

## 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	08/07/2019 11:23
Date Of Accident	05/07/2019 17:25
Exact Location Of Accident	MARINA BOULEVARD // SHEARES AVE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB8686M
<b>Insured/Policyholder</b>	
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	IONIQ HYBRID-1.6 GLS DCT (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	LEE ZHEN HON KEVIN (LI ZHENHONG)
NRIC No	S8039271J
Date Of Birth	05/12/1980
Occupation	OUTDOOR
Date Of Driving Pass	25/03/2002
Driving Experience	17 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81117164
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 138A #10-105 YUAN CHING ROAD
Postcode	611138
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 - CROSS JUNCTION
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)	2
Passenger 1	NAME: : PAX IN THE REAR SEAT - FOREIGNER GENDER: : FEMALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TANAH MERAH NEIGHBOURHOOD POLICE POST
Police Station Address	<b>ROAD:</b> BLK 51 NEW UPPER CHANGI ROAD #01-1514 , <b>POSTCODE:</b> 461051 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-4499999 - <b>FAX NO:</b> 62447251
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

VEH, A - 1 PAX VEH. B - 3 PAX \*REFER TO ATTACH POLICE REPORT

#### 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	SHD3945M
Vehicle Make/Model/Colour	COMFORT TAXI/HY IONIQ
Details Of Properties	VEH. B
Vehicle Category	TAXI
Name of Driver	MALE MALAY
NRIC/Passport Number	
Contact Number	

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1**

Name LEE ZHEN HON KEVIN (LI ZHENHONG) - DRIVER OF VEH. A

Approximate Age

Injuries Sustain WENT CLINIC FOR MEDICAL CLINIC & HAD 4 DAYS MC

Injured person in which vehicle? SHB8686M

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.



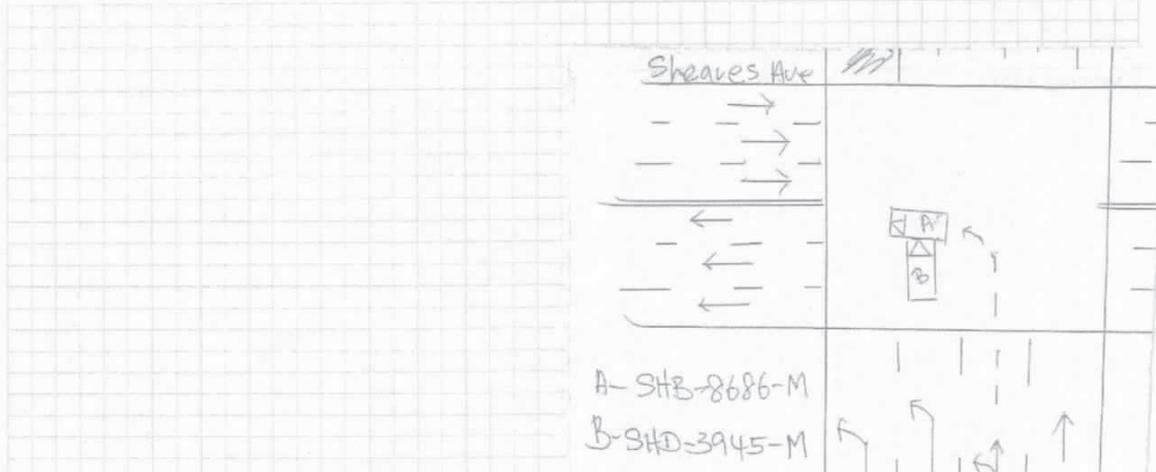
Policyholder's Signature  
Date & Time:

x   
8803927409 JUL 2019  
SHB8686m

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

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

A: SHB8686M

B: SHD 3945M.

\* Refer to attach police report.

\* Video footage captured.

\* Scene photos taken.

DECLARATION

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

08 JUL 2019



Policyholder's Signature  
Date & Time:

*[Handwritten Signature]*

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

*[Handwritten Signature]*

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

9 58039275





**SINGAPORE  
POLICE FORCE**



T/20190705/2156

2 of 3

Police Station Of Origin:  
Tanah Merah NPP  
51 New Upper Changi Road #01-1514  
SINGAPORE 461051  
Tel No: 1800-4499999

Report No. T/20190705/2156

## CONTINUATION OF REPORT

Driver			
Name	LEE ZHEN HON KEVIN		ID No. S8039271J
Related Vehicle	SHB8686M (Car)		Contact No. 81117164
Hospital/Clinic	OASIS FAMILY CLINIC		Class of Driving Licence & Expiry Date Class: 2B,3,4,5 Date of Expiry: NIL
Date Treatment	05/07/2019	Date Discharge	05/07/2019
No. of Days granted Medical Leave	04	Degree of Injury	Serious

**Brief Details.**

On the above mentioned date, time and place while I was driving my taxi along Marina Boulevard about to turn left into Sheares Ave. While I was turning halfway there is a taxi, SHD3945M also turning left the sheares ave and hit into my vehicle left side causing my left side dented and left rear dented too. My neck and right side of my body feels numb and pain. As for his vehicle front portion dented and I do not know whether the other party the driver is injured or not.



**SINGAPORE  
POLICE FORCE**



T/20190705/2156

3 of 3

Report No. T/20190705/2156

Police Station Of Origin:  
Tanah Merah NPP  
51 New Upper Changi Road #01-1514  
SINGAPORE 461051  
Tel No: 1800-4499999

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

**IMPORTANT:** Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report: G / SI CHUA BENG HENG	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 05/07/2019 20:02
Officer In Charge Of Case: TP / AEIT / Sr Staff Sgt ONG YONG HOCK Contact No.: 65476436	Classification Of Case:
Authentication Stamp NP168	

## Enquire Vehicle Registration Details

### Owner Particulars

NRIC/Passport /Company Cert No.:	200304975H
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.:	SHB8686M
Previous Vehicle No.:	-
Effective Date of Ownership:	14 Feb 2019
Original Regn Date:	14 Feb 2019
Registration Date:	14 Feb 2019
Year of Manufacture:	2018
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:	AE IONIQ HEV 1.6 DCT
Primary Colour:	Silver
Secondary Colour:	-
Passenger Capacity:	4
Chassis No.:	KMHC851CVKU129603
Engine No.:	G4LEJU155972
Motor No.:	PM04JB5171DJ
Engine Capacity /Power Rating:	1580 cc / 32.0 kW
Maximum Power Output:	103.6 kW (138 bhp)

Propellant:	Petrol-Electric
Max Unladen Weight:	1370 kg
Maximum Laden Weight:	1870 kg
Open Market Value:	\$25,279.00
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	13 Feb 2027
Minimum PARF Benefit:	\$7,434.00
No. of Transfers:	0
IU Label No.:	1050533380
COE No.:	2019021401003675M
COE Expiry Date:	13 Feb 2027
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:	- / \$25,727.00
PQP Paid:	\$20,582.00
QP (Regn Cat):	-
OPC Cash Rebate Eligibility:	No
QP during COE Bidding Exercise:	\$0.00
Additional Registration Fee Rate:	First \$20,000.00 (100%), next \$5,279.00 (140%)
Actual ARF Paid:	\$12,391.00
Vehicle Lifespan Expiry Date:	13 Feb 2027
CO2 Emission:	86.00 (g/km)
CEV/VES Rebate Utilised Amount:	\$15,000.00
CO Emission:	0.109280 (g/km)
HC Emission:	0.028670 (g/km)
NOx Emission:	0.002060 (g/km)
PM Emission:	0.052000 (mg/km)
Message:	This is a public service vehicle.