

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 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 Report	11/06/2019 14:14
Date Of Accident	11/06/2019 13:20
Exact Location Of Accident	JTC SUMMIT - DROP OFF POINT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC6084H
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	KIA
Model	OPTIMA-1.7 D (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	5107202885
Cover Note Number	
Driver	
Name of Driver	WILLIAM CHEONG SIEW WAH
NRIC No	S1353947B
Date Of Birth	10/10/1959
Occupation	OUTDOOR
Date Of Driving Pass	05/10/1988
Driving Experience	30 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81256759
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 34 #10-301 LOR 5 TOA PAYOH
Postcode	310034
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	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) 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)	3
Passenger 1	NAME: : PAX IN THE REAR SEAT - INDIAN GENDER: : MALE
Passenger 2	NAME: : PAX IN THE REAR SEAT - INDIAN GENDER: : MALE

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 - 2 PAX VEH. B - NO PAX

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	SLG4851E
Vehicle Make/Model/Colour	HONDA STREAM
Details Of Properties	VEH. B
Vehicle Category	PRIVATE CAR
Name of Driver	TEO BENG HUAT
NRIC/Passport Number	S1812182D
Contact Number	
Address	
Postcode	

Insurance Company Name

Nature Of Damage

DAMAGED ON THE LEFT PORTION

No. Of Passenger (Including Driver)

1

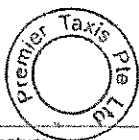
SKETCH PLAN

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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.
- (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.



Policyholder's Signature
Date & Time:

[Signature]

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

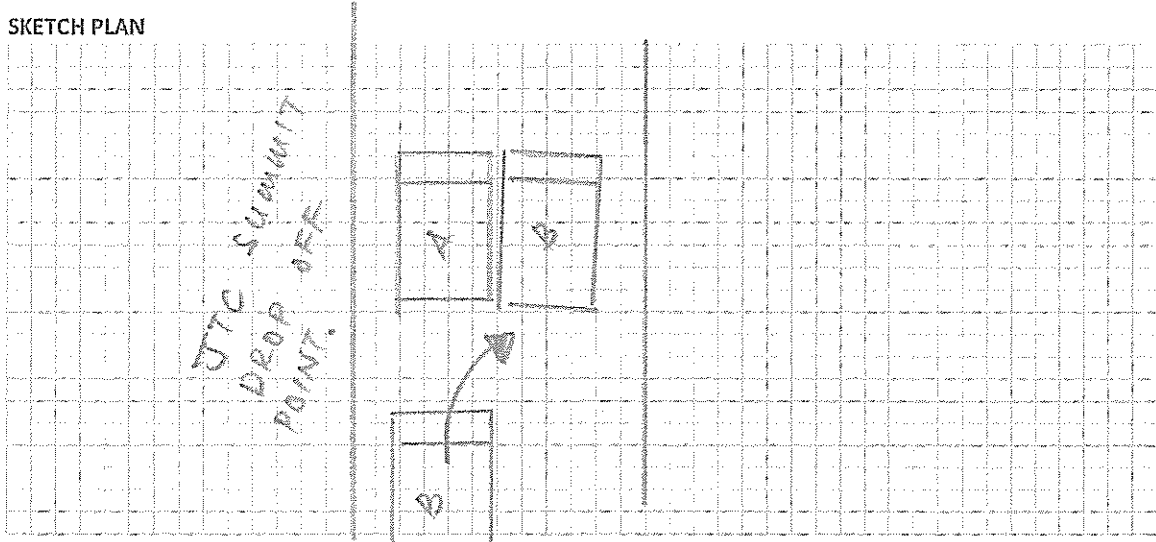
dy 51353947B
a 3HC 6084H

11 JUN 2019

[Signature]

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

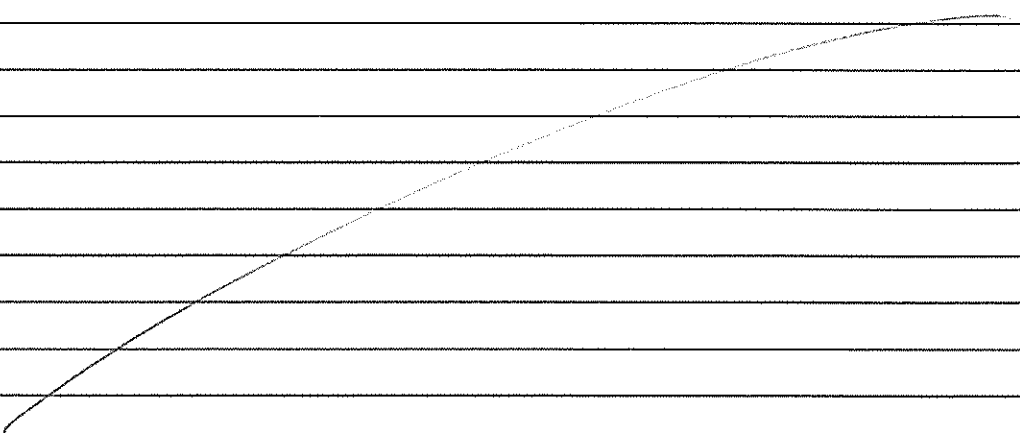
SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

A: SHC 6084 H

B: SLG 4851 E



DECLARATION

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

Policyholder's Signature _____
Date & Time: _____



Driver's Signature
(If driver is not the policyholder)

Date & Time:

5135394713

11 JUN 2010

Reporting Centre Personnel's Signature
Name:

NRIC/FIN No.:

Describe Circumstance of the Accident.

ON 11/06/2019 @ 1320HRS, I WAS IN MY TAXI (SHC6084H) – STATIONARY ALONG THE DROP OFF POINT @ JTC SUMMIT, ALIGHTING MY PASSENGERS (2 MALE INDIANS).

WHILE STATIONARY – COLLECTING TAXI FARES FROM MY PASSENGERS (PAYMENT MADE BY NETS), SUDDENLY I FELT AN IMPACT FROM MY RIGHT.

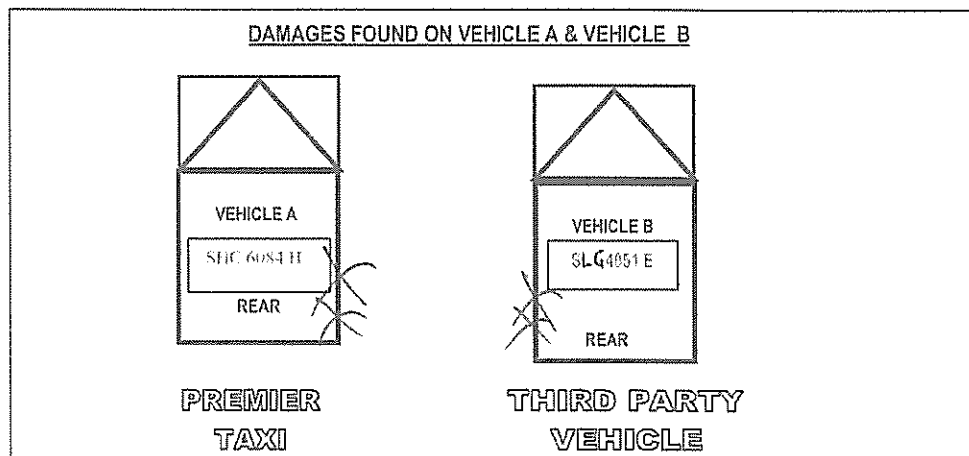
WHEN INSPECTED, I DISCOVERED THAT VEHICLE B (SLG 4851 E – HONDA STREAM) WHICH WAS INITIALLY BEHIND MY TAXI – HAD COLLIDED ONTO THE RIGHT PORTION OF MY TAXI WHILE OVERTAKING ON MY RIGHT.

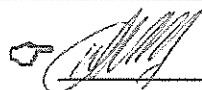
AS SUCH, THE RIGHT REAR OF MY TAXI DAMAGED & VEHICLE B HAD DAMAGES ON THE LEFT PORTION.

NO INJURY INVOLVED.

NO PASSENGERS ONBOARD VEHICLE B.

*SCENE PHOTOS & VIDEO FOOTAGE CAPTURED.



 51353947-B

Driver's Signature & NRIC Number
Tuesday, June 11, 2019 @ 2:22:29 PM


(attended by)

Text size + -

Enquire Transaction History**Transaction History Details**

Log Date/Time:	30 Jul 2014 / 09:13:40	Receipt No.:	AACCK001-AX239-140730-000005
Asset Type:	Vehicle	Transaction Amount:	\$65,817.00
Asset ID:	SHC6084H	Channel:	AA Counterless - CYCLE & CARRIAGE KIA PTE LTD
Transaction Type:	01.02 Register New Vehicle (AA)		
Business Transaction Reference No.:	20140730091340650611		

Vehicle No.:	SHC6084H
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:	30 Jul 2014
Original Registration Date:	30 Jul 2014
Vehicle Make:	KIA
Vehicle Model:	OPTIMA 1.7(A) DIESEL
Chassis No.:	KNAGM414ME5464165
Engine No.:	D4FDDH308007
Motor No.:	-
Trailer Chassis No.:	-
Propellant:	Diesel
Passenger Capacity:	4
Engine Capacity:	1685
Power Rating:	-
Unladen Weight:	1584
Maximum Laden Weight:	2050
Primary Color:	Silver
Secondary Color:	-
Manufacturing Year:	2013
Open Market Value:	\$19,908.00
Minimum PARF Benefit:	\$7,444.00
PARF Eligibility:	Y
No. of Transfer:	0
Effective Ownership Date/Time:	30 Jul 2014 09:13:40
COE No.:	2014073001001357E
COE Expiry Date:	29 Jul 2022
COE Bid Category:	-
Actual QP/PQP Paid Amount:	\$53,269.00
Lifespan Expiry Date:	29 Jul 2022
Owner ID Type:	Company

**GENERAL INSURANCE ASSOCIATION OF SINGAPORE
RECORDS MANAGEMENT CENTRE**

6 Raffles Quay #18-00, Singapore 048580
Phone: +65 6224 0010 Fax: +65 6224 0030
Operating Hours: Monday to Friday 9am to 5pm
GST Registration No: M400017735

Third Party Insurer Enquiry

Our Ref No: GR-19-092686

Date of Request: 11/06/2019

Your Ref No:

Online Purchase

Premier Automotive Services Pte Ltd
23 Changi South Ave 2
#01-02
Singapore 486443

Dear Sir/Madam,

Enquiry Date 11/06/2019
Enquiry By GOH WEE DEK
TP Vehicle No. SLG4851E
Accident Date 11/06/2019

Enquiry Result

TP Vehicle No.	Insurer	Period of Insurance	Insurer Tel. No.
SLG4851E	FWD Singapore Pte. Ltd.	15/11/2018-14/11/2019	6727 5700

Thank You.

The images provided to you are taken from the original reports forwarded to the centre by the members of the General Insurance Association of Singapore and we take no responsibility for their accuracy or contents and shall be under no liability whatsoever for any loss or damage arising out of or in connection with the reports or their images.

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RECORDS MANAGEMENT CENTRE

**GENERAL INSURANCE ASSOCIATION OF SINGAPORE
RECORDS MANAGEMENT CENTRE**6 Raffles Quay #18-00, Singapore 048580
Phone: +65 6224 0010 Fax: +65 6224 0030
Operating Hours: Monday to Friday 9am to 5pm
GST Registration No: M400017735**TAX INVOICE**

Our Ref No: GR-19-092686

Date of Request: 11/06/2019

Your Ref No:

Online Purchase

Premier Automotive Services Pte Ltd
23 Changi South Ave 2
#01-02
Singapore 486443

Dear Sir/Madam,

Enquiry Date 11/06/2019
Enquiry By GOH WEE DEK
TP Vehicle No. SLG4851E
Accident Date 11/06/2019

DESCRIPTION	AMOUNT (S\$)
TP Insurer Enquiry	1.87
GST Amount	0.13
Total Amount Due (GST Inclusive)	2.00

Thank You.

This is a computer generated document and requires no signature.

For GIARMC Official use:

Date:

☒ GIRO ☐ Cash ☐ Cheque