

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	14/06/2019 11:13
Date Of Accident	13/06/2019 22:50
Exact Location Of Accident	PIE - CHANGI (BEF CHANGI NORTH CRESCENT)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC6102P
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	TAN GIE HE
NRIC No	S0068306Z
Date Of Birth	06/09/1949
Occupation	OUTDOOR
Date Of Driving Pass	23/09/1974
Driving Experience	44 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90265338
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BEDOK NORTH ROAD 460181
Postcode	NOEMAIL
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	COLLISION - HEAD TO REAR
Weather Conditions	DRIZZLING
Road Surface	WET

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?	YES
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

BOTH VEHICLES - 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	SKS6866Z
Vehicle Make/Model/Colour	BMW
Details Of Properties	VEH. B
Vehicle Category	PRIVATE CAR
Name of Driver	OH YI MING
NRIC/Passport Number	S8905454J
Contact Number	91139087

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)	1
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DETAILS OF INJURED PERSON 1

Name	TAN GIE HE - DRIVER OF VEH. A
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Approximate Age	
Injuries Sustain	WENT CLINIC FOR MEDICAL TREATMENT & HAD 4 DAYS MC
Injured person in which vehicle?	SHC6102P
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

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.



[Signature]

14 JUN 2019

[Signature]

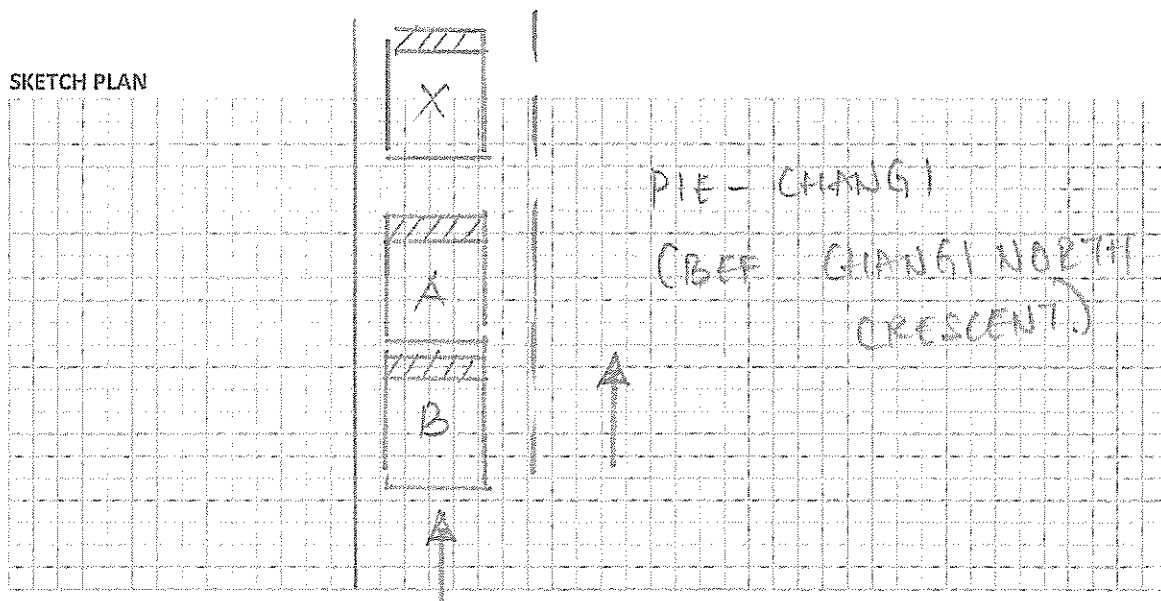
Policyholder's Signature
Date & Time:

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

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

X 50068306/2
X SHC 6102P

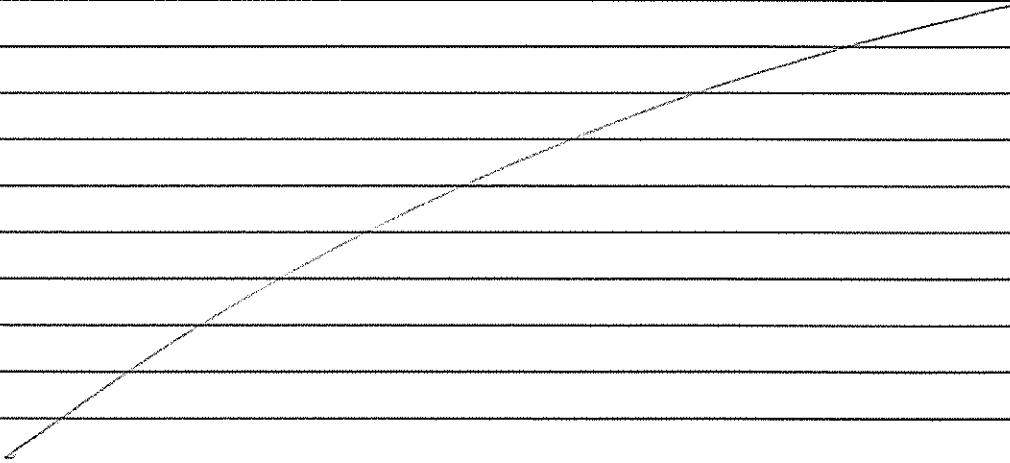
SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

A: SHC 6102P

B: SKS 6866Z



The graph shows a linear relationship between Time (x-axis) and Distance (y-axis). The line starts at the origin (0,0) and extends upwards and to the right, indicating a constant positive slope.

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

Signature

[Signature]

14 JUN 2019

Describe Circumstance of the Accident.

ON 13/06/2019 @ 2250HRS, I WAS DRIVING MY TAXI (SHC 6102 P) – TRAVELLING ALONG PIE – CHANGI (BEF CHANGI NORTH CRESCENT) IN THE EXTREME LEFT LANE.

I STOPPED MY TAXI AS VEHICLES AHEAD OF ME STOPPED.

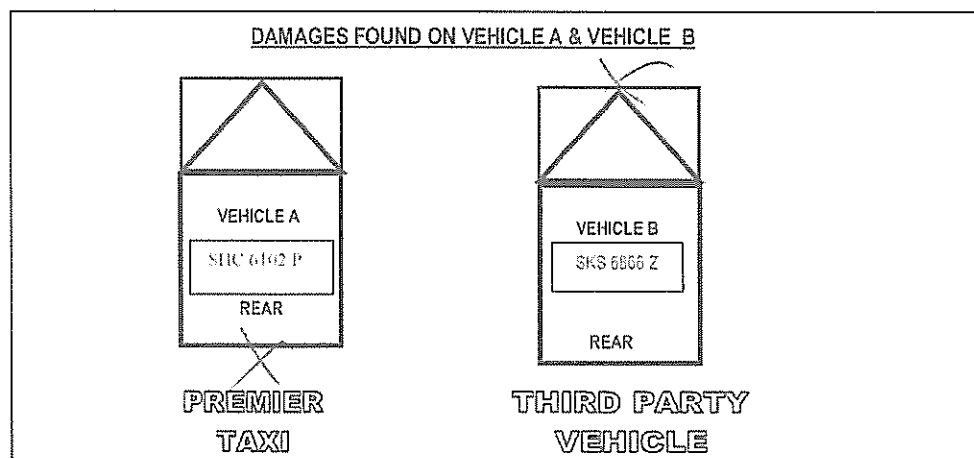
WHILE STATIONARY, SUDDENLY I FELT AN IMPACT FROM THE REAR.

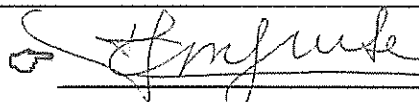
WHEN INSPECTED, I DISCOVERED THAT VEHICLE B (SKS 6866 Z – BMW) WHICH WAS BEHIND ME, HAD COLLIDED ONTO THE REAR OF MY TAXI.

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

AS A RESULT, I FELT SOME DISCOMFORT, SEEK FOR MEDICAL AT A CLINIC & HAD 4 DAYS OF MEDICAL LEAVE.
NO AMBULANCE AT SCENE.

NO PASSENGERS ONBOARD BOTH VEHICLES.
NO POLICE REPORT LODGED YET.



 50068306/2

Driver's Signature & NRIC Number
Friday, June 14, 2019 @ 11:20:45 AM

(attended by )

Text size + -

Enquire Transaction History**Transaction History Details**

Log Date/Time:	29 Aug 2014 / 10:30:32	Receipt No.:	AACCK001-AX239-140829-000025
Asset Type:	Vehicle	Transaction Amount:	\$62,506.00
Asset ID:	SHC6102P	Channel:	AA Counterless - CYCLE & CARRIAGE KIA PTE LTD

~~Transaction Type: 01-02-Register New Vehicle (AA)~~

Business Transaction
Reference No.: 20140829103032000201

Vehicle No.: SHC6102P
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: 29 Aug 2014
Original Registration Date: 29 Aug 2014
Vehicle Make: KIA
Vehicle Model: OPTIMA 1.7(A) DIESEL
Chassis No.: KNAGM414ME5465696
Engine No.: D4FDDH308228
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: \$19,778.00
Minimum PARF Benefit: \$7,366.00
PARF Eligibility: Y
No. of Transfer: 0
Effective Ownership Date/Time: 29 Aug 2014 10:30:32
COE No.: 2014082901001354D
COE Expiry Date: 28 Aug 2022
COE Bid Category: -
Actual QP/PQP Paid Amount: \$50,088.00
Lifespan Expiry Date: 28 Aug 2022
Owner ID Type: Company



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

Third Party Insurer Enquiry

Our Ref No: GR-19-094797

Date of Request: 14/06/2019

Your Ref No: Online Purchase

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

Dear Sir/Madam,

Enquiry Date 14/06/2019
Enquiry By VINCENT CHUA WEE AN
TP Vehicle No. SKS6866Z
Accident Date 13/06/2019

Enquiry Result

TP Vehicle No.	Insurer	Period of Insurance	Insurer Tel. No.
SKS6866Z	AXA Insurance Pte Ltd	16/04/2019-15/04/2021	6338 7288

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

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Phone: +65 6224 0010 Fax: +65 6224 0030

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TAX INVOICE

Our Ref No: GR-19-094797

Date of Request: 14/06/2019

Your Ref No:

Online Purchase

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

Dear Sir/Madam,

Enquiry Date 14/06/2019
Enquiry By VINCENT CHUA WEE AN
TP Vehicle No. SKS6866Z
Accident Date 13/06/2019

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