SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

EMail Address

- 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.	
St. Library Builded British British	ACCIDENT STATEMENT
Date Of Report	13/08/2018 08:40
Date Of Accident	13/08/2018 06:00
Exact Location Of Accident	MSCP @ TEBAN GARDENS (BLK 57A - LEVEL 3)
Country/State of Loss	SINGAPORE
Not the State of the Party of the D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SHB8058B
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	HYUNDAI
Model	I30 (FD)-1.6 DOHC (A)
Exact Purpose for which vehicle was being used at time of accident	HIRED & REWARDS
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	YON JIZHAN, RAYMOND (YANG JIZHAN, RAYMOND)
NRIC No	S8129686C
Date Of Birth	15/09/1981
Occupation	OUTDOOR
Date Of Driving Pass	09/06/2003
Driving Experience	15 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96978840
Fax Number	
Contact Number	
	NOTMALL

NOEMAIL

Address

BLK 55 #11-455

TEBAN GARDENS ROAD

Postcode

600055

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

-

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident

HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

Number of vehicles involved in the accident

NO 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)

1

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

VEH. A - VACANT/PARKED

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

SJF7086G

Vehicle Make/Model/Colour

TOYOTA WISH

Details Of Properties

VEH. B

Vehicle Category

PRIVATE CAR

Name of Driver

UNKNOWN

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan Pg. 1

SKETCH PLAN

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.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- The 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.
- 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 the purpose of the pu
 - 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

H18 50588 13 AUG 2018

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

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 Pg. 2

SKETCH PLAN MSCPG TEBAN GARDENS DESCRIBE CIRCUMSTANCES OF THE ACCIDENT MB8058B DECLARATION I/We declare the foregoing particulars are true in every respect. 13 AUG 2018 5812968GC

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.:

GIASMC SketchPlanForm V3

Describe Circumstance of the Accident

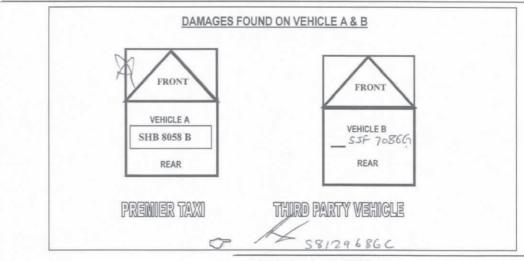
HIT & RUN

ON 13/05/2018 @ 0600HRS, WHEN I RETRIEVED MY TAXI (SHB 8058 B) AT THE MSCP TEBAN GARDENS (BLK 57A - #03), I DISCOVERED THAT THE LEFT FRONT PORTION OF MY TAXI WAS DAMAGED.

BASED ON THE VIDEO FOOTAGE, VEHICLE B (SJF 7086 G - TOYOTA WISH) WHICH WAS REVERSING INTO THE VACANT PARKING LOT (ON MY LEFT) - HAD COLLIDED ONTO THE LEFT FRONT OF MY TAXI.

NO INJURY INVOLVED.
MY TAXI WAS VACANT.

*VIDEO FOOTAGE CAPTURED – ACCIDENT OCCURRED @ 12/08/2018 @ 1900HRS.



Driver's Signature & NRIC Number Monday, August 13, 2018 @ 9:24:44 AM

Text size +

Enquire Vehicle Registration Details

Owner Particulars

NRIC/Passport/Company Cert 200304975H

No.:

Owner ID Type:

Company

Owner Name:

PREMIER TAXIS PTE, LTD.

Registered Address:

23 CHANGI SOUTH AVENUE 2 #04-03 SINGAPORE 486443

Mailing Address:

Birth Date:

Vehicle Particulars

Vehicle No.:

SHB8058B

Previous Vehicle No.:

Effective Date of Ownership:

12 Oct 2016

Original Regn Date:

12 Oct 2016

Registration Date:

12 Oct 2016

Year of Manufacture:

2016

Vehicle Type:

Public Transport Taxi (Motor Car)

Vehicle Scheme:

Taxi (Company)

Vehicle Attachment 1:

Air-Con (Taxi)

Vehicle Attachment 2:

Vehicle Attachment 3: Vehicle Make:

HYUNDAI

Vehicle Model:

130 GDH 1.6 TCI 5DR DCT

Primary Colour:

Silver

Secondary Colour:

Passenger Capacity:

Chassis No.:

TMAD281UVHJ124420 D4FBGZ114415

Engine No.:

Engine Capacity/Power Rating:

1582 cc / -

Maximum Power Output:

100.0 kW (134 bhp)

Propellant:

Diesel

Max Unladen Weight:

1496 kg 1940 kg

Maximum Laden Weight: Open Market Value:

\$20,110.00

PARF Eligibility:

Yes

PARF Eligibility Expiry Date:

11 Oct 2024

Minimum PARF Benefit:

\$7,592.00

No. of Transfers:

n

IU Label No .:

COE No .:

2016101201004073H

COE Expiry Date:

11 Oct 2024

COE Category:

A - Car (up to 1600cc & 97kW (130bhp))

COE Registration Category:

A - Car (up to 1600cc & 97kW (130bhp))

Quota Premium (QP) / Prevailing Quota Premium:

-/\$52,108.00

PQP Paid:

\$41,687.00

QP (Regn Cat):

OPC Cash Rebate Eligibility:

ttps://vrl.lta.gov.sg/lta/vrl/action/menuIndex