

## 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	06/07/2020 09:01
Date Of Accident	04/07/2020 20:45
Exact Location Of Accident	SLIP ROAD OF AIRPORT ROAD INTO EUNOES LINK
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC6988A
<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	NG TEOW GUAN (HUANG CHAOYUAN)
NRIC No	SXXXX031J
Date Of Birth	18/09/1977
Occupation	OUTDOOR
Date Of Driving Pass	07/03/2000
Driving Experience	20 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97666534
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 672B #12-555 EDGEFIELD PLAINS
Postcode	822672
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?	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 - CHINESE GENDER: : MALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	BOON TECK NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 207 TOA PAYOH NORTH , POSTCODE: 310207 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2549999 - FAX NO: 63554310
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

vEH. A - 1 PAX VEH. B - UNKNOWN PAX ONBOARD \*VIDEO FOOTAGE CAPTURED \*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	SMP8774J
Vehicle Make/Model/Colour	MITSUBISHI
Details Of Properties	VEH. B
Vehicle Category	PRIVATE CAR
Name of Driver	NOR HALIS BIN SHAFIS
NRIC/Passport Number	SXXXX235I
Contact Number	

Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

#### DETAILS OF INJURED PERSON 1

Name NG TEOW GUAN - DRIVER OF VEH. A  
Approximate Age  
Injuries Sustain SEEK FOR MEDICAL TREATMENT @ MT ALVERNIA HSPTL & HAD 5 DAYS MC  
Injured person in which vehicle? SHC6988A  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? NO  
Address  
Postcode

#### DETAILS OF INJURED PERSON 2

Name PAX IN VEH. A - MALE CHINESE  
Approximate Age  
Injuries Sustain SEEK FOR MEDICAL TREATMENT @ CLINIC & HAD 5 DAYS MC  
Injured person in which vehicle? SHC6988A  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? NO  
Address  
Postcode

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.



Policyholder's Signature  
Date & Time:

X 

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

X 57727031J  
OR SHC6988A

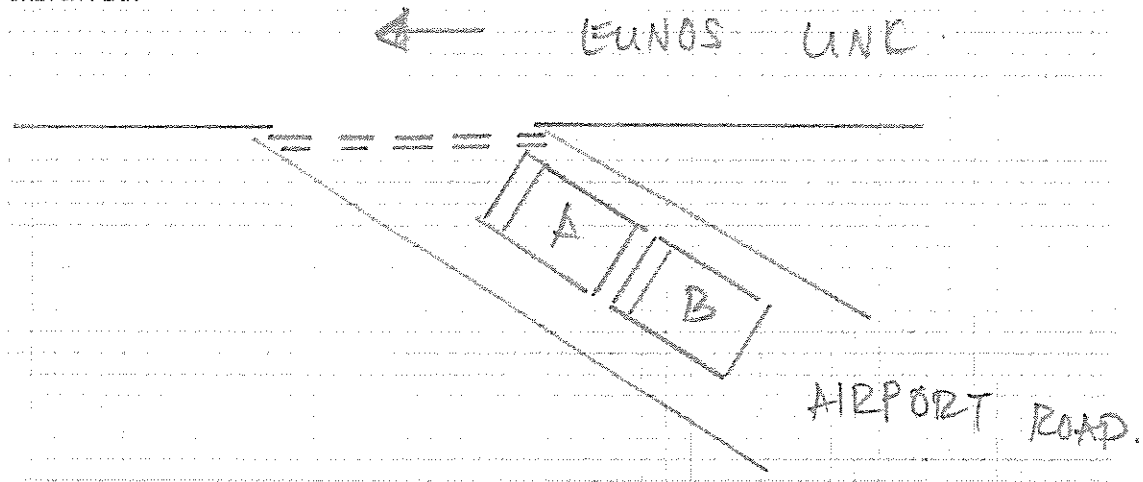
06 JUL 2020



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

### Sketch Plan Pg. 2

### SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

A: SHC 6988A

B: SMP 8774J

\*Refer to attach police report

## DECLARATION

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

06 JUL 2020

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.:



**SINGAPORE  
POLICE FORCE**



T/20200705/2034

Police Station Of Origin:  
Boon Teck NPP  
207 Toa Payoh North #01-1231 SINGAPORE  
310207  
Tel No: 1800-2549999

1 of 4

Report No. T/20200705/2034

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 05/07/2020 13:15		Vide Report No.:		Station Diary No.: 10	
<b>Informant's Particulars</b>					
Name of Informant: NG TEOW GUAN			Address: APT BLK 672B EDGEFIELD PLAINS #12-555 SINGAPORE 822672		
ID Type / ID No.: NRIC NO / S7727031J			Contact No.: Home/Office: Mobile: 97666534		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 42	Date of Birth: 18/09/1977	Type of Informant: Driver		
Race: Chinese			Language: Mandarin		Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: 3,4,5		Date of Expiry:

<b>General Information of the Accident</b>				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 04/07/2020 20:45	Type of Location: Left Turn Filter Lane
Location: Along Road 1 Traveling Toward Road 2 AIRPORT ROAD EUNOS LINK Filter lane of Airport Road towards Eunoz Link.				
Weather: Drizzling		Road Surface: Wet		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Pedestrian Crossing		Traffic Volume: No Traffic
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHC6988A	Car				Slightly Damaged	1
SMP8774J	Car				Slightly Damaged	0

<b>Details of Person Involved</b>	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE  
POLICE FORCE**



T/20200705/2034

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Police Station Of Origin:  
Boon Teck NPP  
207 Toa Payoh North #01-1231 SINGAPORE  
310207  
Tel No: 1800-2549999

Report No. T/20200705/2034

## CONTINUATION OF REPORT

<b>Passenger</b>			
Name	TAN WEI MIN RICHARD	ID No.	S1604562D
Related Vehicle	SHC6988A (Car)	Contact No.	90231118
Hospital/Clinic	OUR FAMILY PHYSICIAN CLINIC & SURGERY	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	04/07/2020	Date Discharge	04/07/2020
No. of Days granted Medical Leave	05	Degree of Injury	Slight
<b>Driver</b>			
Name	NG TEOW GUAN	ID No.	S7727031J
Related Vehicle	SHC6988A (Car)	Contact No.	97666534
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3,4,5 Date of Expiry: NIL
Date Treatment	05/07/2020	Date Discharge	05/07/2020
No. of Days granted Medical Leave	05	Degree of Injury	Slight
<b>Driver</b>			
Name	NOR HALIS BIN SHAFIK	ID No.	S1466235I
Related Vehicle	SMP8774J (Car)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On 04/07/2020 at about 2020hrs, I picked up the said passenger from Punggol Waterway Point Shopping Mall and destination will be Blk 31 Marine Crescent. I took the route from KPE and exited Airport Road.

At about 2045hrs, while I was making a left turn at the filter lane towards Eunos Link, I was the first vehicle at that lane. After making a check right to make sure the traffic was clear, I then release my brake pedal and proceeded to make the turn. Out of the blue, I felt and knock at the rear of my vehicle and I immediately signaled my way to the left of the road to make a check. The collision had happened during the transition of making the left turn at the filter lane.

I am lodging this report for record purpose, as well as to facilitate insurance claims and for my taxi company (PREMIER) for their follow up actions.



**SINGAPORE  
POLICE FORCE**



T/20200705/2034

Police Station Of Origin:  
Boon Teck NPP  
207 Toa Payoh North #01-1231 SINGAPORE  
310207  
Tel No: 1800-2549999

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Report No. T/20200705/2034

CONTINUATION OF REPORT

No Police or Ambulance attended my scene. I was given 5 days of out-patient medical certificate by Mount Alvernia Hospital from 05/07/2020 to 09/07/2020.





**SINGAPORE  
POLICE FORCE**



T/20200705/2034

Police Station Of Origin:  
Boon Teck NPP  
207 Toa Payoh North #01-1231 SINGAPORE  
310207  
Tel No: 1800-2549999

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Report No. T/20200705/2034

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: E / Sgt 3 KENNETH TOH JING YAN	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 05/07/2020 13:15
Officer In Charge Of Case: TP / AEIT / SI ANG YI TING, STEPHANIE Contact No. 65436414	Classification Of Case:
Authentication Stamp NP168	SN 62
 SIGNATURE	



**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-20-078664  
Date of Request: 06/07/2020

Your Ref No: Online Purchase

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

Dear Sir/Madam,

Enquiry Date 06/07/2020  
Enquiry By GOH WEE DEK  
TP Vehicle No. SMP8774J  
Accident Date 04/07/2020

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



**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-20-078664

Date of Request: 06/07/2020

Your Ref No:

Online Purchase

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

Dear Sir/Madam,

Enquiry Date 06/07/2020  
Enquiry By GOH WEE DEK  
TP Vehicle No. SMP8774J  
Accident Date 04/07/2020

#### Enquiry Result

TP Vehicle No.	Insurer	Period of Insurance	Insurer Tel. No.
SMP8774J	AIG Asia Pacific Insurance Pte. Ltd.	15/10/2019-14/10/2020	65-6419-3000
SMP8774J	AIG Asia Pacific Insurance Pte. Ltd.	21/10/2019-20/10/2020	65-6419-3000

Thank You.

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

Log Date/Time:	04 Dec 2015 / 09:06:02	Receipt No.:	AACCK001-AX239-151204-000007
Asset Type:	Vehicle	Transaction Amount:	\$68,285.00
Asset ID:	SHC6988A	Channel:	AA Counterless - CYCLE & CARRIAGE KIA PTE LTD
Transaction Type:	01.02 Register New Vehicle (AA)		
Business Transaction Reference No.:	20151204090602908094		

Vehicle No.:	SHC6988A
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:	04 Dec 2015
Original Registration Date:	04 Dec 2015
Vehicle Make:	KIA
Vehicle Model:	OPTIMA 1.7(A) DIESEL
Chassis No.:	KNAGM414MF5642998
Engine No.:	D4FDFH314202
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:	\$21,913.00
Minimum PARF Benefit:	\$13,607.00
PARF Eligibility:	Y
No. of Transfer:	0
Effective Ownership Date/Time:	04 Dec 2015 09:06:02
COE No.:	2015120401003353H
COE Expiry Date:	03 Dec 2023
COE Bid Category:	
Actual QP/PQP Paid Amount:	\$45,466.00
Lifespan Expiry Date:	03 Dec 2023