

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 witholding 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 22/02/2021 10:36 (SGT) Date of Accident 22/02/2021 08:40 (SGT) Exact Location of Accident TPE, Singapore Additional Location Information SLIP ROAD OF SENGKANG EAST ROAD INTO TPE/CHANGI

Country/State of Loss	Singapore
DETAILS O	F OWN VEHICLE
Vehicle Registration Number	SHB8938L
INSURED/POLICYHOLDER	
Is company? Name Of Registered Owner Company Reg No Email Address Mobile Phone No Alternative Phone No	Yes PREMIER TAXIS PTE LTD 2XXXXX975H CLAIMS@PREMIERTAXI.COM (Phone) +65-91550072 (Office) +65-62148880
Manufacturer Model Variant Exact purpose for which vehicle was being used at time of accident Are you claiming under your own insurance policy for repair to your vehicle? Vehicle Category INSURANCE COMPANY	Kia Optima - Employment No - Claiming third party Taxi
Name of Insurance Company Type of Coverage Fleet Policy Policy Number Cover Note Number	NTUC ThirdParty Yes 5107202885-01
Name of Driver	ONG CHOON HONG

SXXXX387B

14/11/1960

Outdoor

NRIC No.

Date Of Birth

Occupation

Date Of Driving Pass 15/01/1981 Driving experience 40 YEARS AND 1 MONTH Gender Male Mobile Number (Phone) +65-98315133 Alt, Phone Number Email Address CLAIMS@PREMIERTAXI.COM Address BLK 87 #04-189 Address complement **BEDOK NORTH ST 4** Postcode 460087 Is the driver the policyholder? Νo If No, Relationship of the Driver with the Insured Hirer Does Driver Own Other Vehicles? Νo 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 Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? Was any other material or property damaged? Yes Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No PASSENGER 1 Name PAX IN THE REAR SEAT - CHINESE Gender Female **DETAILS OF POLICE ACTION** Was the accident reported to the police? Nο Was notice of intended Prosecution given? Nο If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER TO ATTACH SKETCH & STATEMENT **BOTH VEHICLES - 1 PAX** 1/ ADDENDUM (22/02/2021): TP VEHICLE NUMBER IN GIA SHOULD BE: SJQ5859Z 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

SJQ5859Z

Toyota

Picnic

Blue

Vehicle Manufacturer

Vehicle Model

Vehicle Variant Vehicle Colour

Vehicle Category	Private car
Name of Driver	AMINAH BEE BINTE MOHAMED GAUS
NRIC No	SXXXX615G
Contact Number	(Phone) +65-96169787
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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- 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)

Lunderstand, acknowledge, agree and consent that

(a) My insurer, my workshop and the General hourance 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 hourers' law yers/low 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 ma, which could involve disclosure of certain personal data about me to bring about delivery of the same as wielf 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 housers' lawyers/low films, 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 law yers/law firms), which may be sized outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Driver's Signature (If driver is not the policyholder) / Date & Time Sketch Plan

A . SHB 8938U

B . OTO S859 > SSS 9 > SSS

Describe Circumstances of the Accident

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eclaration				THE RESERVE THE PROPERTY OF TH
We declare the foregoing particulars	are true in overly	respect.	22 FEB 2021	
Taxie	_ (v _ c	=111218176		

Drivér's Signature (# driver is not the policyholder) / Date & Time

Winessed by Reporting Centre

Personnel

Describe Circumstance of the Accident.

ON 22/02/2021 @ 08:40HRS, I WAS DRIVING MY TAXI (SHB 8938 L) TRAVELLING ALONG THE SLIP ROAD OF SENGKANG EAST RAOD INTO TPE/CHANGI WITH A PASSENGER ONBOARD – ON THE RIGHT LANE.

I SLOWED DOWN MY TAXI TO A COMPLETE STOP – AS VEHICLES AHEAD OF ME STOPPED.

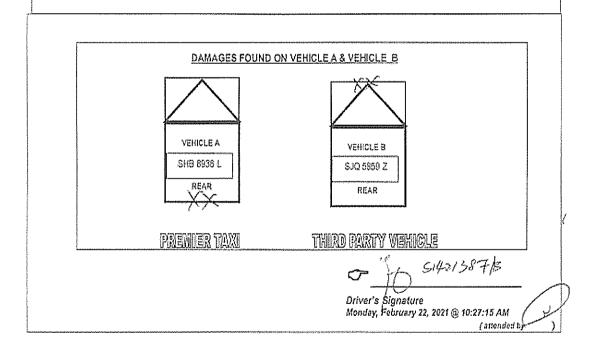
WHILE STATIONARY, SUDDENLY I FELT AN IMPACT FROM THE REAR.

WHEN INSPECTED, I DISCOVERED THAT VEHICLE B (SJQ 5859 Z - TOYOTA PICNIC) WHICH WAS BEHIND ME, FAILED TO STOP IN TIME - 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 AMBULANCE AT SCENE. VEHICLE B HAD A PASSENGER ONBOARD.

*SCENE PHOTOS & VIDEO FOOTAGE CAPTURED.



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Enquire Transaction History

Transaction History Details

Log Date/Time:

25 Apr 2014 / 10:06:29

Receipt No.:

AACCK001-AX239-140425-000019

Asset Type:

Vehicle

Transaction Amount:

\$72,287.00

Asset ID:

SHB8938L

Channel:

AA Counterless - CYCLE & CARRIAGE KIA PTE LTD

Transaction Type:

Business Transaction

01.02 Register New Vehicle (AA)

Reference No.:

20140425100629168314

Vehicle No.;

SHB8938L

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: 25 Apr 2014

Original Registration

Date:

25 Apr 2014

Vehicle Make:

KIA

Vehicle Model:

OPTIMA 1.7(A) DIESEL

Chassis No.:

KNAGM414ME5462386

D4FDDH307973

Engine No.: Motor No.:

Trailer Chassis No.:

Propellant:

Diesel

Passenger Capacity:

Engine Capacity:

4 1685

Power Rating:

Unladen Weight: Maximum Laden 1584

Weight:

2050

Primary Color:

Silver

Secondary Color:

2013

Manufacturing Year: Open Market Value:

\$19,776.00

Minimum PARF

\$7,365.00

Benefit:

Υ

PARF Eligibility: No of Transfer:

Effective Ownership

Date/Time:

25 Apr 2014 10:06:29

COE No.:

2014042501001009D

COE Expiry Date:

24 Apr 2022

COE Bid Category:

Actual QP/PQP Paid

Amount:

\$59,871 00

Lifespan Expiry Date: Owner ID Type:

24 Арг 2022 Company

https://vrl.lta.gov.sg/lta/vrl/action/hubAssetOwnerTrnLogDetail?FUNCTION ID=F... 28/Mav/2014

INSURER ENQUIRY

Find insurer

Vehicle reg. no.

SJQ5859Z

Date of Accident

22/02/2021 苗

Reset

% RESULT & RECEIPT

TP Insurer Enquiry	
Insurance	AIG
Period of Insurance	18/05/2020 - 17/05/2021
Requested By	LIEW HAI LEONG (PREMIER AU
Requested Date	22/02/2021 12:48

Payment details

Request Amount: **\$\$1.87** GST Amount: **\$\$0.13**

Total Amount Due (GST Inclusive): \$\$2

General Insurance Association

Records Management Centre GST Registration No: **M400017735**