MPAS18022687 / Premier Automotive Services Pte Ltd - HQ
ENTRY DATE & TIME: 14/02/2018 13:15
SUBMITTED BY: GARY SHI GUO RONG

**Your NCD will be affected due to late reporting**
**Actual e-Filling Submission Date & Time: 14/02/2018 13:41**

# 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 witholding of material facts may allow insurance companies to repudiate policy ability.
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 Report | 14/02/2018 13:15 |
| Date Of Accident | 12/02/2018 15:20 |
| Exact Location Of Accident | HOUGANG AVE 3 |
| Country/State of Loss | SINGAPORE |
| **DETAILS OF OWN VEHICLE** | |
| Vehicle Registration Number | SHD1830Z |
| **Insured/Policyholder** | |
| Name Of Registered Owner | PREMIER TAXIS PTE LTD |
| Co Reg No | 200304975H |
| Email Address | NOEMAIL |
| Mobile Phone No | |
| Alternative Phone No | OFFICE-62148880 |
| **Vehicle Particulars** | |
| Manufacturer | TOYOTA |
| Model | PRIUS-1.8 (A) |
| Exact Purpose for which vehicle was being used at time of accident | HIRE & REWARD |
| Are you claiming under your own insurance policy for repair to your vehicle? | NO |
| If No, Please state action to be taken | THIRD PARTY |
| Vehicle Category | TAXI |
| **Insurance Company** | |
| Name of Insurance Company | NTUC INCOME INSURANCE CO-OPERATIVE LTD |
| Type Of Coverage | THIRD PARTY |
| Fleet Policy | YES |
| Policy Number | 5095103893 |
| Cover Note Number | |
| **Driver** | |
| Name of Driver | HAR SAI CHEONG |
| NRIC No | S1608810B |
| Date Of Birth | 09/06/1963 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 19/10/1984 |
| Driving Experience | 33 YEARS AND 3 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-91859107 |
| Fax Number | |
| Contact Number | |
| EMail Address | NOEMAIL |

| | |
|---|---|
| Address | BLK 842G TAMPINES ST 82 #03-100 |
| Postcode | 527842 |
| Was driver an employee of the Insured's Company | NO |
| If No, Relationship of the Driver with the Insured | OTHER - HIRER |
| Vehicle Registration Number of Driver's Own Vehicle | -<br>-<br>- |
| Insurance Company of Driver's Own Vehicle | -<br>-<br>- |

**General Information of the Accident**

| | |
|---|---|
| Type Of Accident | COLLISION - HEAD TO REAR |
| Weather Conditions | CLEAR |
| Road Surface | DRY |

**Other Information**

| | |
|---|---|
| Was any foreign vehicle involved in this accident? | NO |
| Number of vehicles involved in the accident | 2 |
| Was any body injured in the Accident? | NO |
| Was any injured conveyed to hospital by ambulance? | NO |
| Was any other material or property damaged? | YES |
| I have been approached by unknown person(s) soliciting/offering accident claims assistance. | NO |
| Number of Passengers (Including Driver) | 2 |
| Passenger 1 | NAME: : FEMALE CHINESE<br>GENDER: : FEMALE |

**Details of Police Action**

| | |
|---|---|
| Was the accident reported to the police? | NO |
| If Yes,Please state which Police Station | |
| Was notice of intended Prosecution given? | NO |
| If Yes,against whom? | |

**Circumstances of Accident**

PLEASE REFER TO ATTACHED

**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 | SJG5659L |
| Vehicle Make/Model/Colour | HONDA STREAM |
| Details Of Properties | FRONT PORTION |
| Vehicle Category | PRIVATE CAR |
| Name of Driver | LEE LEUNG KIN |
| NRIC/Passport Number | S2613929E |
| Contact Number | |
| Address | |
| Postcode | |
| Insurance Company Name | |
| Nature Of Damage | |
| No. Of Passenger (Including Driver) | |

## SKETCH PLAN

### IMPORTANT NOTICE

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7. By the lodgment 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.

   (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.

   (e) the information so collected under (d) above may be shared / disclosed:

   (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or

   (ii) for complying with requirements under any regulations, laws or court orders.

Premier Taxis Pte Ltd

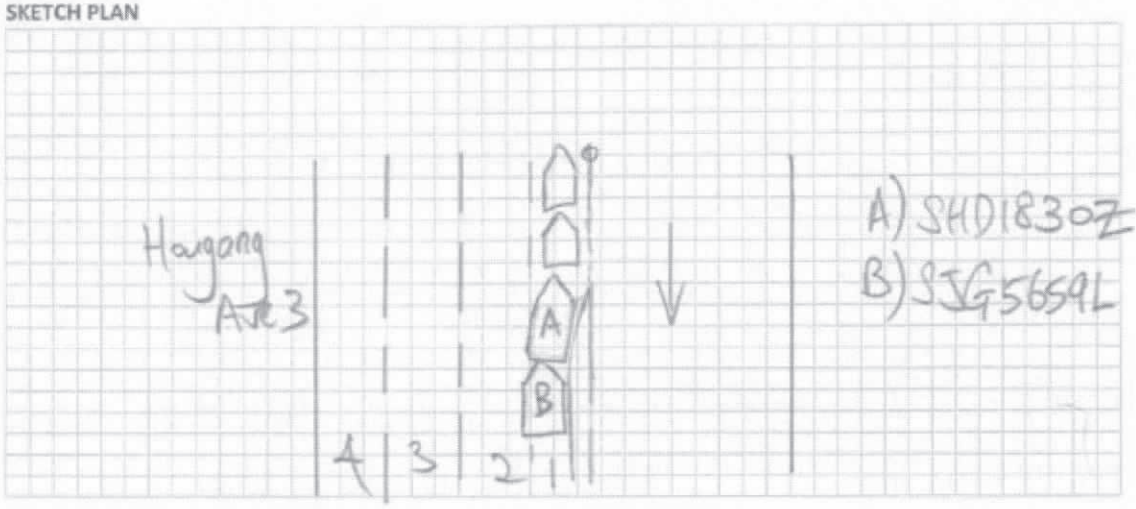
Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

## Sketch Plan #2

**SKETCH PLAN**




**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

**DECLARATION**

I/We declare the foregoing particulars are true in every respect.

Premier Taxis Pte Ltd

Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

**Sketch Plan #3**

Describe Circumstance of the Accident.

ON 12.02.18 AT ABOUT 1520HRS. MY VEHICLE (SHD1830Z) WAS TRAVELLING EXTREME RIGHT LANE OF HOUGANG AVE 3. WHEN SEEING THE VEHICLES INFRONT OF ME STOPPED, I PROCEEDED TO SLOW DOWN MY VEHICLE AND CAME TO A STOP TOO. SUDDENLY VEHICLE B (SJG5659L – HONDA STREAM) CAME FROM BEHIND AND COLLIDED ONTO THE REAR PORTION OF MY VEHICLE.

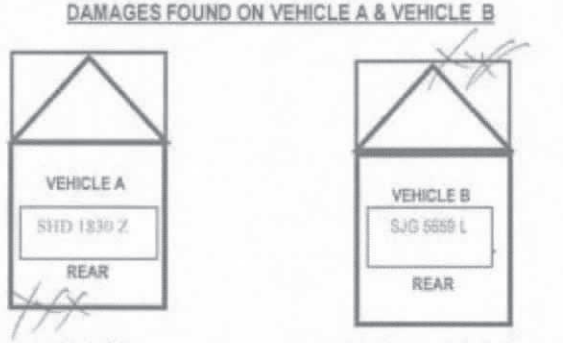
DUE TO THE IMPACT, MY VEHICLE WAS DAMAGED ON THE REAR PORTION AND VEHICLE B WAS DAMAGED ON THE FRONT PORTION.

MY VEHICLE HAD 1 FEMALE CHINESE PASSENGER ON BOARD AND VEHICLE B HAVE NO PASSENGER

NO INJURY INVOVLED.

**VIDEO FOOTAGE CAPTURED BY MY IN-CAR CAMERA AND SCENE VIDEO TAKEN.

DAMAGES FOUND ON VEHICLE A & VEHICLE B




PREMIER TAXI

THIRD PARTY VEHICLE

S1608810B

*Driver's Signature & NRIC Number*

*Wednesday, February 14, 2018 @ 1:13:03 PM*

*( attended by Gary )*

## Enquire Transaction History

### Transaction History Details

| | | | |
|---|---|---|---|
| Log Date/Time: | 20 Jun 2013 / 09:13:06 | Receipt No.: | AABMO001-LK033-130620-000013 |
| Asset Type: | Vehicle | Transaction Amount: | $60,544.00 |
| Asset ID: | SHD1830Z | Channel: | AA Counterless - BORNEO MOTORS (SINGAPORE) PTE LTD |
| Transaction Type: | 01.02 Register New Vehicle (AA) | | |
| Business Transaction Reference No.: | 20130620091306915792 | | |

| | |
|---|---|
| Vehicle No.: | SHD1830Z |
| Vehicle Type: | H10 - Public Transport Taxi (Motor Car) |
| Vehicle Attachment 1: | Air-Con (Taxi) |
| Vehicle Attachment 2: | - |
| Vehicle Attachment 3: | - |
| Vehicle Scheme: | Taxi (Company) |
| First Registration Date: | 20 Jun 2013 |
| Original Registration Date: | 20 Jun 2013 |
| Vehicle Make: | TOYOTA |
| Vehicle Model: | PRIUS TAXI |
| Chassis No.: | JTDKN36U905611458 |
| Engine No.: | 2ZR5721405 |
| Motor No.: | 3JM5721405 |
| Trailer Chassis No.: | - |
| Propellant: | Petrol-Electric |
| Passenger Capacity: | 4 |
| Engine Capacity: | 1798 |
| Power Rating: | 60.00 |
| Unladen Weight: | 1370 |
| Maximum Laden Weight: | 1805 |
| Primary Color: | Silver |
| Secondary Color: | - |
| Manufacturing Year: | 2013 |
| Open Market Value: | $33,120.00 |
| Minimum PARF Benefit: | $5,020.00 |
| PARF Eligibility: | Y |
| No. of Transfer: | 0 |
| Effective Ownership Date/Time: | 20 Jun 2013 09:13:06 |
| COE No.: | 2013062001001094H |
| COE Expiry Date: | 19 Jun 2021 |
| COE Bid Category: | - |
| Actual QP/PQP Paid Amount: | $52,036.00 |
| Lifespan Expiry Date: | 19 Jun 2021 |
| Owner ID Type: | Company |
| Owner ID: | 200304975H |