

## 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	02/07/2020 10:25
Date Of Accident	01/07/2020 17:20
Exact Location Of Accident	RIVER VALLEY ROAD & EXIT OF ASPEN HEIGHTS
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC6418D
<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

### 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	CHOW PENG KUAN
NRIC No	SXXXX809H
Date Of Birth	22/09/1951
Occupation	OUTDOOR
Date Of Driving Pass	05/12/1972
Driving Experience	47 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96246249
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 3 #22-28 TANJONG PAGAR PLAZA
Postcode	081003
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	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)	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	SLN3040Z
Vehicle Make/Model/Colour	M/BENZ
Details Of Properties	VEH. B
Vehicle Category	PRIVATE CAR
Name of Driver	SUDHA MISHRA
NRIC/Passport Number	SXXXX919G
Contact Number	91770900/92330802 - HUSBANDS
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
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.



*[Handwritten signature]*

02 JUL 2020

*[Handwritten signature]*

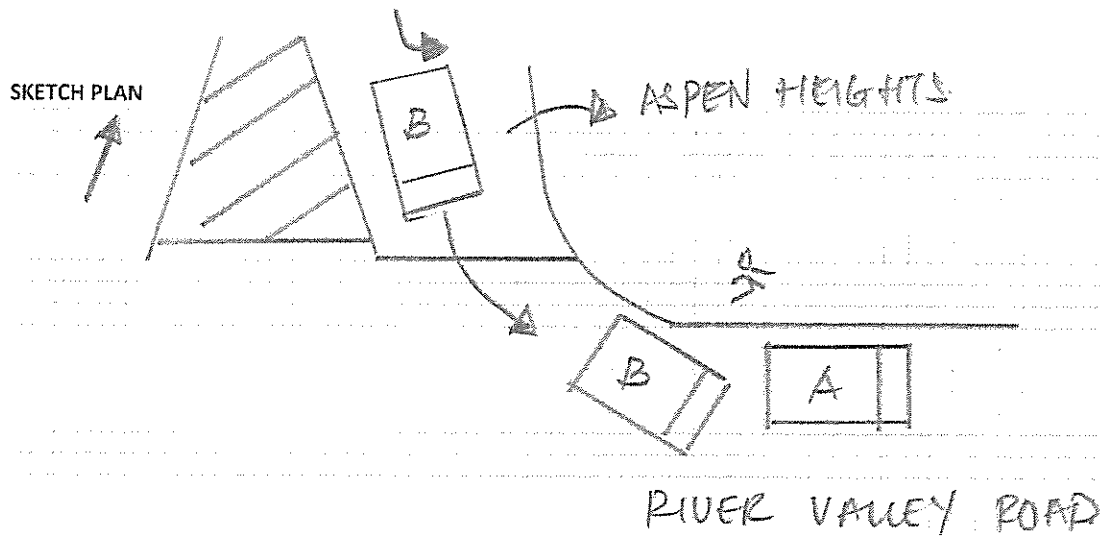
Policyholder's Signature  
Date & Time:

Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 2/7/20 1038

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

SHC6418D  
S0028809H

Sketch Plan Pg. 2



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

A: SHC 6 418D

B: SLN 30407

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: 02028809H  
020720 1038

02 JUL 2020

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

Describe Circumstance of the Accident.

ON 01/07/2020 @ 1720HRS, I WAS DRIVING MY TAXI ( SHC 6418 D ) - TRAVELLING ALONG RIVER VALLEY ROAD - ON THE LEFT LANE.

I SLOWED DOWN TO A COMPLETE STOP WITH HAZARD LIGHTS ON - TO BOARD A PASSENGER.

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

WHEN INSPECTED, I DISCOVERED THAT VEHICLE B ( SLN 3040 Z - M/BENZ E250 ) WHICH WAS EXITING FROM ASPEN HEIGHTS - FAILED TO KEEP FOR PROPER LOOK OUT & FAILED TO STOP IN TIME - HAD COLLIDED ONTO THE REAR OF MY TAXI.

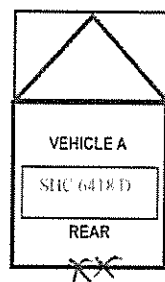
DUE TO THE IMPACT, MY TAXI HAD DAMAGES ON THE REAR PORTION & VEHICLE B HAD DAMAGES ON THE FRONT LEFT PORTION.

NO INJURY INVOLVED.

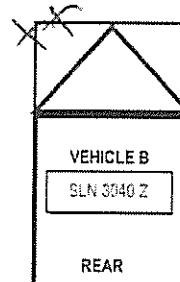
NO PASSENGERS ONBOARD BOTH VEHICLES.

(VIDEO FOOTAGE CAPTURED)

DAMAGES FOUND ON VEHICLE A & VEHICLE B



PREMIER  
TAXI



THIRD PARTY  
VEHICLE



*[Handwritten Signature]*

50028809H

Driver's Signature & NRIC Number  
Thursday, July 02, 2020 @ 10:34:57 AM

(attended by

*[Handwritten Signature]*

Text size + -

**Enquire Transaction History****Transaction History Details**

Log Date/Time:	09 Mar 2015 / 10:13:38	Receipt No.:	AACCK001-AX239-150309-000013
Asset Type:	Vehicle	Transaction Amount:	\$65,354.00
Asset ID:	SHC6418D	Channel:	AA Counterless - CYCLE & CARRIAGE KIA PTE LTD
Transaction Type:	01.02 Register New Vehicle (AA)		
Business Transaction Reference No.:	20150309101338224348		

Vehicle No.:	SHC6418D
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:	09 Mar 2015
Original Registration Date:	09 Mar 2015
Vehicle Make:	KIA
Vehicle Model: ....	OPTIMA:1.7(A) DIESEL
Chassis No.:	KNAGM414MF5588223
Engine No.:	D4FDEH313328
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:	\$21,158.00
Minimum PARF Benefit:	\$8,473.00
PARF Eligibility:	Y
No. of Transfer:	0
Effective Ownership Date/Time:	09 Mar 2015 10:13:38
COE No.:	2015030901002142E
COE Expiry Date:	08 Mar 2023
COE Bid Category:	-
Actual QP/PQP Paid Amount:	\$51,092.00
Lifespan Expiry Date:	08 Mar 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-20-077680

Date of Request: 02/07/2020

Your Ref No:

Online Purchase

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

Dear Sir/Madam,

Enquiry Date 02/07/2020  
Enquiry By GOH WEE DEK  
TP Vehicle No. SLN3040Z  
Accident Date 01/07/2020

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.

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For GIARMC Official use:

Date:

☒ GIRO ☐ Cash ☐ Cheque



RECORDS MANAGEMENT CENTRE

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**Third Party Insurer Enquiry**

Our Ref No: GR-20-077680

Date of Request: 02/07/2020

Your Ref No:

Online Purchase

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

Dear Sir/Madam,

Enquiry Date 02/07/2020  
Enquiry By GOH WEE DEK  
TP Vehicle No. SLN3040Z  
Accident Date 01/07/2020

**Enquiry Result**

TP Vehicle No.	Insurer	Period of Insurance	Insurer Tel. No.
SLN3040Z	AIG Asia Pacific Insurance Pte. Ltd.	28/04/2020-27/04/2021	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.

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