

# 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 willful 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	22/03/2021 15:22 (SGT)
Date of Accident	20/03/2021 14:15 (SGT)
Exact Location of Accident	Near 1 Edgefield Walk, Singapore 828850
Additional Location Information	-
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number SHC6392T

### 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	-
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Taxi
Transmission	Auto
CC	1700

### INSURANCE COMPANY

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

### DRIVER

Name of Driver	CHONG KAU CHAI
NRIC No	SXXXX809F

Date Of Birth	18/11/1948
Occupation	Outdoor
Date Of Driving Pass	20/03/1978
Driving experience	43 YEARS
Gender	Male
Mobile Number	(Phone) +65-97644340
Alt. Phone Number	-
Email Address	CLAIMS@PREMIERTAXI.COM
Address	APT BLK 21 EUNOS CRESENT #03-2973 SINGAPORE
Address complement	-
Postcode	1440
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 - Cross Junction
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	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 attach

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	SMT5798P
Vehicle Manufacturer	Mercedes
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car

Name of Driver		Mr. Tan
Contact Number		(Phone) +65-96320486
Address		-
Address complement		-
Postcode		-
Insurance Company Name		-
Nature Of Damage		-
Details of property damaged in accident		-
No. Of Passenger (Including Driver)		-

**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

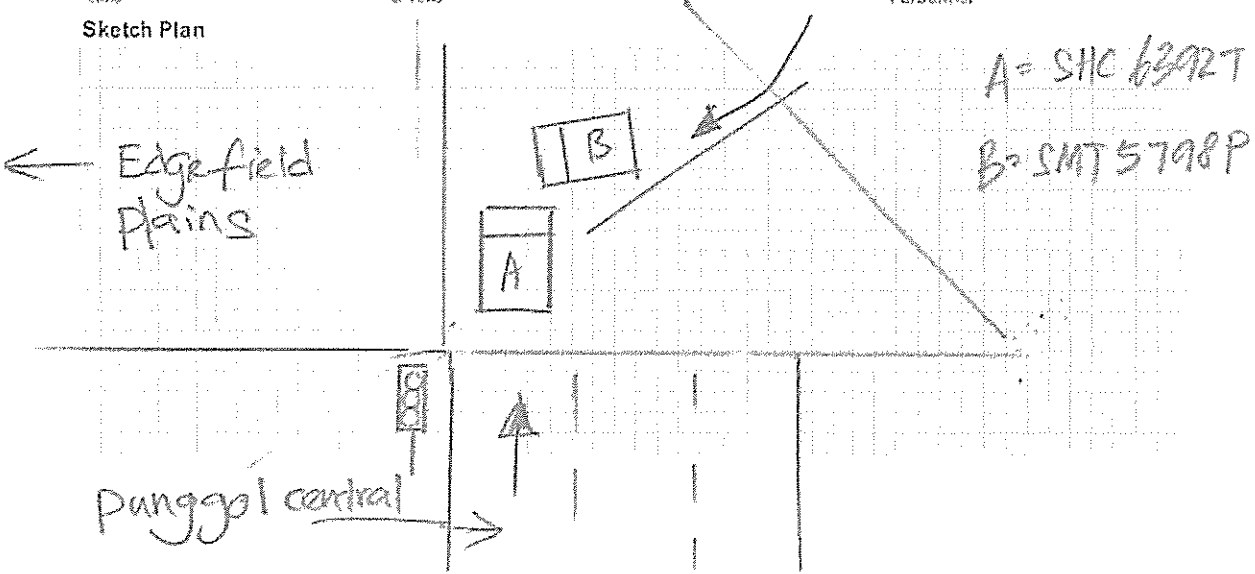
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

  
 Policyholder's Signature / Date & Time

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

  
 Witnessed by Reporting Centre Personnel

**Sketch Plan**





Describe Circumstance of the Accident.

ON 20/03/2021 @ 14:15HRS, I WAS DRIVING MY TAXI ( SHC 6392 T ) TRAVELLING ALONG THE TRAFFIC LIGHT JUNCTION OF PUNGGOL CENTRAL AND EDGEFIELD PLAINS WITH ONE PASSENGER ONBOARD, ON THE EXTREME LEFT LANE.

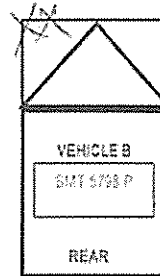
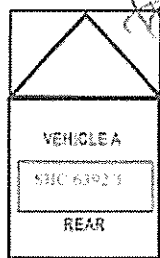
WHILE I WAS MOVING STRAIGHT AHEAD AS TRAFFIC LIGHT WAS GREEN ON MY FAVOUR, VEHICLE B (SMT 5798 P – MERCEDES BENZ) WHICH WAS CAME FROM OPPOSITE DIRECTION MAKING HIS RIGHT TURN, HAD ENCORAHCED ONTO MY PATH ABRUPTHLY, THUS THE FRONT LEFT OF VEHICLE B COLLIDED ONTO MY FRONT RIGHT OF MY TAXI.

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

NO INJURY INVOLVED. NO AMBULANCE AT SCENE.  
UNKNOWN PASSENGER ONBOARD VEHICLE B.

\*VIDEO FOOTAGE CAPTURED

DAMAGES FOUND ON VEHICLE A & VEHICLE B



PREMIER  
TAXI

THIRD PARTY  
VEHICLE

张高才 2087809-F

Driver's Signature & NRIC Number  
Monday, March 22, 2021 @ 9:31:36 AM

( Attended by

Text size + -

### Enquire Transaction History

#### Transaction History Details

Log Date/Time:	09 Jan 2015 / 08:44:29	Receipt No.:	AACCK001-AX239-150109-000001
Asset Type:	Vehicle	Transaction Amount:	\$65,919.00
Asset ID:	SHC6392T	Channel:	AA Counterless - CYCLE & CARRIAGE KIA PTE LTD
Transaction Type:	01.02 Register New Vehicle (AA)		
Business Transaction Reference No.:	20150109084429229127		

Vehicle No.:	SHC6392T
Vehicle Type:	H10 - Public Transport Taxi (Motor Car)
Vehicle Attachment 1:	Air-Con (Taxi)
Vehicle Attachment 2:	-
Vehicle Attachment 3:	-
Vehicle Scheme:	Taxi (Company)

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First Registration Date:	09 Jan 2015
Original Registration Date:	09 Jan 2015
Vehicle Make:	KIA
Vehicle Model:	OPTIMA 1.7(A) DIESEL
Chassis No.:	KNAGM414MF5574975
Engine No.:	D4FDEH313255
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:	2014
Open Market Value:	\$20,566.00
Minimum PARF Benefit:	\$7,975.00
PARF Eligibility:	Y
No. of Transfer:	0
Effective Ownership Date/Time:	09 Jan 2015 08:44:29
COE No.:	2015010901001425Z
COE Expiry Date:	08 Jan 2023
COE Bid Category:	-
Actual QP/PQP Paid Amount:	\$52,486.00
Lifespan Expiry Date:	08 Jan 2023


## INSURER ENQUIRY

**Find  
insurer**

Vehicle reg. no.

SMT5798P

Date of Accident

20/03/2021 

Reset

% **RESULT & RECEIPT**

## TP Insurer Enquiry

Insurance ..... **China Taiping Insurance (Sing...**Period of Insurance ..... **18/08/2020 - 17/08/2021**Requested By ..... **LIEW HAI LEONG (PREMIER AU...**Requested Date ..... **22/03/2021 13:45****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**