

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	30/06/2020 13:10
Date Of Accident	26/06/2020 18:45
Exact Location Of Accident	MARINA BOULEVARD // MARINA VIEW LINK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD1095D
Insured/Policyholder	
Name Of Registered Owner	PREMIER TAXIS PTE LTD
Co Reg No	2XXXXX975H
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	5107202885-01
Cover Note Number	

Driver

Name of Driver	LAI SHAN LIN
NRIC No	SXXXX602E
Date Of Birth	19/03/1971
Occupation	OUTDOOR
Date Of Driving Pass	16/09/2008
Driving Experience	11 YEARS AND 9 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-83882477
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 121B #03-191 EDGEDALE PLAINS
Postcode	822121
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 - MAJOR/MINOR RD
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	TRAFFIC POLICE DIVISION HQ
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - 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	SCE8991A
Vehicle Make/Model/Colour	M/BENZ
Details Of Properties	VEH. B
Vehicle Category	PRIVATE CAR
Name of Driver	LIM KIM HUA
NRIC/Passport Number	SXXXX203I
Contact Number	96368991
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

1

DETAILS OF INJURED PERSON 1

Name

LAI SHAN LIN - DRIVER OF VEH. A

Approximate Age

Injuries Sustain

WENT TO CLINIC FOR TREATMENT & HAD 3 DAYS MC

Injured person in which vehicle?

SHD1095D

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:

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

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

30 JUN 2023
A 57109602E
Q SHD1095D

SKETCH PLAN



* Refer to attach police report

30 JUN 2020

Date & Time: 057109602E



**SINGAPORE
POLICE FORCE**



T/20200626/7033

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 3

Report No. T/20200626/7033

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 26/06/2020 21:03		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: LAI SHAN LIN			Address: APT BLK 121B EDGEDALE PLAINS #03-191 SINGAPORE 822121		
ID Type / ID No.: NRIC NO / S7109602E			Contact No.: Home/Office: Mobile: 83882477		
Nationality: SINGAPORE CITIZEN			Email: linlye7008@gmail.com		
Sex: Female	Age: 49	Date of Birth: 19/03/1971	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: LIMO DRIVER			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 26/06/2020 18:45	Type of Location: Straight Road
Location: MARINA BOULEVARD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SCE8991A	Car			Silver	Seriously Damaged	0
SHD1095D	Car				Seriously Damaged	0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20200626/7033

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

2 of 3

Report No. T/20200626/7033

CONTINUATION OF REPORT

Driver			
Name	LAI SHAN LIN		ID No. S7109602E
Related Vehicle	SHD1095D (Car)		Contact No. 83882477
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: NIL
Date Treatment	26/06/2020		Date Discharge 26/06/2020
No. of Days granted Medical Leave	03	Degree of Injury	Serious

Brief Details.

I was the driver of my taxi SHD1095D.

I was travelling on the most right lane when suddenly a car bearing the plate SCE8991A came out from Marina View Link.

I tried to avoid but to no avail. He collided onto the right side of my vehicle.

Following I felt pain on my neck and shoulder so I went to consult a doctor and was given 3 days of MC.



**SINGAPORE
POLICE FORCE**



T/20200626/7033

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

3 of 3

Report No. T/20200626/7033

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPHQ /
SHARIFAH NOR FARIZAN BINTE SYED MOHD
SAID
Contact No.: 65476172

Authentication Stamp

NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by SingPass. No signature is
required.

Date/Time:
26/06/2020 21:03

Classification Of Case:

Text size + -

Enquire Transaction History**Transaction History Details**

Log Date/Time:	27 Nov 2015 / 09:18:56	Receipt No.:	AACCK001-AX239-151127-000011
Asset Type:	Vehicle	Transaction Amount:	\$69,056.00
Asset ID:	SHD1095D	Channel:	AA Counterless - CYCLE & CARRIAGE KIA PTE LTD
Transaction Type:	01.02 Register New Vehicle (AA)		
Business Transaction Reference No.:	20151127091856613763		
Vehicle No.:	SHD1095D		
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 Nov 2015		
Original Registration Date:	27 Nov 2015		
Vehicle Make:	KIA		
Vehicle Model:	OPTIMA 1.7(A) DIESEL		
Chassis No.:	KNAGM414MF5642893		
Engine No.:	D4DFDH314208		
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:	2015		
Open Market Value:	\$22,606.00		
Minimum PARF Benefit:	\$14,189.00		
PARF Eligibility:	Y		
No. of Transfer:	0		
Effective Ownership Date/Time:	27 Nov 2015 09:18:56		
COE No.:	2015112701003695M		
COE Expiry Date:	26 Nov 2023		
COE Bid Category:	-		
Actual QP/PQP Paid Amount:	\$45,267.00		
Lifespan Expiry Date:	26 Nov 2023		

**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-20-076872
Date of Request: 30/06/2020

Your Ref No: Online Purchase

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

Dear Sir/Madam,

Enquiry Date 30/06/2020
Enquiry By GOH WEE DEK
TP Vehicle No. SCE8991A
Accident Date 26/06/2020

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

**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-20-076872

Date of Request: 30/06/2020

Your Ref No:

Online Purchase

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

Dear Sir/Madam,

Enquiry Date 30/06/2020
Enquiry By GOH WEE DEK
TP Vehicle No. SCE8991A
Accident Date 26/06/2020

Enquiry Result

TP Vehicle No.	Insurer	Period of Insurance	Insurer Tel. No.
SCE8991A	AIG Asia Pacific Insurance Pte. Ltd.	23/07/2019-22/07/2020	65-6419-3000
SCE8991A	AIG Asia Pacific Insurance Pte. Ltd.	29/07/2019-28/07/2020	65-6419-3000

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.

This is a computer generated document and requires no signature.

PREMIER AUTOMOTIVE SERVICES PTE LTD

23 CHANGI SOUTH AVENUE 2 #01-02
SINGAPORE 486443

TEL: 65446676 / 65446689 FAX: 62141511

CO. REG:200707743D GST REG:200707743D

30-Jun-20

ESTIMATE REPAIR BILL FOR KIA OPTIMA REGN NO: SHD1095 D

1 pc	Rear o/s door	\$	791.00
1 pc	o/s rocker panel garnish	\$	286.00
1 pc	Rear o/s wheel cover	\$	116.00
1 pc	Rear bumper o/s side bracket	\$	29.00
1 pc	Rear bumper	\$	696.00
		\$	1,918.00
		Less 10%	\$ 191.80
			<u>\$ 1,726.20</u>

S/NETT

1 set	o/s rocker panel garnish clips	\$	38.00
1 set	o/s door stickers	\$	100.00
1 pc	Rear o/s fender sticker	\$	60.00
1 pc	Rear bumper clips	\$	48.00

Sundry \$ 50.00

To check for rear o/s wheel alignment \$ 80.00

To dismantle / refit the inner garnishes, inner linings, inner trims, cushion seat, carpet, etc to facilitate repairs. \$ 180.00

To refit old rear windscreen glass onto new moulding \$ 120.00

To refit inner components of the front & rear o/s doors onto new shell doors \$ 300.00

To labour charge for dismantle and renew the accident damaged parts. To heat/weld & cut rear o/s fender. Including knock-out, straighten, repair, reshape and adjust of the rear o/s fender, etc. \$ 900.00

To putty and spray painting on front o/s door, rear o/s door, o/s rocker panel garnish, rear o/s fender, rear bumper \$ 1,000.00

To apply rustproofing on the repaired and replaced panels. \$ 180.00

\$ 8,019.00

(ALL THE REPAIR COSTS ARE SUBJECTED TO GST)
**THE ABOVE ESTIMATED COST OF REPAIR DO NOT INCLUDE
ANY UNFORESEEN DAMAGES.**