

## 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 willful 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	27/12/2019 13:40
Date Of Accident	27/12/2019 00:00
Exact Location Of Accident	CHANGI AIRPORT T4
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC6576E
<b>Insured/Policyholder</b>	
Name Of Registered Owner	PREMIER TAXIS PTE LTD
Co Reg No	2XXXXX975H
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-62148880
<b>Vehicle Particulars</b>	
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
<b>Insurance Company</b>	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	YES
Policy Number	5107202885
Cover Note Number	
<b>Driver</b>	
Name of Driver	CHAN CHEE KIONG
NRIC No	SXXXX650F
Date Of Birth	05/01/1975
Occupation	OUTDOOR
Date Of Driving Pass	22/02/2000
Driving Experience	19 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92747085
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address BLK 16 #10-328  
TELOK BLANGAH CRESCENT

Postcode 090016

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 ON COLLISION

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? 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? YES

If Yes, Please state which Police Station

Police Station Name ROCHER N.P.C

Police Station Address ROAD: 11 KAMPONG KAPOR ROAD , POSTCODE: 208678 , COUNTRY: SINGAPORE

Police Station Contact TEL NO: 1800-2949999 - FAX NO:

Was notice of intended Prosecution given? NO

If Yes, against whom?

**Circumstances of Accident**

BOTH VEHICLES - NO 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 SHD8593L

Vehicle Make/Model/Colour CITY CAB/HYUNDAI

Details Of Properties VEH. B

Vehicle Category TAXI

Name of Driver DIN

NRIC/Passport Number

Contact Number 92950371

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver) 1

**DETAILS OF INJURED PERSON 1**

Name CHAN CHEE KIONG - DRIVER OF VEH. A

Approximate Age

Injuries Sustain SEEKING FOR MEDICAL TREATMENT

Injured person in which vehicle? SHC6576E

Were seat belts worn? NO

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

Sketch Plan Pg. 1

SKETCH PLAN

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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.



27 DEC 2019

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.:

α S-7501650/F.  
α SHC6576E.





**SINGAPORE  
POLICE FORCE**



T/20191227/2007

Police Station Of Origin:  
Rochor N.P.C  
11 Kampong Kapur Road SINGAPORE  
208678  
Tel No: 1800-2949999

1 of 3

Report No. T/20191227/2007

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 27/12/2019 01:59		Vide Report No.:		Station Diary No.: 29	
<b>Informant's Particulars</b>					
Name of Informant: CHAN CHEE KIONG			Address: APT BLK 16 TELOK BLANGAH CRESCENT #10-32B SINGAPORE 090016		
ID Type / ID No.: NRIC NO / S7501650F			Contact No.: Home/Office: Mobile: 92747085		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 44	Date of Birth: 05/01/1975	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: TAXI DRIVER			Driving Licence Information: Class: 3 Date of Expiry:		

<b>General Information of the Accident</b>				
Type of Accident: Non-Injury Others	Drink Drive: No	Date/Time of Accident: 27/12/2019 00:05	Type of Location: Car Park	
Location: Along Road 1 AIRPORT BOULEVARD Changi Airport Terminal 4 Taxi Parking Area				
Weather: Clear	Road Surface: Dry	Road Speed Limit:		
Traffic Flow: One Way	Traffic Control: Not Controlled	Traffic Volume: No Traffic		
Type of Collision: Moving Vehicle Against - Parked Vehicle			Anyone conveyed by ambulance: No	

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No. of Passenger
SHC6576E	Car	KIA	OPTIMA 1.7(A)	Silver	Slightly Damaged	0
SHD8593L	Car	HYUNDAI	I40 1.7 CRDI F/L AT ABS AIRBAG 4DR	Yellow	Slightly Damaged	0



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2 of 3

Report No. T/20191227/2007

CONTINUATION OF REPORT

**Brief Details.**

On 27/12/2019 at about 0002hrs, I parked my Taxi at Changi Airport Terminal 4 Taxi Parking Area and I was taking a short break inside my Taxi (Plate Number: SHC 6576E).

Suddenly a yellow in colour Taxi (Plate Number: SHD 8593L) reverse and hit on to my Car Plate and caused it to have some dent.

We proceed to exchange contact number and he given me his HP Number: 92950371 and he told me he can be addressed as Din.

I am lodging a report for insurance claim purposes.



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CONTINUATION OF REPORT

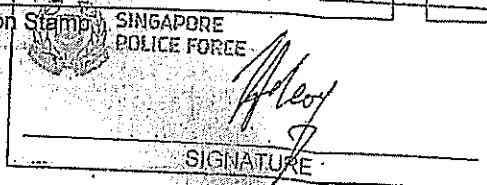
Sketch Plan

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: A / Sgt 2 TONG HO LEONG	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 27/12/2019 01:59
Officer In Charge Of Case: TP / GIA / Staff Sgt WONG SIEU LUI Contact No. 65476151	Classification Of Case:

Authentication Stamp  
NR168





Text size + -

**Enquire Transaction History**

**Transaction History Details**

Log Date/Time:	27 Feb 2015 / 09:20:58	Receipt No.:	AACCK001-AX239-150227-000007
Asset Type:	Vehicle	Transaction Amount:	\$66,712.00
Asset ID:	SHC6576E	Channel:	AA Counterless - CYCLE & CARRIAGE KIA PTE LTD
Transaction Type:	01.02 Register New Vehicle (AA)		
Business Transaction Reference No.:	20150227092058997744		
Vehicle No.:	SHC6576E		
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:	27 Feb 2015		
Original Registration Date:	27 Feb 2015		
Vehicle Make:	KIA		
Vehicle Model:	OPTIMA.1.7(A) DIESEL		
Chassis No.:	KNAGM414MF5578297		
Engine No.:	D4FDEH313331		
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:	2014		
Open Market Value:	\$20,834.00		
Minimum PARF Benefit:	\$8,200.00		
PARF Eligibility:	Y		
No. of Transfer:	0		
Effective Ownership Date/Time:	27 Feb 2015 09:20:58		
COE No.:	2015022701001616M		
COE Expiry Date:	26 Feb 2023		
COE Bid Category:	-		
Actual QP/PQP Paid Amount:	\$52,904.00		
Lifespan Expiry Date:	26 Feb 2023		