

## 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	17/02/2021 15:39 (SGT)
Date of Accident	15/02/2021 17:15 (SGT)
Exact Location of Accident	New Upper Changi Rd, Singapore
Additional Location Information	SLIP OF NEW UPP CHANGI ROAD INTO BEDOK NORTH ROAD
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB8054L
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	Kia
Model	Optima
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	GOH PENG KEE
NRIC No	SXXXX899E
Date Of Birth	15/05/1968
Occupation	Outdoor

Date Of Driving Pass .....	09/01/1990
Driving experience .....	31 YEARS AND 1 MONTH
Gender .....	Male
Mobile Number .....	(Phone) +65-82189096
Alt. Phone Number .....	-
Email Address .....	CLAIMS@PREMIERTAXI.COM
Address .....	BLK 16 #09-55
Address complement .....	TOH YI DRIVE
Postcode .....	590016
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) .....	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### PASSENGER 1

Name .....	PAX IN THE FRONT SEAT - CHINESE
Gender .....	Female

#### 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 - 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


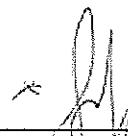
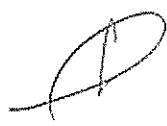
Vehicle Registration Number .....	SJX6588L
Vehicle Manufacturer .....	Mazda
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-

Vehicle Category .....	Private car
Name of Driver .....	MALE CHINESE
Contact Number .....	(Phone) +65-97461171
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	1

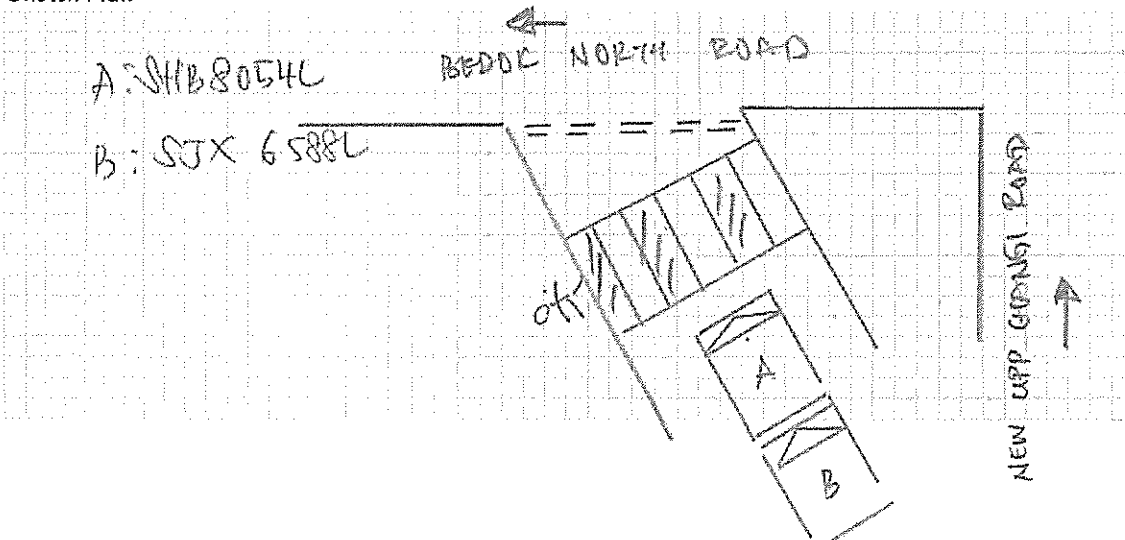
# SKETCH PLAN

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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 making 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	17 FEB 2021  Witnessed by Reporting Centre Personnel
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## Sketch Plan



Describe Circumstances of the Accident

Refer to attach.


Declaration

We declare the foregoing particulars are true in every respect.

17 FEB 2021



Policyholder's Signature / Date & Time

x  56814899E  
Driver's Signature (if driver is not the policyholder) / Date & Time



Witnessed by Reporting Centre Personnel

Describe Circumstance of the Accident.

ON 15/02/2021 @ 1715HRS, I WAS DRIVING MY TAXI (SHB 8054 L) TRAVELLING ALONG THE SLIP ROAD OF NEW UPPER CHANGI ROAD INTO BEDOK NORTH ROAD WITH A PASSENGER ONBOARD.

I SLOWED DOWN MY TAXI TO A COMPLETE STOP – BEFORE THE ZEBRA CROSSING, GIVING WAY TO A PEDESTRIAN CROSSING AHEAD.

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

WHEN INSPECTED, I DISCOVERED THAT VEHICLE B ( SJX 6588 L – MAZDA ) WHICH WAS BEHIND ME, HAD COLLIDED ONTO THE REAR OF MY TAXI.

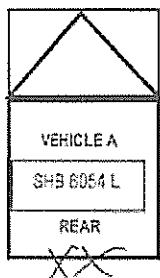
DUE TO THE IMPACT MY TAXI HAD DAMAGES ON THE REAR PORTION & UNKNOWN DAMAGES TO VEHICLE B.

NO INJURY INVOLVED.

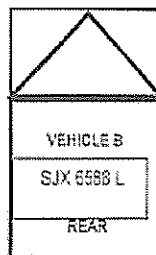
NO PASSENGERS ONBOARD VEHICLE B.

\*VIDEO FOOTAGE CAPTURED.


DAMAGES FOUND ON VEHICLE A & VEHICLE B



PREMIER TAXI



THIRD PARTY VEHICLE

 56814899E

Driver's Signature  
Wednesday, February 17, 2021 @ 3:28:25 PM

(attended by )

Text size + -

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

Log Date/Time:	08 Jan 2016 / 08:37:03	Receipt No.:	AACCK001-AX239-160108-000008
Asset Type:	Vehicle	Transaction Amount:	\$68,750.00
Asset ID:	SHB8054L	Channel:	AA Counterless - CYCLE & CARRIAGE KIA PTE LTD
Transaction Type:	01.02 Register New Vehicle (AA)		
Business Transaction Reference No.:	20160108083703664726		
Vehicle No.:	SHB8054L		
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:	08 Jan 2016		
Original Registration Date:	08 Jan 2016		
Vehicle Make:	KIA		
Vehicle Model:	OPTIMA 1.7(A) DIESEL		
Chassis No.:	KNAGM414MF5658264		
Engine No.:	D4DFDH314445		
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:	2015		
Open Market Value:	\$22,359.00		
Minimum PARF Benefit:	\$13,981.00		
PARF Eligibility:	Y		
No. of Transfer:	0		
Effective Ownership Date/Time:	08 Jan 2016 08:37:03		
COE No.:	2016010801003467C		
COE Expiry Date:	07 Jan 2024		
COE Bid Category:	-		
Actual QP/PQP Paid Amount:	\$45,307.00		
Lifespan Expiry Date:	07 Jan 2024		


## INSURER ENQUIRY

Find  
insurer

Vehicle reg. no.

sjx6588l

Date of Accident

17/02/2021 

Reset

## % RESULT &amp; RECEIPT

## TP Insurer Enquiry

Insurance ..... **AIG**Period of Insurance ..... **30/06/2020 - 29/06/2021**Requested By ..... **LIEW HAI LEONG (PREMIER AU...**Requested Date ..... **17/02/2021 17:07**

## 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**