

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	10/02/2023 09:47 (SGT)
Reported by	Driver
Date of Accident	10/02/2023 08:35 (SGT)
Exact Location of Accident	Pasir Ris Drive 3, Singapore
Additional Location Information	PASIR RIS DRIVE 3 // CARPARK DRIVEWAY BLK 602
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC6861G
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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) +65-62148880
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Kia
Model	Optima
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	1700

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5125738511-000465

DRIVER

Name of Driver	AZMAN BIN SALIM
NRIC No	SXXXX227H
Date Of Birth	22/05/1963
Occupation	Outdoor

Date Of Driving Pass 22/01/1985
 Driving experience 38 YEARS AND 1 MONTH
 Gender Male
 Mobile Number (Phone) +65-94783739
 Alt. Phone Number -
 Email Address CLAIMS@PREMIERTAXI.COM
 Address BLK 634 PASIR RIS DRIVE 1, #01-624
 Address complement -
 Postcode 510634
 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 -

Vehicle Colour
 Vehicle Category
 Name of Driver
 Contact Number
 Address

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident Collision - Major/Minor Rd
 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) 2
 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 SPOUSE ONBOARD
 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 ATTACH SKETCH PLAN & STETAMENT

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 SBF70S
 Vehicle Manufacturer Toyota
 Vehicle Model -
 Vehicle Variant -

Vehicle Colour	Red
Vehicle Category	Private car
Name of Driver	MALE CHINESE
Contact Number	(Phone) +65-96282718
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	2

SKETCH PLAN

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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 Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to 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.
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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.

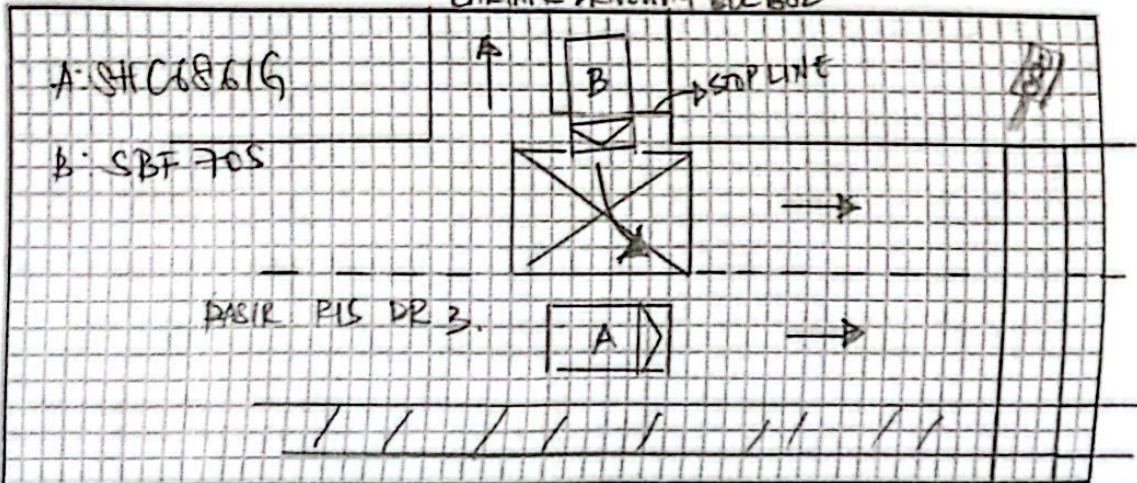


Policyholder's Signature / Date & Time

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

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

Sketch Plan



Describe Circumstances of the Accident.

ON 10/02/2023 @ 08:35 HRS, I WAS DRIVING MY TAXI (SHC 6861 G) TRAVELLING ALONG PASIR RIS DRIVE 3, WITH MY SPOUSE ONBOARD – ON THE RIGHT LANE.

WHILE I WAS MOVING STRAIGHT AHEAD, SUDDENLY I FELT AN IMPACT FROM MY LEFT.

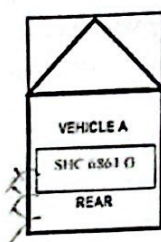
WHEN INSPECTED, I DISCOVERED THAT VEHICLE B (SBF 70 S – TOYOTA/RED) WHICH WAS EXITING FROM CARPARK DRIVEWAY ON MY LEFT (BLK 602) – HAD FAILED TO KEEP FOR PROPER LOOK OUT, FAILED TO GIVE WAY TO ONCOMING VEHICLES FROM MY ROUTE, HAD ENCROACHED & COLLIDED ONTO THE LEFT PORTION OF MY TAXI.

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

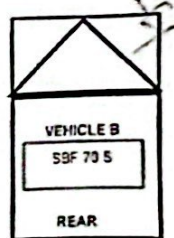
NO INJURY INVOLVED. NO AMBULANCE AT SCENE
VEHICLE B HAD HIS SPOUSE ONBOARD.

*VIDEO FOOTAGE CAPTURED

DAMAGES FOUND ON VEHICLE A & VEHICLE B



PREMIER
TAXI



THIRD PARTY
VEHICLE

[Signature]

S1591227/H

Driver's Signature & NRIC Number
Friday, February 10, 2023 @ 9:29:11 AM

(attended by)