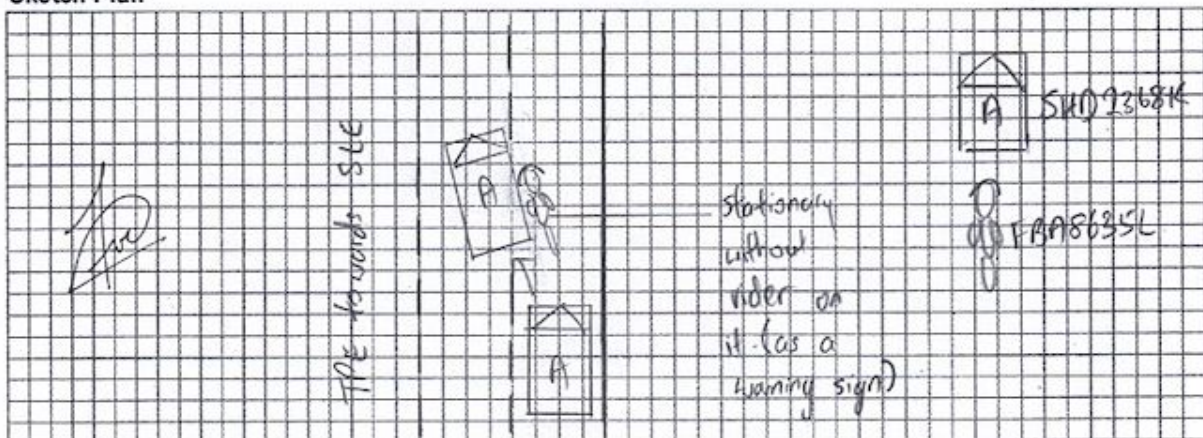


Policyholder's Signature / Date & Time

*[Signature]* 16/1/23 1015  
Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

## Sketch Plan






**Describe Circumstances of the Accident**

On 16.01.2023 @ 0427 hrs, I was driving my taxi SHD2368K along TPE towards SLE on lane 1. There was 2 male and 3 female passengers on board. While travelling, I noticed there was one motorcycle FBA8635L stopped ahead and immediately I swerved to left but my taxi right side collided onto FBA8635L. I wished to mention that the rider was not on the motorcycle when the accident happened.

After the accident, I alighted from my taxi to check on damages and we exchanged particulars. At the material of time, no one was injured in this accident as well as my passengers.


 16/1/23  
1015

**Declaration**

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

 16/1/23 1015

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

Witnessed by Reporting Centre Personnel















