

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 willful 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	08/07/2023 13:58 (SGT)
Reported by	Actual Driver
Date of Accident	07/07/2023 22:40 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	Along PIE - towards Tampines Street 45
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD1187Y
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	Hyundai
Model	I30
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	1598

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5125738511-01-000622

DRIVER

Name of Driver	CHOO KIAN HONG
NRIC No	SXXXX940J
Date Of Birth	08/09/1961
Occupation	Outdoor

Date Of Driving Pass	05/01/1996
Driving experience	27 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97508137
Alt. Phone Number	-
Email Address	claims@premiertaxi.com
Address	BLK 701 BEDOK RESERVOIR ROAD, #08-3570
Address complement	-
Postcode	470701
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	RELIEF
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)	5
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	FEMALE CHINESE
Gender	Female

PASSENGER 2

Name	FEMALE CHINESE
Gender	Female

PASSENGER 3

Name	FEMALE CHINESE
Gender	Female

PASSENGER 4

Name	MALE CHINESE
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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SDY1211Y
Vehicle Manufacturer Lexus
Vehicle Model Es300
Vehicle Variant -
Vehicle Colour -
Vehicle Category Private car
Name of Driver GEORGE WEE
NRIC No SXXXX780E
Contact Number -
Address -
Address complement -
Postcode -
Insurance Company Name -
Nature Of Damage UNKNOWN
Details of property damaged in accident -
No. Of Passenger (Including Driver) 1

PASSENGER 1

Name UNKNOWN PASSENGERS
Gender -

SKETCH PLAN

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B. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that

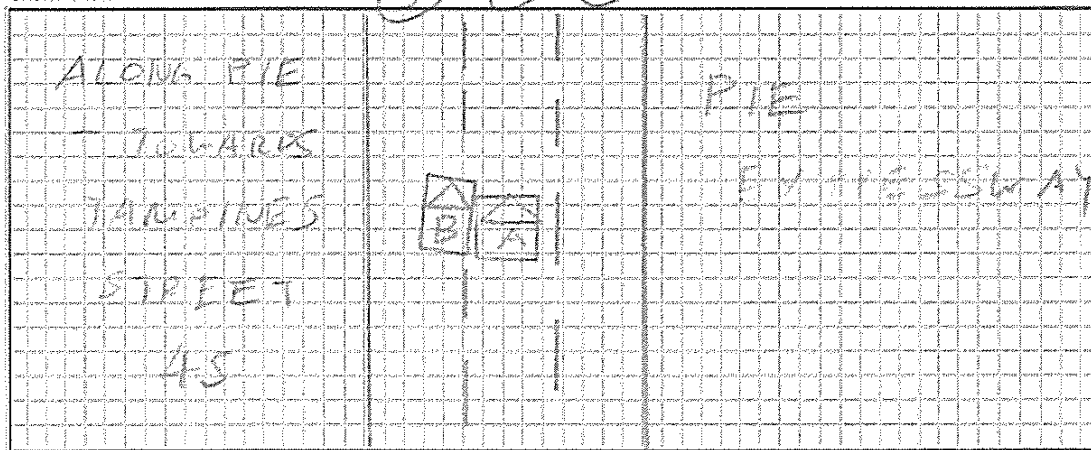
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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

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

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

Sketch Plan



vJun2022

A: SHD 1187 Y
B: SDY 1211 Y

Describe Circumstances of the Accident.

ON 07/07/2023 @ 22:40HRS, I WAS DRIVING MY TAXI (SHD1187Y/HYUNDAI I30(A)/SILVERCAB), TRAVELLING ALONG PIE - TOWARDS TAMPINES STREET 45, WITH 1 MALE AND 3 FEMALE PASSENGERS ONBOARD, IN LANE 2.

I WAS PROCEEDING STRAIGHT AHEAD WITHIN MY OWN LANE, SUDDENLY I FELT AN IMPACT FROM THE LEFT. VEHICLE B (SDY 1211 Y - LEXUS ES300) WHICH WAS INITIALLY TRAVELLING IN LANE 3, HAD ENCROACHED INTO MY LANE, CAUSING VEHICLE B'S RIGHT PORTION TO HIT AGAINST MY TAXI'S LEFT PORTION.

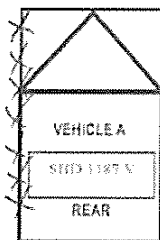
DUE TO THE IMPACT, MY TAXI SUSTAINED DAMAGES ON THE LEFT PORTION. I WAS NOT AWARE IF VEHICLE B SUSTAINED ANY DAMAGES.

NO INJURY INVOLVED.
UNKNOWN PASSENGERS ONBOARD VEHICLE B.

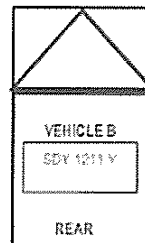
NO AMBULANCE AT SCENE.

VIDEO FOOTAGE CAPTURED

DAMAGES FOUND ON VEHICLE A & VEHICLE B



PREMIER
TAXI



THIRD PARTY
VEHICLE

[Signature] 315059405 X

Driver's Signature & NRIC Number
Saturday, July 08, 2023 @ 11:44:20 AM

(attended by)