

## 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	20/08/2020 10:10
Date Of Accident	20/08/2020 08:30
Exact Location Of Accident	THOMSON LANE TOWARDS THOMSON ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC6073P
<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	CHNG SANG JOON
NRIC No	SXXXX346H
Date Of Birth	13/05/1965
Occupation	OUTDOOR
Date Of Driving Pass	01/03/1988
Driving Experience	32 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97779294
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 188A #15-68 BEDOK NORTH ST 4
Postcode	461188
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	AFTER RAIN
Road Surface	SLIGHT 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: : MALE

#### 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

VEH. A - 1 PAX VEH. B - 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	SKU4462H
Vehicle Make/Model/Colour	AUDI/BLACK
Details Of Properties	VEH. B
Vehicle Category	PRIVATE CAR
Name of Driver	NG AH CHUAN ALVERON
NRIC/Passport Number	SXXXX509A
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	DAMAGED ON THE REAR LEFT PORTION

No. Of Passenger (Including Driver)

1

**DETAILS OF INJURED PERSON 1**

Name	VITTORIO FAVATI - PAX IN VEH. A
Approximate Age	
Injuries Sustain	SLIGHT PAIN ON LEFT SHOULDER
Injured person in which vehicle?	SHC6073P
Were seat belts worn?	
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:

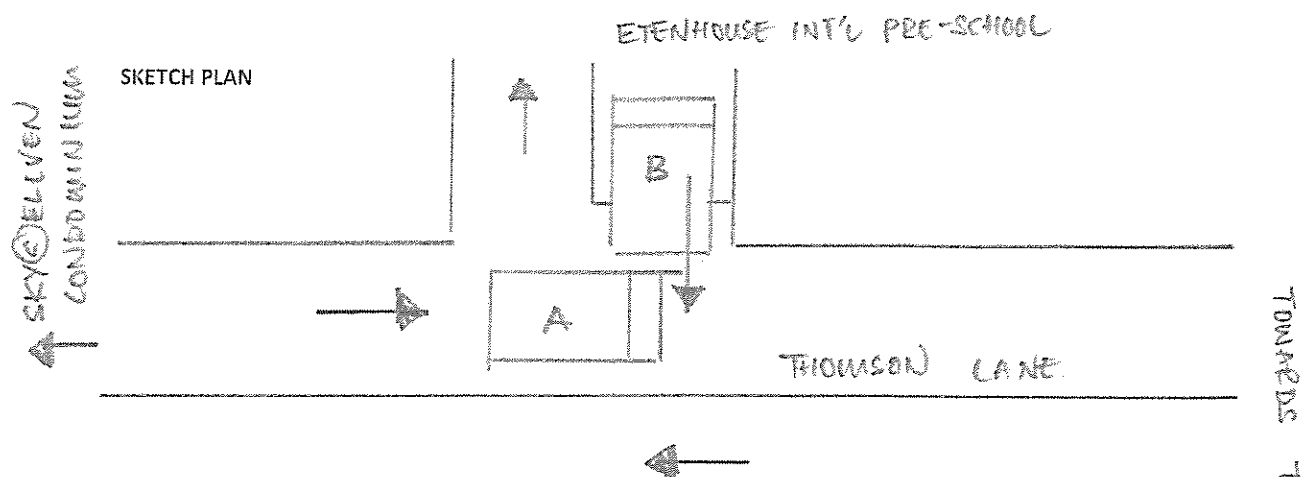
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

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

20 AUG 2020

X 81725346H  
Q SHE 6073 P

**Sketch Plan Pg. 2**



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

A: SHC 6073P

B: SKU 446DH.

## 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: 251725340H

20 AUG 2020

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

Describe Circumstance of the Accident.

ON 20/08/2020 @ 0830 HRS, I WAS DRIVING MY TAXI (SHC 6073 P) TRAVELLING ALONG THOMSON LANE WITH A PASSENGER ONBOARD (FETCHED FROM SKY@ELEVEN CONDOMINIUM) – ON A SINGLE LANE OF DUAL CARRIAGE WAY.

WHILE I WAS MOVING STRAIGHT AHEAD – TOWARDS THE MAIN ROAD - THOMSON ROAD, SUDDENLY VEHICLE B ( SKU 4462 H – AUDI/BLACK ) WHICH FAILED TO KEEP FOR CLEARANCE – HAD COLLIDED ONTO THE LEFT FRONT OF MY TAXI WHILE REVERSING FROM ETENHOUSE INTERNATIONAL PRE-SCHOOL (ON THE LEFT).

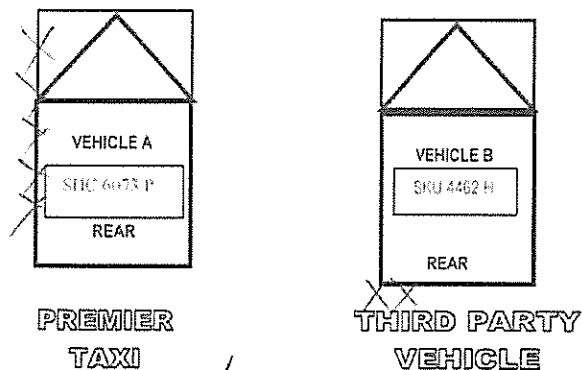
DUE TO THE IMPACT, MY TAXI HAD DAMAGES ON THE ENTIRE LEFT FRONT PORTION & PUNCTURED ON THE LEFT FRONT TYRE. VEHICLE B HAD DAMAGES ON THE REAR LEFT PORTION.

MY PASSENGER WHO WAS IN THE REAR SEAT, SUFFERED SLIGHT PAIN ON HIS LEFT SHOULDER & WILL SEEK FOR MEDICAL TREATMENT IF NECESSARY. NO AMBULANCE AT SCENE.

NO PASSENGERS ONBOARD VEHICLE B.

\*SCENE PHOTOS & VIDEO FOOTAGE CAPTURED.

DAMAGES FOUND ON VEHICLE A & VEHICLE B



*[Signature]* 81725346H

Driver's Signature & NRIC Number  
Thursday, August 20, 2020 @ 10:21:43 AM

(attended by *[Signature]*)

Text size + -

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

Log Date/Time:	17 Jul 2014 / 09:18:20	Receipt No.:	AACCK001-AX239-140717-000005
Asset Type:	Vehicle	Transaction Amount:	\$65,817.00
Asset ID:	SHC6073P	Channel:	AA Counterless - CYCLE & CARRIAGE KIA PTE LTD
Transaction Type:	01.02 Register New Vehicle (AA)		
Business Transaction Reference No.:	20140717091820556060		

Vehicle No.: SHC6073P

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: 17 Jul 2014

Original Registration Date: 17 Jul 2014

Vehicle Make: KIA

Vehicle Model: OPTIMA 1.7(A) DIESEL

Chassis No.: KNAGM414ME5464082

Engine No.: D4FDDH307999

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: 2013

Open Market Value: \$19,908.00

Minimum PARF Benefit: \$7,444.00

PARF Eligibility: Y

No. of Transfer: 0

Effective Ownership Date/Time: 17 Jul 2014 09:18:20

COE No.: 2014071701001329R

COE Expiry Date: 16 Jul 2022

COE Bid Category: -

Actual QP/PQP Paid Amount: \$53,269.00

Lifespan Expiry Date: 16 Jul 2022

Owner ID Type: Company



RECORDS MANAGEMENT CENTRE

**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-20-097776

Date of Request: 20/08/2020

Your Ref No:

Online Purchase

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

Dear Sir/Madam,

Enquiry Date 20/08/2020  
Enquiry By LIEW HAI LEONG  
TP Vehicle No. SKU4462H  
Accident Date 20/08/2020

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:

☒ [X] GIRO ☐ [ ] Cash ☐ [ ] Cheque





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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-20-097776

Date of Request: 20/08/2020

Your Ref No:

Online Purchase

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

Dear Sir/Madam,

Enquiry Date 20/08/2020  
Enquiry By LIEW HAI LEONG  
TP Vehicle No. SKU4462H  
Accident Date 20/08/2020

**Enquiry Result**

TP Vehicle No.	Insurer	Period of Insurance	Insurer Tel. No.
SKU4462H	AIG Asia Pacific Insurance Pte. Ltd.	28/07/2020-27/07/2021	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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