

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	08/02/2021 12:26 (SGT)
Date of Accident	06/02/2021 18:40 (SGT)
Exact Location of Accident	TPE, Singapore
Additional Location Information	SLIP ROAD OF TPE-CHANGI AIRPORT INTO PASIR RIS DRIVE 8
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD1153U
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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	JAFFERY BIN MOHAMAT
NRIC No	SXXXX616H
Date Of Birth	10/05/1963
Occupation	Outdoor

Date Of Driving Pass	20/01/1996
Driving experience	25 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-89516756
Alt. Phone Number	-
Email Address	CLAIMS@PREMIERTAXI.COM
Address	BLK 569 #04-68
Address complement	PASIR RIS ST 51
Postcode	510569
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
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

VEH. A - NO PAX
VEH. B - 1 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	SMU8171Y
Vehicle Manufacturer	Audi
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	YAN ZHENG WEI, CHRISTOPHER
NRIC No	SXXXX116A
Contact Number	(Phone) +65-97668590
Address	-

Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	2

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.

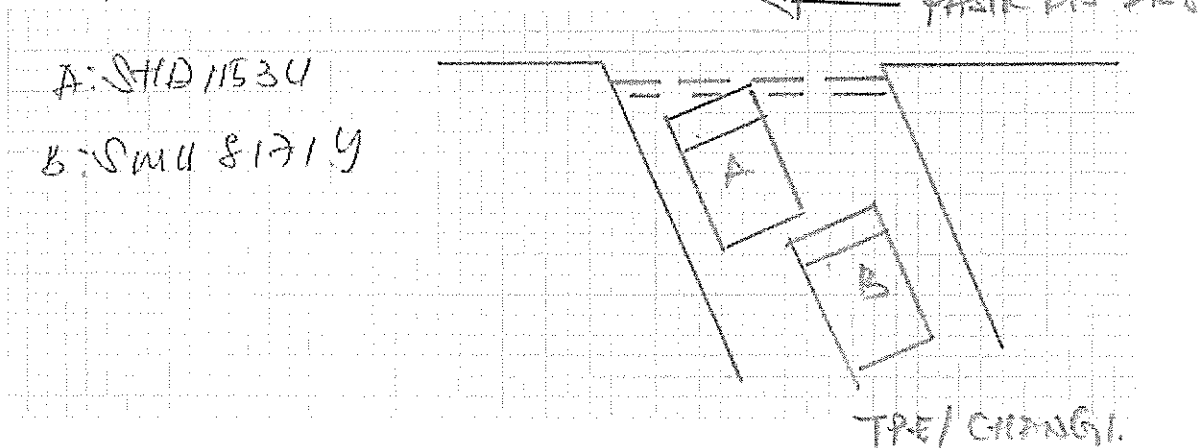


Policyholder's Signature / Date & Time

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

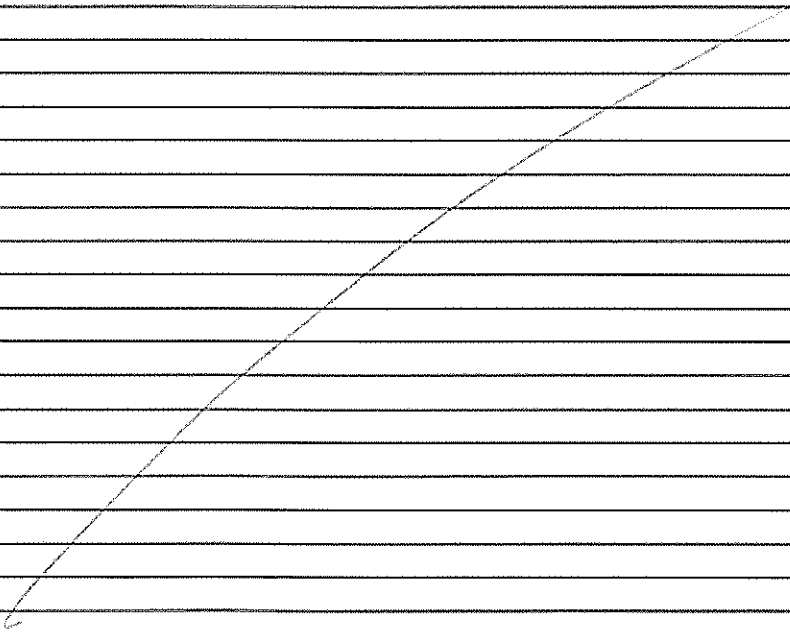
Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

- defer to effect.
- video footage captured



Declaration

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

08 FEB 2021

Witnessed by Reporting Centre
Personnel

Describe Circumstance of the Accident.

ON 06/02/2021 @ 16:40 HRS, I WAS DRIVING MY TAXI (SHD 1153 U) TRAVELLING ALONG THE SLIP ROAD OF TPE/CHANGI INTO PASIR RIS DRIVE 8.

I SLOWED DOWN TO A COMPLETE STOP BEFORE THE GIVE WAY LINES – CHECKING FOR CLEARANCE FROM THE MAIN ROAD.

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

WHEN INSPECTED, I DISCOVERED THAT VEHICLE B (SMU 8171 Y – AUDI) WHICH WAS BEHIND ME – HAD COLLIDED ONTO THE REAR OF MY TAXI.

DUE TO THE IMPACT, MY TAXI HAD DAMAGES ON THE REAR RIGHT PORTION & I WAS NOT AWARE OF DAMAGES TO VEHICLE B.

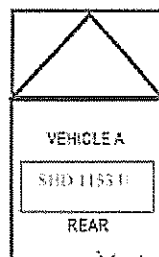
NO INJURY INVOLVED. NO AMBULANCE AT SCENE.

NO PASSENGERS ONBOARD MY TAXI.

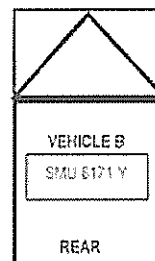
VEHICLE B HAD A PASSENGER ONBOARD.

*VIDEO FOOTAGE CAPTURED.


DAMAGES FOUND ON VEHICLE A & VEHICLE B



PREMIER
TAXI



THIRD PARTY
VEHICLE

 51580616 H
Driver's Signature & NRIC Number
Monday, February 08, 2021 @ 11:15:23 AM

(attended by)



Text size + -

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.: SHD1153U
Previous Vehicle No.: -
Effective Date of Ownership: 15 Feb 2017
Original Regn Date: 15 Feb 2017
Registration Date: 15 Feb 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.: TMAD281UVHJ124399
Engine No.: D4FBGZ114408
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: \$21,088.00
PARF Eligibility: Yes
PARF Eligibility Expiry Date: 14 Feb 2025
Minimum PARF Benefit: \$8,414.00
No. of Transfers: 0
IU Label No.: 1050703983
COE No.: 2017021501003653G
COE Expiry Date: 14 Feb 2025
COE Category: A - Car (up to 1600cc & 97kW (130bhp))
COE Registration Category: A - Car (up to 1600cc & 97kW (130bhp))


INSURER ENQUIRY

**Find
insurer**

Vehicle reg. no.

SMU8171Y

Date of Accident

06/02/2021 **Reset****% RESULT & RECEIPT****TP Insurer Enquiry**Insurance **AIG**Period of Insurance **29/08/2020 - 28/08/2021**Requested By **LIEW HAI LEONG (PREMIER AU...**Requested Date **08/02/2021 14:08****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**