

## 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 09:06 (SGT)
Date of Accident	05/02/2021 12:25 (SGT)
Exact Location of Accident	Ang Mo Kio Ave 4, Singapore
Additional Location Information	ANG MO KIO AVE 4 BEF ANG MO KIO ST 13 & MAYFLOWER AVE
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD1662S
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	WANG HSEN HUANG (HUANG JUNHUANG)
NRIC No	SXXXXX718I
Date Of Birth	04/03/1982

Occupation .....	Outdoor
Date Of Driving Pass .....	31/01/2002
Driving experience .....	19 YEARS AND 1 MONTH
Gender .....	Male
Mobile Number .....	(Phone) +65-93803920
Alt. Phone Number .....	-
Email Address .....	CLAIMS@PREMIERTAXI.COM
Address .....	BLK 1 #04-210
Address complement .....	CHAI CHEE ROAD
Postcode .....	461001
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 - Major/Minor Rd
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? .....	Yes
Was any injured conveyed to hospital by ambulance? .....	No
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? .....	Yes
Police Station Name .....	Traffic Police
Police Station Phone No .....	(Phone) +65-65470000
Alt. Police Station Phone No .....	(Fax) +65-65474900
Police Station Address .....	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

REFER TO ATTACH POLICE REPORT

BOTH VEHICLES - 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 .....	GBJ467K
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-

Vehicle Category	Commercial vehicle
Name of Driver	LI GUANGYE
Passport No/FIN	GXXXX346Q
Contact Number	(Phone) +65-85069688
Address	C/O : 64466188
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

#### INJURED PERSONS DETAILS




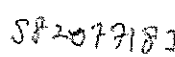

##### INJURED 1

Name of injured person	WANG HSEN HUANG (HUANG JUNHUANG) - DRIVER OF VEH. A
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SEEK TREATMENT @ CLINIC & HAD 4 DAYS MEDICAL LEAVE
Injured person in which vehicle?	SHD1662S
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No



SKETCH PLANIMPORTANT NOTICE

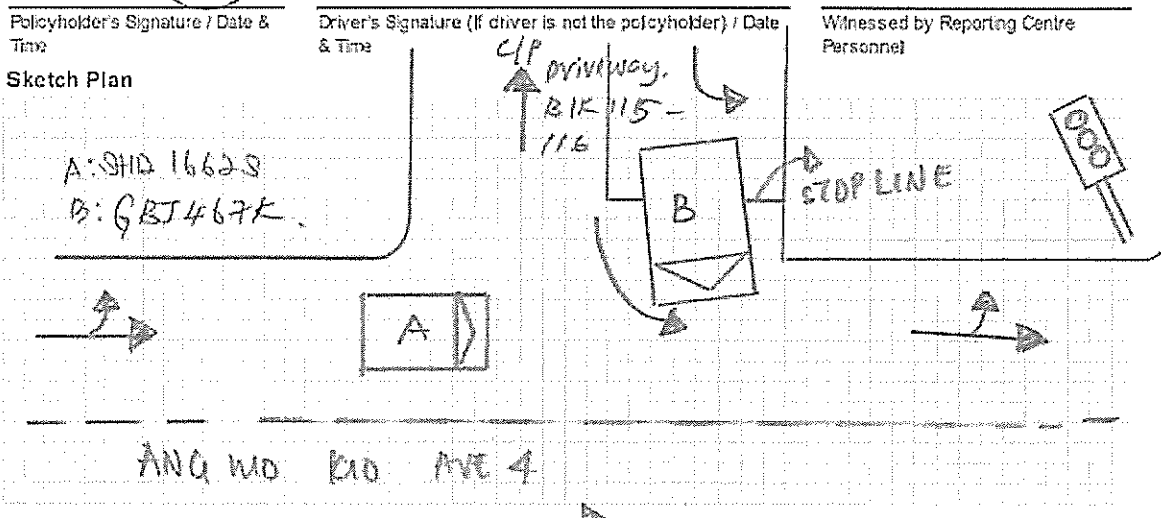
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7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. Consent under the Personal Data Protection Act (PDPA)  
I understand, 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
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**Sketch Plan**

A: SHD 1662S  
 B: GBJ467K



**Describe Circumstances of the Accident**

- Refer to attach photo report
- Video footage captured.

### Declaration

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



Policyholder's Signature / Date &  
Time

7. 

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

06 FEB 2021

582077181

*[Signature]*

Witnessed by Reporting Centre  
Personnel



**SINGAPORE  
POLICE FORCE**



T/20210205/7029

1 of 3

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

Report No. T/20210205/7029

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 05/02/2021 16:32		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: WANG HSEN HUANG			Address: 1 CHAI CHEE ROAD #04-210 SINGAPORE 461001		
ID Type / ID No.: NRIC NO / S8207718I			Contact No.: Home/Office: Mobile: 93803920		
Nationality: SINGAPORE CITIZEN			Email: kennywachi@gmail.com		
Sex: Male	Age: 38	Date of Birth: 04/03/1982	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation:			Driving Licence Information: Class: Date of Expiry:		

<b>General Information of the Accident</b>				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 05/02/2021 12:45	Type of Location: T-Junction
Location:  ANG MO KIO AVENUE 4				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control: Traffic Light - Working		Traffic Volume:
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No of
GBJ467K	Van					0
SHD1662S	Car					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/20210205/7029

2 of 3

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408665  
Tel No: 65470000

Report No. T/20210205/7029

CONTINUATION OF REPORT

Driver			
Name	WANG HSEN HUANG	ID No.	S8207718I
Related Vehicle	SHD1662S (Car)	Contact No.	93803920
Hospital/Clinic	OASIS FAMILY CLINIC	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	05/02/2021	Date	NIL
No. of Days granted Medical Leave	04	Degree of	Slight

Brief Details.

On 05/02/2021 at about 1245hrs, I was travelling at before junction of Ang Mo Kio Ave 4 and Mayflower Ave towards Ang Mo Kio 5 and suddenly a vehicle (B) exited out from Blk 116 Ang Mo Kio without stopping and without giving way to the main traffic hence collided onto my whole left portion of my vehicle (a) causing damages to my vehicle. I have 4 days mc for my injury.

Vehicles involving in the situation:

- (A) SHD1662S
- (B) GBJ467K



SINGAPORE  
POLICE FORCE



T/20210205/7029

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408665  
Tel No: 65470000

3 of 3

Report No. T/20210205/7029

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Informant:  
The identity of the person making this report has  
been authenticated by SingPass. No signature is  
required.

Signature Of Interpreter:  
Not applicable

Date/Time:  
05/02/2021 16:32

Officer In Charge Of Case:  
TP / TP18 /  
ANG YI JING, STEPHANIE  
Contact No.: 65476414

Classification Of Case:

Authentication Stamp  
NP182



**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.: SHD1662S  
 Previous Vehicle No.: -  
 Effective Date of Ownership: 26 Sep 2017  
 Original Regn Date: 26 Sep 2017  
 Registration Date: 26 Sep 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.: TMAD281UVHJ134107  
 Engine No.: D4FBGZ144460  
 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: \$20,153.00  
 PARF Eligibility: Yes  
 PARF Eligibility Expiry Date: 25 Sep 2025  
 Minimum PARF Benefit: \$7,629.00  
 No. of Transfers: 0  
 IU Label No.: 1050707381  
 COE No.: 2017092601003838N  
 COE Expiry Date: 25 Sep 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: - / \$44,081.00  
 PQP Paid: \$35,265.00  
 QP (Regn Cat): -  
 OPC Cash Rebate Eligibility: No


## INSURER ENQUIRY

**Find  
insurer**

Vehicle reg. no.

GBJ467K

Date of Accident

05/02/2021 

Reset

% **RESULT & RECEIPT**

## TP Insurer Enquiry

Insurance ..... **China Taiping Insurance**Period of Insurance ..... **03/12/2020 - 02/12/2021**Requested By ..... **LIEW HAI LEONG (PREMIER AU...**Requested Date ..... **08/02/2021 09:59****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**