

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 Submission	16/12/2020 09:13 (SGT)
Date of Accident	16/12/2020 06:25 (SGT)
Exact Location of Accident	Tampines Street 32, Singapore
Additional Location Information	SLIP ROAD OF TAMPINES ST 32 INTO TAMPINES AVE 2
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD1461E
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	PREMIER TAXIS PTE LTD
Company Reg No	2XXXXX975H
Email Address	CLAIMS@PREMIERTAXI.COM
Mobile Phone No	(Phone) +65-91550072
Alternative Phone No	(Office) +65-62148880

VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	I30
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Taxi

INSURANCE COMPANY

Name of Insurance Company	NTUC
Type of Coverage	ThirdParty
Fleet Policy	Yes
Policy Number	5107202885-01
Cover Note Number	-

DRIVER

Name of Driver	LIM CHEE SIONG
NRIC No	SXXXX593I
Date Of Birth	15/06/1970
Occupation	Outdoor

Date Of Driving Pass	19/07/1989
Driving experience	31 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91469269
Alt. Phone Number	-
Email Address	CLAIMS@PREMIERTAXI.COM
Address	BLK 733 #06-69
Address complement	TAMPINES ST 1
Postcode	520733
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Other
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

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 the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO ATTACH SKETCH PLAN & STATEMENT

BOTH VEHICLES - NO PAX ONBOARD

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	SLL5073B
Vehicle Manufacturer	Mitsubishi
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	Red
Vehicle Category	Private car
Name of Driver	MR LEE
Contact Number	(Phone) +65-97822932
Address	-
Address complement	-

Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
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.



Policyholder's Signature / Date & Time

[Signature]

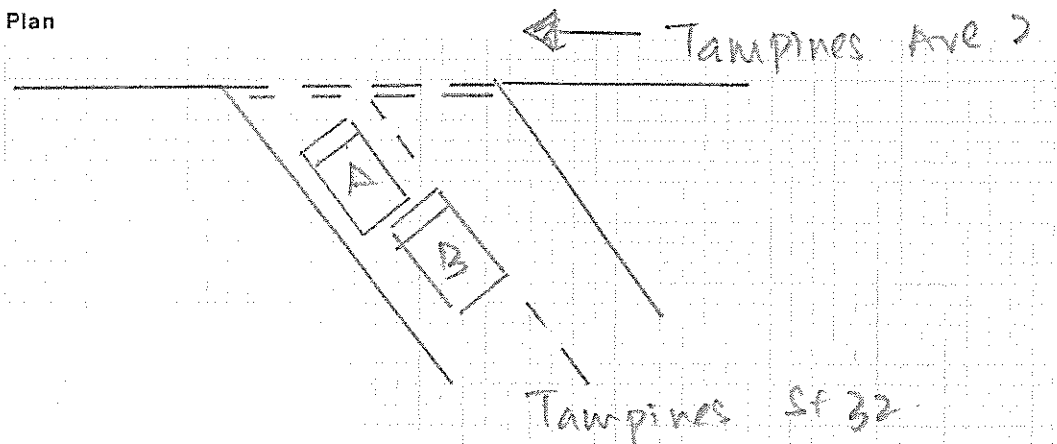
Driver's Signature (if driver is not the policyholder) / Date & Time

16 DEC 2020

57020593/1

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

Refer to attach

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

h

Driver's Signature (if driver is not the policyholder) / Date & Time

87020593/1

16 DEC 2011

Witnessed by Reporting Centre Personnel

Describe Circumstance of the Accident.

ON 16/12/2020 @ 06:25HRS, I WAS DRIVING MY TAXI (SHD 1461 E) TRAVELLING ALONG THE SLIP ROAD OF TAMPINES ST 32 INTO TAMPINES AVE 2 – ON THE LEFT LANE.

I SLOWED DOWN MY TAXI TO A COMPLETE STOP – GIVING WAY TO ONCOMING VEHICLES FROM THE RIGHT.

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

WHEN INSPECTED, VEHICLE B (**SLL 5073 B – MITSUBISHI/RED**) WHICH WAS BEHIND ME, HAD COLLIDED ONTO THE REAR OF MY TAXI.

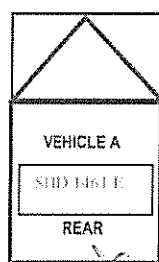
DUE TO THE IMPACT, MY TAXI HAD DAMAGES ON THE REAR PORTION & VEHICLE B HAD DAMAGES ON THE FRONT PORTION.

NO INJURY INVOLVED.

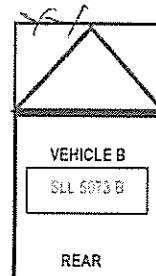
NO PASSENGERS ONBOARD BOTH VEHICLES.

*SCENE PHOTOS & VIDEO FOOTAGE CAPTURED.

DAMAGES FOUND ON VEHICLE A & VEHICLE B



**PREMIER
TAXI**



**THIRD PARTY
VEHICLE**

[Handwritten signature] *87020593/1*

Driver's Signature & NRIC Number
Wednesday, December 16, 2020 @ 9:07:24 AM

(attended by *[Signature]*)

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.: SHD1461E

Previous Vehicle No.: -

Effective Date of Ownership: 26 Jul 2017

Original Regn Date: 26 Jul 2017

Registration Date: 26 Jul 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.: TMAD281UVHJ129437

Engine No.: D4FBGZ127648

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: \$20,527.00

PARF Eligibility: Yes

PARF Eligibility Expiry Date: 25 Jul 2025

Minimum PARF Benefit: \$7,942.00

No. of Transfers: 0

IU Label No.: 1050706614

COE No.: 2017072601003993W

COE Expiry Date: 25 Jul 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: - / \$48,200.00

PQP Paid: \$38,560.00

QP (Regn Cat): -

OPC Cash Rebate Eligibility: No


INSURER ENQUIRY

Find insurer

Vehicle reg. no.

SLL5073B

Date of Accident

16/12/2020 

Reset

% RESULT & RECEIPT

TP Insurer Enquiry

Insurance **AIG**Period of Insurance **28/02/2020 - 27/02/2021**Requested By **LIEW HAI LEONG (PREMIER AU...**Requested Date **16/12/2020 09:33****Payment details**Request Amount: **S\$1.87**GST Amount: **S\$0.13**Total Amount Due (GST Inclusive): **S\$2****General Insurance Association**

Records Management Centre

GST Registration No: **M400017735**