

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	11/11/2020 09:40
Date Of Accident	11/11/2020 08:50
Exact Location Of Accident	KPE TUNNEL TWDS CITY (NEARBY AIRPORT ROAD EXIT)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC6517B
Insured/Policyholder	
Name Of Registered Owner	PREMIER TAXIS PTE LTD
Co Reg No	2XXXXX675H
Email Address	CLAIMS@PREMIERTAXI.COM
Mobile Phone No	
Alternative Phone No	OFFICE-62148880
Vehicle Particulars	
Manufacturer	HYUNDAI
Model	I30 (FD)-1.6 DOHC (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	LIM SZE GUAN (LIN SIYUAN)
NRIC No	SXXXX359C
Date Of Birth	09/04/1973
Occupation	OUTDOOR
Date Of Driving Pass	25/04/1991
Driving Experience	29 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91559060
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 271A #13-513 PUNGGOL WALK
Postcode	821271
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 - CHANGE/CROSS LANE
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)	2
Passenger 1	NAME: : PAX IN THE REAR SEAT - CHINESE 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 - 2-3 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	SLP4807L
Vehicle Make/Model/Colour	KIA
Details Of Properties	VEH. B
Vehicle Category	PRIVATE CAR
Name of Driver	BENJAMIN TAN WEI MING
NRIC/Passport Number	SXXXX769F
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

Sketch Plan Pg. 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.

Policyholder's Signature
Date & Time:



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

α 11/11/2020

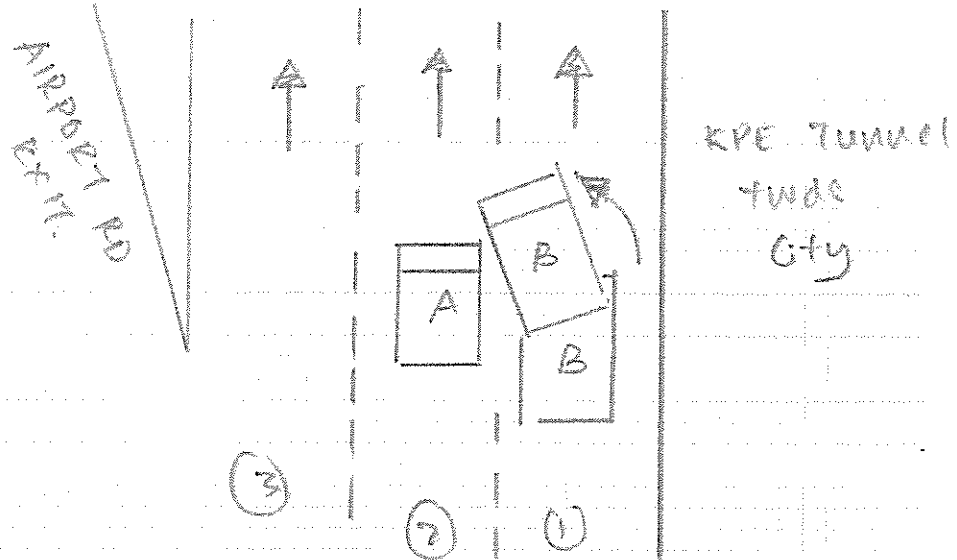
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

11 NOV 2020

57312359C

Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

A: SHC 6517B

B: SLP 4807L

* Video footage captured

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:

11 NOV 2020

573/23590

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Sketch Plan Pg. 3

Describe Circumstance of the Accident.

ON 11/11/2020 @0850HRS, I WAS DRIVING MY TAXI (SHC 6517 B), TRAVELLING ALONG KPE TUNNEL TOWARDS CITY WITH A PASSENGER ONBOARD – ON LANE 2.

WHILE I WAS MOVING STRAIGHT AHEAD – SUDDENLY I FELT AN IMPACT FROM MY RIGHT.

WHEN INSPECTED, I DISCOVERED THAT VEHICLE B (SLP 4807 L – KIA) WHICH WAS INITIALLY ON LANE 1 – FAILED TO KEEP FOR PROPER LOOK OUT, HAD ENCROACHED ONTO MY PATH ON MY RIGHT ABRUPTLY & COLLIDED ONTO THE RIGHT PORTION OF MY TAXI.

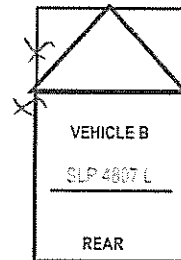
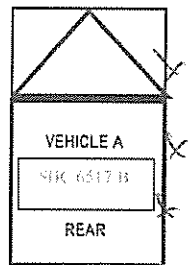
DUE TO THE IMPACT, MY TAXI HAD DAMAGES ON THE RIGHT PORTION & VEHICLE B HAD DAMAGES ON THE LEFT PORTION.

NO INJURY INVOLVED.

VEHICLE B HAD 2-3 PASSENGERS ONBOARD.

*VIDEO FOOTAGE CAPTURED

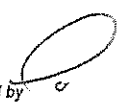
DAMAGES FOUND ON VEHICLE A & B



57312359C

Driver's Signature & NRIC Number

Wednesday, November 11, 2020 @ 9:52:09 AM

(attended by )

Enquire Vehicle Registration Details**Owner Particulars**

NRIC/Passport/Company Cert No.: 200304975H
 Owner ID Type: Company
 Owner Name: PREMIER TAXIS PTE. LTD.
 Registered Address: 23 CHANGI SOUTH AVENUE 2 #04-03 SINGAPORE 486443
 Mailing Address: -
 Birth Date: -

Vehicle Particulars

Vehicle No.: SHC6517B
 Previous Vehicle No.: -
 Effective Date of Ownership: 16 Aug 2017
 Original Regn Date: 16 Aug 2017
 Registration Date: 16 Aug 2017
 Year of Manufacture: 2016
 Vehicle Type: Public Transport Taxi (Motor Car)
 Vehicle Scheme: Taxi (Company)
 Vehicle Attachment 1: Air-Con (Taxi)
 Vehicle Attachment 2: -
 Vehicle Attachment 3: -
 Vehicle Make: HYUNDAI
 Vehicle Model: I30 GDH 1.6 TCI 5DR DCT
 Primary Colour: Silver
 Secondary Colour: -
 Passenger Capacity: 4
 Chassis No.: TMAD281UVHJ134086
 Engine No.: D4FBGZ144482
 Engine Capacity/Power Rating: 1582 cc / -
 Maximum Power Output: 100.0 kW (134 bhp)
 Propellant: Diesel
 Max Unladen Weight: 1496 kg
 Maximum Laden Weight: 1940 kg
 Open Market Value: \$20,278.00
 PARF Eligibility: Yes
 PARF Eligibility Expiry Date: 15 Aug 2025
 Minimum PARF Benefit: \$7,734.00
 No. of Transfers: 0
 IU Label No.: 1050706862
 COE No.: 2017081601003878D
 COE Expiry Date: 15 Aug 2025
 COE Category: A - Car up to 1600cc & 97kW (130bhp)
 COE Registration Category: A - Car up to 1600cc & 97kW (130bhp)
 Quota Premium (QP) / Prevailing Quota Premium: - / \$45,400.00
 PQP Paid: \$36,320.00
 QP (Regn Cat): -
 OPC Cash Rebate Eligibility: No

11/11/2020

Invoice



**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-20-139317

Date of Request: 11/11/2020

Your Ref No:

Online Purchase

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

Dear Sir/Madam,

Enquiry Date 11/11/2020
Enquiry By LIEW HAI LEONG
TP Vehicle No. SLP4807L
Accident Date 11/11/2020

Enquiry Result

TP Vehicle No.	Insurer	Period of Insurance	Insurer Tel. No.
SLP4807L	AIG Asia Pacific Insurance Pte. Ltd.	29/11/2019-28/11/2020	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.

11/11/2020

Invoice



RECORDS MANAGEMENT CENTRE

**GENERAL INSURANCE ASSOCIATION OF SINGAPORE
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Phone: +65 6224 0010 Fax: +65 6224 0030
Operating Hours: Monday to Friday 9am to 5pm
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TAX INVOICE

Our Ref No: GR-20-139317

Date of Request: 11/11/2020

Your Ref No:

Online Purchase

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

Dear Sir/Madam,

Enquiry Date 11/11/2020
Enquiry By LIEW HAI LEONG
TP Vehicle No. SLP4807L
Accident Date 11/11/2020

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

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

11-Nov-20

ESTIMATE REPAIR BILL FOR HYUNDAI I30 (A) REGN NO: SHC 6517 B

1 pc	Front n/s door	\$	1,723.60
1 pc	Support panel	\$	1,243.60
1 pc	Delta garnish front o/s	\$	15.30
1 pc	Mud guard front o/s	\$	47.48
1 pc	Front o/s fender signal light @ \$32.10	\$	32.10
1 pc	Washer tank motor	\$	75.00
1 pc	Washer tank	\$	51.40
1 pc	Front bumper o/s upper bracket	\$	92.60
1 pc	Front bumper o/s support bracket	\$	37.01
1 pc	Front o/s fog lamp cover	\$	25.00
1 pc	Front o/s head lamp	\$	1,531.57
1 pc	Front bumper	\$	811.11
1 pc	Front bumper emblem	\$	27.80
1 pc	Front bumper o/s side bracket	\$	32.51
1 pc	Front o/s fender	\$	514.02
1 pc	Front o/s rim	\$	246.00
1 pc	Front o/s lower arm	\$	811.34
1 pc	Front o/s shock absorber	\$	611.56
1 pc	Front o/s tie rod end	\$	72.50
1 pc	Front o/s ball joint	\$	91.90
1 pc	Front o/s kunckle bearing	\$	349.60
1 pc	Front o/s stabilizer link	\$	88.50
1 pc	o/s mirror Assy	\$	749.49
1 pc	Front o/s fender inner shield	\$	176.72
		\$	6,427.73
		Less 20%	\$ 1,285.55
			\$ 5,142.18

11-Nov-20

ESTIMATE REPAIR BILL FOR HYUNDAI I30 (A) REGN NO: SHC 6517 B

S/NETT

1 set	Front bumper clips	\$	48.00
1 pc	Front o/s fender sticker	\$	30.00
1 set	o/s door sticker	\$	100.00
1 pc	Tyre front o/s	\$	200.00
1 set	Front o/s fender inner shield clips	\$	28.00
	Sundry	\$	50.00
	Towing Fee	\$	50.00
	To check wheel alignment	\$	80.00
	To focus/check front n/s & o/s head lamps	\$	60.00
	To dismantle and refit the inner components of the front n/s door into new shell door	\$	150.00
	To dismantle and replace the front o/s undercarriage	\$	250.00
	To dismantle / refit the inner garnishes, inner linings, inner trims, cushion seat, carpet, etc to facilitate repairs.	\$	180.00
	To labour charge for dismantle and renew the accident damaged parts. Including knock-out, straighten, repair, reshape and adjust of the front o/s door etc	\$	1,000.00
	To putty and spray painting on front bumper, front o/s fender, front o/s door, front o/s wheel house, rear o/s door, o/s rocker panel	\$	1,200.00
	To apply rustproofing on the repaired and replaced panels.	\$	150.00
		\$	8,718.18

(ALL THE REPAIR COSTS ARE SUBJECTED TO GST)

THE ABOVE ESTIMATED COST OF REPAIR DO NOT INCLUDE ANY UNFORESEEN DAMAGES.